Central Hove Surgery

Quality Report

Ventnor Villas
Hove
East Sussex
BN3 3DD
Tel: 01273 744911
Website: www.centralhovesurgery.co.uk

Date of inspection visit: 4 June 2014
Date of publication: 24/09/2014

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

Summary of findings

Contents

Summary of findings

Overall summary

Central Hove Surgery is situated in an urban area to the West of Brighton. It provides primary medical services to approximately 5232 patients who reside in the local area. The practice is registered with the Care Quality Commission (CQC) to provide diagnostics and screening, treatment of disease, disorder and injury and maternity and midwifery services to its patients.

We spoke with eight patients on the day of inspection and received other information about the views of patients from 18 comment cards provided by the CQC and left in a box in reception. We also looked at the results of patient satisfaction surveys carried out by the practice. Patients were generally complimentary about the quality of care provided by the practice. They told us staff were approachable, kind and caring. They told us they felt staff always acted professionally. Patients told us they felt fully involved in their care and were provided with sufficient information to make informed choices about their care and treatment.

The premises had been adapted for use by the practice. All of the consultation rooms were on the ground floor with level access. There were wheelchair accessible toilets next to the waiting area. We were informed that the practice recognised that it had outgrown its current premises and had plans to move to a new local site when circumstances allowed. The practice was clean and well maintained.

Staff told us they felt well supported by management of the practice. They felt they could have a say in how the practice was run. They received appropriate training to support them in their job role. Management encouraged staff members to undertake external qualifications beyond basic requirements and recognised the benefit to the practice of having a skilled and trained workforce.

There was a detailed business and financial plan in place which provided clear indicators of the success and efficiency of the practice. The practice manager ensured that their policies and procedures were followed routinely by staff. Staff had employee handbooks and access to all documents which were reviewed and discussed during clinical and staff meetings.

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

- Older people

We found older patients received a good quality service that was consistent, flexible and coordinated.

- People with long term conditions

Patients with long term conditions were well supported to manage their health, care and treatment. They were signposted to sources of support and information about their condition.

- Mothers, babies, children and young people

Central Hove Surgery worked closely with other health care organisations to improve the health and wellbeing of their younger population.

- The working age population and those recently retired

The practice provided early evening appointments on one day per week to improve access to appointments for working age patients.

- People in vulnerable circumstances that may have poor access to primary care

The practice effectively assessed and monitored the practice population needs, including patients in vulnerable circumstances.

- People experiencing mental health problems

The practice worked collaboratively with local mental health organisations to provide support for patients with mental health conditions.

Site visited for inspection:

Ventnor Villas

Hove

East Sussex

BN3 3DD

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 was safe. We found there were procedures in place to record and report safety incidents, concerns and near misses. We saw evidence of regular audits and meetings. The practice had a safeguarding policy and procedure and staff were knowledgeable about what constituted abuse and how to report it. The practice worked with the local authority safeguarding team to protect vulnerable adults and children from harm. There were effective infection control procedures in place and medicines were managed in line with best practice.

Are services effective?

The practice was effective. The premises were clean and well maintained. Equipment was suitably serviced and maintained. The practice provided care and treatment that followed current guidelines. Staff were trained and knowledgeable and were provided with opportunities to further develop their skills and practice. The practice was clear about its own aims, objectives, vision and values.

Are services caring?

The practice was caring. Patients were treated with dignity and respect by staff at the practice. Patient's privacy and confidentiality were safeguarded. Staff provided patients with appropriate choices of treatment and involved patients fully in their care.

Are services responsive to people's needs?

The practice was responsive. The practice understood the needs of the population it served. Services were planned in a way that promoted person-centred care. The practice worked in partnership with other health and social care professionals to benefit patients. The appointment system provided suitable access to clinicians and was reviewed to meet the needs of the growing patient population. Patients felt their comments, concerns and suggestions were listened to and acted upon.

Are services well-led?

We found the practice was well led. The practice had an open and inclusive atmosphere where staff and patient feedback was encouraged and valued. There was a strong and visible leadership team with clear vision and purpose. There were management systems in place which identified and managed risks, enabled learning and improved overall performance.

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 was effective at meeting the needs of older patients. We found the practice was safe, effective, caring, responsive and well led for older patients. We found older patients received a good quality service that was consistent, flexible and coordinated.

People with long-term conditions
Patients with long term conditions were well supported to manage their health, care and treatment. They were signposted to sources of support and information about their condition. The practice monitored the prevalence of long term conditions across the practice population and worked closely with the Clinical Commissioning Group (CCG) to improve services to patients.

Mothers, babies, children and young people
The practice was effective at meeting the needs of mothers, babies and younger patients. Central Hove Surgery worked closely with other health care organisations to improve the health and wellbeing of their younger population.

The working-age population and those recently retired
We found the practice was safe, effective, caring, responsive and well led for working age patients. The practice provided early evening appointments on one day per week to improve access to appointments for working age patients.

People in vulnerable circumstances who may have poor access to primary care
The practice was responsive to the needs of vulnerable patients. The practice effectively assessed and monitored the practice population needs, including patients in vulnerable circumstances.

People experiencing poor mental health
We found the practice was safe, effective, caring, responsive and well led for patients experiencing poor mental health. The practice worked collaboratively with local mental health organisations to provide support for patients with mental health conditions.

Summary of findings

What people who use the service say

We spoke with eight patients at the time of inspection and received feedback from 18 Care Quality Commission (CQC) comment cards that had been left in reception for us by the patients. The majority of patients who provided us with feedback considered the attitude of staff at the practice was caring, compassionate and kind. Patients spoke highly of the approachability and good listening skills of staff. They told us they were always involved in decisions about their care and treatment and were given sufficient time to ask questions of the clinicians. Of the 18 comment cards seen, 16 were highly complementary and positive about the practice.

Several people commented that they found it difficult to get through to the practice on the telephone first thing in the morning. They expressed frustration that when they did get through all of the appointments for the day had already gone. They did however, comment that the receptionists were always helpful and they would be invited to sit and wait if they needed to be seen in an emergency. Several other patients commented that they saw a different GP each time they visited the practice which they felt impacted on the continuity of treatment.

Patients told us the practice was always clean and well kept. They told us staff always wore appropriate personal protective equipment (PPE) when carrying out care and treatment. They said that the layout of consulting rooms was effective at maintaining their privacy and dignity during examination. Patients told us they felt safe at the practice and felt their dignity, privacy and confidentiality were safeguarded.

We reviewed the results of the 2013 patient survey and found 84.8% of patients rated the practice good or very good and 73.4% would recommend the practice to a friend. We saw that 80.7% of patients felt that the practice opening hours were adequate. 79.1% of patients rated the experience of making an appointment as good or very good. 67.1% of patients rated their ability of getting through on the phone as easy or very easy.

Areas for improvement

Action the service COULD take to improve

- Review processes for recording support and supervision of staff.
- Review minute taking and recording of actions for meetings held within the practice.

Good practice

Our inspection team highlighted the following areas of good practice:

- There were good systems in place for identifying patients with dementia.

Central Hove Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector and a GP specialist advisor and the team included an expert by experience.

Background to Central Hove Surgery

This was the first inspection of Central Hove Surgery since it registered with the Care Quality Commission (CQC) in April 2013. Central Hove Surgery is situated to the West of Brighton. There were 5232 patients registered at the practice on the day of inspection. The local demographics were typical of the Brighton and Hove clinical commissioning group (CCG) area. There were large numbers of patients aged between 18 and 45 and higher than average numbers of transient patients who did not stay in the area for long before moving elsewhere. Turnover of patients at the practice was approximately 15% each year.

There were four GP partners in the practice, a practice manager, three nurses and a healthcare assistant. The reception and administration at the practice was carried out by a team of part time and full time staff. Other healthcare professionals such as community nurses, midwives and health visitors were regular visitors to the practice and worked in partnership with the practice to benefit patients.

The practice was open Monday to Friday 8.30am to 6pm. The practice closed for lunch from 1pm to 2pm during which time the calls diverted to the on-call GPs mobile. On Thursday afternoons, the practice was not open for appointments between 1pm and 3pm, as this time was used as protected learning time for the staff team. However, there was a GP and practice nurse who worked from 6.30pm to 7.30pm and 6pm to 8pm respectively on Thursday evenings. Out of hours, the surgery telephone diverted to the 111 out of hours service.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

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

Detailed findings

Before visiting the practice we reviewed a range of information we hold about the service. We met with the local Clinical Commissioning Group (CCG), NHS England area team and Healthwatch. We also attended a listening event.

We carried out an announced inspection on the 4 June 2014 from 9am to 5.15pm. As part of the inspection we looked at management and staff records. We saw policies and procedures and we observed staff talking and interacting with patients.

On the day of inspection we spoke with 3 GPs, the practice manager, a practice nurse, a healthcare assistant and four administrative/reception staff. We observed how patients were being cared for and talked with carers and patients attending appointments at the time of our visit, about their experiences of the practice. We also looked at the response to CQC comment cards provided and looked at statistical information from the most recent patient survey. We also spoke with representatives of the virtual patients participation group (PPG) about their role.

Are services safe?

Summary of findings

The practice was safe. We found there were procedures in place to record and report safety incidents, concerns and near misses. We saw evidence of regular audits and meetings. The practice had a safeguarding policy and procedure and staff were knowledgeable about what constituted abuse and how to report it. The practice worked with the local authority safeguarding team to protect vulnerable adults and children from harm. There were effective infection control procedures in place and medicines were managed in line with best practice.

Our findings

Safe patient care

We found there were no concerns expressed by patients about safety at the practice. The practice had a good track record on safety.

There were clear incident recording and reporting procedures in place to record incidents, accidents and near misses. Staff were able to describe the process involved and their lines of accountability. Incidents were discussed in team meetings and any changes in policy or procedures were communicated to staff.

Learning from incidents

The practice was open and transparent when it came to near misses or when things went wrong. Significant issues were discussed openly in clinical/staff meetings and actions and learning from events was shared with staff. There were effective risk assessments and risk management plans in place to prevent recurrence.

Safeguarding

There was a proactive approach to safeguarding at the practice and all of the staff had been trained to recognise types of abuse and to report their concerns. There were comprehensive safeguarding policies and procedures in place to protect vulnerable children and adults from harm. The practice nurse was the designated safeguarding lead and had undertaken level 3 training in safeguarding in July 2013. The practice safeguarding lead received regular updates and passed on the information to colleagues during clinical/team meetings. There was also a designated GP who carried out the role of safeguarding clinical lead. All staff received annual refresher training in child and adult protection, the most recent was carried out in January 2014. All staff spoken with gave a clear account of the process they followed in relation to reporting safeguarding concerns. There were notices in reception that staff could refer to that provided the contact details for the local safeguarding teams. The practice also had posters about child, adult and domestic abuse on the public notice boards that highlighted abuse to patients. Staff were aware of their responsibilities in regard to whistleblowing and understood the relevance of the practice whistleblowing policy. A copy of the policy was located in the employee

handbook and was also available to the team in hard copy and on line. Staff were aware if they saw something in the practice that raised a concern they could use the computer 'pop up' message system to record their observations.

Monitoring safety and responding to risk

Emergency equipment and drugs were available in the practice and staff knew where the equipment was stored. All staff had received refresher training in basic life support and anaphylaxis in the past year. We saw that the practice nurse routinely checked that emergency drugs were in date to ensure they were fit and ready for use. There was also an oxygen cylinder available in reception for use when needed. The practice did not have an automated external defibrillator, although several of the staff had been trained to use one.

Medicines management

There were clearly defined systems, processes and standard operating procedures that minimised potential for error and promoted safety of patients who used services. For example repeat prescription requests were checked before being provided. Where there were discrepancies between what was requested and what was recorded on the patient's record. A prescription was not issued until the GP had reviewed the medication. Additionally, routine monitoring of fridge temperatures, emergency medicines and equipment ensured patient safety.

Cleanliness and infection control

Patients told us they always found the practice clean, tidy and well maintained. They told us they had seen staff wash their hands between patients and had seen the clinicians wear gloves when carrying out examinations, care and treatment. We saw that effective systems were in place to reduce the risk and spread of infection. We saw that the consultation and treatment rooms we viewed were clean and well maintained. There were notices above hand basins to remind staff of correct hand washing techniques. All consultation rooms had adequate stocks of liquid soap and paper towels. There was alcohol hand sanitising gel in clinical rooms and the reception area.

The practice nurse was responsible for infection control at the practice and the healthcare assistant was responsible for ensuring there were sufficient stocks of personal protective equipment (PPE) such as gloves, masks and aprons. All staff had received refresher training in infection control in January 2014 to enhance their knowledge and skills. An infection control audit had been undertaken in March 2014 and the results showed that staff were adhering to the policies and procedures in infection control to reduce the risk to patients.

There were arrangements in place for the safe disposal of clinical waste and sharps bins. There was a detailed cleaning schedule at the practice. The cleaners ticked each part of the schedule to show that it had been completed. The cleaning company carried out regular audits of the quality of cleaning carried out at the practice. Cleaning schedules also included regular deep cleans where the upholstery of chairs in the waiting room would be steam cleaned.

Staffing and recruitment

There was a policy and procedure in place on recruitment and selection of staff that complied with employment law, equality and human rights. We found patients who use the service were kept safe because the service had effective recruitment procedures in place. All of the patients we spoke with told us there were the right staffing levels and skill-mix at all hours the service was open to support safe, effective and compassionate care.

On the day of our inspection there were 11 staff on duty; three GPs; a practice manager, a practice nurse; a healthcare assistant, three receptionists and two administrators. The practice staffing levels and skill mix met the needs of patients. During our inspection we saw that patients were generally seen at the time stated for their appointment. However, several patients told us improved accessibility to appointment slots would improve their experience.

The practice held records showing that criminal records checks had been carried out on all GPs and nursing staff by the Disclosure and Barring Service (DBS) or its predecessor. Risk assessments were carried out on newly recruited reception and administrative staff to decide if there was a need to carry out a criminal records check. Results of the risk assessments were kept on file.

Dealing with Emergencies

The practice had a business continuity plan in place for most eventualities including events such as bad weather or loss of essential services such as gas, electricity, water, telephone or computer access. The continuity plan also covered emergency response to major incidents and response to chemical, biological, radiological and nuclear

Are services safe?

incidents. The continuity plan also provided a detailed response to pandemic flu or outbreak of other infectious disease. The practice manager was responsible for activating the plan in the case of emergency.

Staff received training in life support and dealing with medical emergencies. There were emergency drugs and equipment in the practice ready for use and staff were aware of where these were stored.

Equipment

We saw records that confirmed that equipment in the practice was serviced and maintained at regular intervals in line with current guidance and legislation. We saw records of tests that were carried out on portable electrical equipment to ensure they were safe to use. We saw records that showed fire equipment was regularly maintained and serviced. We also saw records of maintenance and calibration of a range of equipment that was in daily use at the practice.

Are services effective?

(for example, treatment is effective)

Summary of findings

Overall, the practice was effective. The premises were clean and well maintained. Equipment was suitably serviced and maintained. The practice provided care and treatment that followed current best practice guidelines. Staff were trained and knowledgeable and were provided with opportunities to further develop their skills and practice. The practice was clear about its own aims, objectives, vision and values.

Our findings

Promoting best practice

Staff carried out comprehensive health assessments which covered all patients' health care needs. The practice manager told us there were regular multidisciplinary meetings attended by the Integrated Primary Care Team and the Palliative Care team for people with long term illnesses and end of life care. We were informed these meetings were held to discuss patients who needed extra support or acute care.

Care and treatment at the practice was provided in line with relevant professional 'best practice' guidance and legislation. When changes in practice were needed, the staff would meet to discuss the necessary changes in practice policy and procedure. The changes would be implemented without delay following the receipt of advice and guidance.

The practice undertook a range of clinical audits. The audits were either part of a cycle of audits or were undertaken in response to national guidance such as that from the National Institute for Clinical Excellence (NICE). The results of audits were shared with clinicians to help promote 'best practice'.

Patients told us they were asked for their consent before an examination or a treatment commenced and clinical staff told us they recorded the patients consent in their records. Where a patient's capacity to consent was unclear, clinical staff told us they assessed patients in line with the Mental Capacity Act 2005 and involved family members or carers in the process.

Management, monitoring and improving outcomes for people

We saw from the Quality Outcomes Framework (QOF) that the practice completed accurate and timely performance information. We used this information to inform our inspection and saw that the information was readily available to staff, patients and the public. The QOF is a voluntary incentive scheme for GP practices in the UK, rewarding them for how well they care for patients and contains groups of indicators, against which practices score points according to their level of achievement. Overall the QOF reflected positive outcomes for patients.

Are services effective?

(for example, treatment is effective)

Staffing

We looked at staff recruitment records during our inspection and found clinical staff were appropriately qualified and competent to carry out their roles safely and effectively. General practitioners and nurses regularly attended conferences, seminars and other professional training courses to further enhance their knowledge and skills. We saw that clinicians were encouraged to undertake external qualifications beyond basic requirements. We were told that one of the practice nurses had applied and was being sponsored by the practice to undertake training to become an advanced nurse practitioner.

The recruitment and selection process for employing staff was based on identified criteria that closely related to the job being advertised. Interviews were structured and involved the practice manager and GPs. We examined six staff files and saw evidence of appropriate checks being carried out when the practice recruited new staff. We saw that non-clinical members of staff had a risk assessment in place that identified if they required a criminal records check to be carried out via the Disclosure and Barring Service (DBS).

We saw evidence of staff induction programmes and on-going training. Staff told us they received yearly appraisals and daily access to support. The practice had protected learning time on Thursday afternoons between 1pm and 3pm. Latterly, this time had been used in the main to hold meetings and to share information. The practice was closed to patients during those hours, with appointments available later into the evening on the same day, to ensure access to urgent appointments.

The practice manager empowered the reception and administrative team to share skills and knowledge. Staff were encouraged to become multi-skilled so that staff could cover each other's duties in the event of absence. This too benefitted patients as staff became more confident and skilled in the performance of their roles.

Working with other services

The practice had effective working arrangements with other partner organisations in health and social care, to benefit patients, particularly those with complex needs. There was effective communication, information sharing and decision-making about a person's care across multiple services. The staff regularly attended multi-disciplinary meetings. Local care pathways and treatment programmes were shared to enhance patients care and treatment. We heard from staff how referrals were made to external consultants.

Health, promotion and prevention

There was health promotion information displayed on posters and in leaflets in the waiting area. Patients told us they read the posters whilst waiting to be seen. The posters were changed at frequent intervals to reflect current health agendas, national health advice and health screening campaigns. There was signposting to local and national support groups. GP's and nurses gave patients information leaflets about newly diagnosed conditions and there was information about advice lines where patients could get more information.

The practice provided a number of nurse led services including diabetic clinics, antenatal services, cervical smear and well woman and well man clinics. The healthcare assistant was available to carry out alcohol screening, weight management, smoking cessation advice, dressings, Flu, Pneumonia and Vitamin B12 injections and undertook patient health checks and blood pressure readings.

Newly registered patients were offered an appointment with the GP/practice nurse during which basic health checks would be carried out. They would also be asked about their past medical and family health history. The consultation included finding out about social factors that may impact on treatment. Routinely, new patients were asked about their occupation and lifestyle and any prescribed medications. Routine assessment of risk factors, for example smoking, alcohol intake, blood pressure and obesity were considered and recorded in the patient's notes. Patients were encouraged to take an interest in their health and to take action to improve and maintain it. This included advising patients on the effects of their lifestyle choices on their health and well-being.

Are services caring?

Summary of findings

The practice was caring. Patients were treated with dignity and respect by staff at the practice. Patient's privacy and confidentiality were safeguarded. Staff provided patients with appropriate choices of treatment and involved patients fully in their care.

Our findings

Respect, dignity, compassion and empathy

Staff told us the practice had a strong ethos of involving patients in their care. Patients were always offered appropriate choices in relation to their treatment. We observed that the practice respected patient's privacy and dignity when providing care and treatment and always spoke with and examined patients behind closed doors. Personal information was not discussed where patients or staff could be overheard.

Staff told us they were aware of the importance of patient confidentiality. The policy on confidentiality was emphasised during induction of all new staff. Staff told us they were asked to sign a confidentiality agreement along with their contract. They were able to explain practical things they did to maintain people's privacy. For example, they ensured that computer screens could not be seen by patients and avoided speaking loudly on the telephone. If patients needed to be spoken with by telephone, the back of reception was used to ensure confidentiality and patient privacy.

We were shown the consultation rooms and clinical areas. We saw how GPs and other clinical staff were able to perform appropriate patient examinations with consideration for the patient. The surgeries were of good size and had screens which could surround examination areas. Windows had blinds which enhanced privacy within the surgery. The patients we spoke with told us they always felt their privacy and dignity was respected throughout examinations and felt their care was personalised and supported their recovery.

We observed that staff demonstrated a kind and caring attitude and built positive relationships with patients using the service. Staff spent time talking to patients to help understand their needs. We were told that interpreters could be booked when necessary for patients whose first language was not English. Signers were used to provide services to those patients who were hearing impaired.

Involvement in decisions and consent

Patients told us they were encouraged to ask questions about their treatment and clinicians would take time to explain things to patients in terms they understood. If children were being treated the GP would draw diagrams or give patients leaflets about their diagnosis and treatment.

Are services caring?

We found, before patients received any care or treatment they were asked for their consent and the practice acted in accordance with their wishes. The practice had a consent policy that had been recently reviewed. Staff were aware treatment could be refused and patients had the right to withdraw consent after it had been given. The service was aware of the Mental Health Act 1983, the Mental Capacity Act 2005 and the Children Act 1989 and knew who could agree and consent to treatment. In the case of children under 16, consent was sought when possible from the child's parent or guardian before treatment began. Alternatively, young people could also be treated if they were considered 'Gillick competent' and could understand and consent for themselves.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Overall, the practice was responsive. The practice understood the needs of the population it served. Services were planned in a way that promoted person-centred care. The practice worked in partnership with other health and social care professionals to benefit patients. The appointment system provided suitable access to clinicians and was reviewed to meet the needs of the growing patient population. Patients felt their comments, concerns and suggestions were listened to and acted upon.

Our findings

Responding to and meeting people's needs

We saw that services were planned in a way that promoted patient-centred care. Patients were told their diagnosis and consulted about possible treatments. If it was necessary to refer patients to hospital or to specialist consultants, the clinicians would coordinate their care, referring them to a hospital via the Brighton Integrated Care Service (BICS). The practice worked in partnership with other health and social care providers to plan joint working arrangements and integrated pathways (integrated pathways were a multi-disciplinary approach to providing care).

The practice nurse told us how the practice promoted good health and wellbeing by holding specific clinics for long term illnesses such as diabetes and asthma. They told us they worked in partnership with patients to encourage and facilitate compliance with treatment.

We heard from staff and patients how the practice encouraged continuity of care by doctors and other team members. For example, patients could request appointments with a male or female doctor when available. We were told these preferences were recorded on patient's notes to ensure preferred options were made available to them whenever possible.

The practice had recruited a virtual Patient Participation Group (PPG). This meant that the group were contacted via e-mail and were sent information via computer. Members of the group were also forwarded information on wider PPG events and newsletters across the Brighton and Hove area. The practice manager informed us that although information was sent to the PPG, responses back were quite limited. We spoke with several members of the PPG by telephone. They confirmed they had never been offered the opportunity to meet as a group and discuss their role. Two members of the group felt that it would be helpful if they held regular meetings in order to discuss issues that they were being asked to comment on. They felt that they frequently received information, but were unaware at times of the context, or reason they were being asked to comment on it.

The practice took steps to remove barriers that some patients faced when accessing or using the service. This included making reasonable adjustments for patients with a physical disability, a learning disability, autism, dementia,

Are services responsive to people's needs?

(for example, to feedback?)

enduring mental health problems or patients with English as a second language. Language interpreters were available through an NHS contract and were available at short notice. Staff were aware of patients who had a learning disability or autism and made longer appointments or appointments at quieter times of the day to avoid distressing patients. Double appointments could be booked in advance with the GP or nurse for those patients who needed a longer consultation time or had more complex needs.

The practice worked in partnership with other health and social care agencies to provide specialist advice and treatment to patients who misused drugs, alcohol and other substances. These agencies were centrally funded support services in Brighton, where patients could receive specialist support. There were similar locally based referral arrangements in place for family planning clinics and chiropody/podiatry services.

The environment and facilities within the practice were appropriate. Equipment was available promptly for patients. There was adequate seating in the waiting room with sufficient space for wheelchair users or parents with young children and pushchairs. Toilet facilities appeared clean and had facilities for disabled patients.

Access to the service

Opening hours were designed to meet the practice population and were clearly stated in the practice leaflet and on the NHS Choices website. The practice was open for appointments from 8.30am to 12.30pm and 2pm to 6pm each day. There was also an on-line booking system. Patients could book appointments with a particular GP or nurse up to four weeks in advance. Thursday evening surgery was primarily for working age patients who found it difficult to attend appointments during normal surgery hours due to work commitments. We received a number of comments from patients about their difficulties in getting an appointment. They said they frequently found it difficult to get through on the telephone in the mornings. They told us that when they finally got through to the receptionists all the appointments for that day had already gone. However, they did make favourable comments about the receptionists who they said were very understanding and helpful.

There was evidence of a good awareness of equality and diversity in the practice. Staff told us they were aware of the diversity, ethnicity and culture of patients and were mindful that care was planned and delivered to reflect patient's individual needs. Staff were able to translate their awareness into positive outcomes for patients in the areas of race, ethnicity, age, sexuality, gender, disability and belief.

Concerns and complaints

Information about how to make a complaint about the service was available in the waiting area of the practice as well as in the practice leaflet and on their NHS choices website. A suggestion box was also available in the waiting area.

We looked at the record of complaints at the practice. All complaints had been acknowledged, investigated and a written outcome had been provided to the complainant.

We were told by the GP and practice manager that complaints were discussed with staff in an open and transparent way during staff meetings. Feedback from patients was viewed positively and complaints were used as a learning tool to develop new ways of working.

Are services well-led?

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

Summary of findings

Overall, we found the practice was well led. The practice had an open and inclusive atmosphere where staff and patient feedback was encouraged and valued. There was strong and visible leadership team with clear vision and purpose. There were management systems in place which identified and managed risks, enabled learning and improved overall performance.

Our findings

Leadership and culture

Patients benefitted from safe, high quality care, treatment and support, due to effective decision making and management of risk to their health, safety and welfare. Staff demonstrated the values that underpin their work. There was a clear vision of patient centred individualised care that was focused on meeting the needs of the patient population. The care and treatment provided by the staff team encompassed the concepts of dignity, respect and compassion. The practice recognised the diverse needs of the population and provided care and treatment that were accessible, flexible and equitably provided.

The clinical and non-clinical staff in the practice were clear about what decisions they were required to make and knew what they were responsible for. There were clear limits of authority for each role.

The practice manager ensured that staff routinely followed the policies and procedures of the practice. Staff were provided with practice handbooks and were provided with easy access to documentation both on-line and in hard copy. The policies of the practice were discussed during staff training sessions and meetings and updated when necessary to reflect current thinking and best practice guidance.

Governance arrangements

There were arrangements in place to ensure that the staff team's individual and collective responsibilities were clear. Every member of staff had a job description which identified key tasks associated with their role. Quality and performance were monitored and risks were identified and effectively managed. Staff were able to show us they used statistical information and data to monitor their performance against local and national targets.

Systems to monitor and improve quality and improvement

The practice used the Quality and Outcomes Framework (QOF) to determine its performance against national targets. QOF is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. It is not about performance management but resourcing and then rewarding good

Are services well-led?

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

practice. The practice achieved 96% in the clinical domain overall in the QOF for 2013 which shows that the practice is working towards or meeting government targets for quality care in the delivery of primary medical services.

Patient experience and involvement

A suggestion box was made available to patients in the waiting area. Information about how to make a complaint about the service was available in the waiting area, as well as in the practice leaflet and on the NHS choices website.

We reviewed the results of the 2013 patient survey and found 84.8% of patients rated the practice good or very good and 73.4% would recommend the practice to a friend. We saw that 80.7% of patients felt that the practice opening hours were adequate. 79.1% of patients rated the experience of making an appointment as good or very good. 67.1% of patients rated their ability of getting through on the phone as easy or very easy.

Staff engagement and involvement

Staff were enthusiastic about working for the practice. They told us there was a strong team based work ethic. The practice manager operated an 'open door' policy and staff felt that management were approachable and caring. Staff felt confident that they could raise issues and concerns with management in timely way. Staff told us they received an annual appraisal and we saw records that confirmed this. Staff had a job description and clear lines of accountability. Their values and visions focused on providing high quality care to patients of the practice.

The practice had an open, no blame culture and strong team work ethos. Staff were aware of their roles and accountabilities. Staff had designated responsibilities and took the lead role in areas such as infection control, safeguarding, staff recruitment, complaint handling and maintenance of the building. This provided a level of autonomy and personal responsibility for the staff team who led on tasks associated with their particular job role.

All of the staff felt valued in their role and were aware of how to raise concerns, comments and suggestions. They understood their responsibility to report concerns about practice standards that fell below that expected by the practice.

Learning and improvement

Staff told us they discussed significant events, near misses, incidents and complaints in the staff meetings. This provided the staff with an opportunity to learn from each other and put in place policies, procedures and methods of working to improve practice and benefit patients.

Identification and management of risk

We heard from staff about a range of audits undertaken by the practice manager which ensured safe working practices and a safe environment. We saw from information provided to us that the provider also contributed to external audits for hygiene and infection control and the Quality Outcomes Framework. Where risk was identified management systems were put in place to reduce the likelihood of recurrence. Management systems were underpinned by effective policies and procedures.

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 was effective at meeting the needs of older patients. We found the practice was safe, effective, caring, responsive and well led for older patients. We found older patients received a good quality service that was consistent, flexible and coordinated.

Our findings

The practice provided level access and accessible facilities to older patients. There was a wheelchair available at the practice for use of patients with mobility difficulties.

There were effective arrangements in place to identify vulnerable and frail older patients registered with the practice. Patients were offered regular health checks with the practice nurse in order to maintain their health and avoid unplanned hospital admission. The GP visited a number of older patients with mobility problems at home. Home visits could be requested when necessary.

We saw the practice provided information to older patients about support networks in the local area and nationally. The practice promoted healthy lifestyles and prevention of ill health.

There were arrangements in place to support patients at the end of their life. The practice worked with other health and social care professionals to ensure continuity of care. The practice met regularly with community nurses, palliative care nurses and other professionals.

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. They were signposted to sources of support and information about their condition. The practice monitored the prevalence of long term conditions across the practice population and worked closely with the Clinical Commissioning Group (CCG) to improve services to patients.

Our findings

Central Hove Surgery worked with the local CCG to improve services to patients with long term conditions. Each patient had a care and treatment plan that was monitored and reviewed regularly.

The practice held regular multidisciplinary meetings attended by the Integrated Primary Care Team and the Palliative Care team for people with long term illnesses and end of life care. We were informed these meetings were held to discuss patients who needed extra support or acute care.

Prescribed medication was reviewed at least annually to ensure its efficacy in treating the condition. Appropriate referrals were made to secondary care when the need arose. The practice monitored the care patients received to ensure it was effective in reducing the number of unplanned hospital admissions.

The practice displayed health promotion materials in the waiting area and sign-posted patients to other local services and support groups. Patients could meet the practice nurse for individual health promotion and support.

Double appointments could be booked in advance with the GP or nurse for those patients who needed a longer consultation time or had more complex needs.

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

The practice was effective at meeting the needs of mothers, babies and younger patients. Central Hove Surgery worked 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, treatment and support.

Our findings

All staff received appropriate safeguarding training to protect young patients and children from the risks of abuse. Staff of all levels demonstrated they understood signs and symptoms of abuse and knew what to do to raise concerns.

The practice provided information leaflets and displayed posters in the waiting area about child safeguarding and domestic violence and who to contact if patients had concerns.

The GPs at the practice did not prescribe contraception to children under the age of 16 without a parent's consent. Young patients below this age were signposted to local family planning centres.

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

We found the practice was safe, effective, caring, responsive and well led for working age patients. The practice provided early evening appointments on one day per week to improve access to appointments for working age patients.

Our findings

The practice provided early evening appointments on one evening each week for working age patients who found it difficult to attend appointments during normal surgery hours due to work commitments.

Staff carried out comprehensive health assessments which covered all patients' health care needs. The practice provided a number of nurse led services including diabetic clinics, antenatal services, cervical smear and well woman and well man clinics.

Patients were encouraged to take an interest in their health and to take action to improve and maintain it. This included advising patients on the effects of their lifestyle choices on their health and well-being.

There was health promotion information displayed on posters and in leaflets in the waiting area. Patients told us they read the posters whilst waiting to be seen. The posters were changed at frequent intervals to reflect current health agendas, national health advice and health screening campaigns. There was signposting to local and national support groups.

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

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

Summary of findings

The practice was responsive to the needs of vulnerable patients. The practice effectively assessed and monitored the practice population needs, including patients in vulnerable circumstances.

Our findings

The practice was responsive to the needs of vulnerable patients.

The practice took steps to remove barriers that some patients faced when accessing or using the service.

This included making reasonable adjustments for patients with a physical disability, a learning disability, autism, dementia, enduring mental health problems or patients with English as a second language.

Interpreters could be booked when necessary for patients whose first language was not English. A longer consultation time could be arranged to facilitate the use of an interpreter. Signers were used to provide services to those patients who were hearing impaired.

Patients were invited to share feedback with the practice. The practice had taken steps to establish a Patient Participation Group (PPG) in order to further involve patients in improvements to services.

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

We found the practice was safe, effective, caring, responsive and well led for patients experiencing poor mental health. The practice worked collaboratively with local mental health organisations to provide support for patients with mental health conditions.

Our findings

The practice took steps to remove barriers that some patients faced when accessing or using the service. This included making reasonable adjustments for patients with dementia and those with enduring mental health problems. Longer appointments could be booked in advance with the GP or nurse for those patients who needed an extended consultation or had more complex needs.

The practice worked collaboratively with other health and social care professionals to meet the needs of patients experiencing poor mental health. They worked alongside community health teams and voluntary services to ensure that patients received appropriate support.