

The Practice North Street

Quality Report

The Practice North Street
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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?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of The Practice North Street on 2 June 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement in being well-led, responsive and for providing safe and effective services. It was good for providing a caring service.

The Practice North Street provides primary medical services to people living in central Brighton. At the time of our inspection there were approximately 2000 patients registered at the practice with locum GP and locum nurse cover. Support was available from The Practice Group/ Chilvers and McCrea Ltd regional and central structures that had been put in place.

The inspection team spoke with staff and patients and reviewed policies and procedures. The practice understood the needs of the local population and engaged effectively with other services. There was a culture of openness and transparency within the practice

and staff told us they felt supported. The practice was committed to providing high quality patient care and patients told us they felt the practice was caring and responsive to their needs.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed although they were not always consistently well managed.
- Data showed patient outcomes were below average for the locality. Although some audits had been carried out, we saw limited evidence that audits were driving improvement in performance to improve patient outcomes.
- The practice had not proactively sought feedback from staff or patients.

Summary of findings

- The practice had systems to keep patients safe including safeguarding procedures and means of sharing information in relation to patients who were vulnerable.
- Infection control audits and cleaning schedules were in place and the practice was seen to be clean and tidy.
- Patients' needs were assessed although it was unclear if care was planned and delivered following best practice guidance as care plans were not being reviewed and updated.
- Staff had received training appropriate to their roles. Any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The practice had the appropriate equipment and procedures to manage foreseeable patient emergencies.

However there were areas of practice where the provider needs to make improvements.

The areas where the provider must make improvements are;

- Ensure that medicines are stored safely and that the use of high risk medicines are monitored and managed.
- Ensure that locum training is monitored in line with requirements for permanent staff.
- Devise and implement a plan for improving patient outcomes, including ensuring appropriate coding and recall systems are in place and ensure full cycle audits of practice are undertaken consistently.
- Ensure that patient registers are proactively managed and that care plans are in place for patients with long term conditions.
- Ensure home visits meet the needs of the patient population.
- Ensure that plans are developed for a Patient Participation Group and that other ways are developed of gathering feedback from patients including hard to reach patients and groups.

The areas where the provider should make improvements are:

- Develop plans to implement regular multidisciplinary meetings, particularly for patients on the palliative care register and those living in vulnerable circumstances.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Although risks to patients who used services were assessed, the systems and processes to address these risks were not consistently implemented well enough to ensure patients were kept safe. For example, medicines stored in the treatment room were not locked, medicine fridge temperatures were not consistently monitored and locum training was not being monitored.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. Data showed patient outcomes were at or below average in some areas. Patients were offered annual health checks. However, because of historical coding issues the practice's system for patient recall was inconsistent. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed although it was not always clear that care was planned and delivered in line with current legislation because patients who required them did not always have up to date care plans in place. There was evidence of appraisals and personal development plans for all staff. Multidisciplinary working was being developed although was generally informal as multidisciplinary meetings were not taking place.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice in line with others and higher in some aspects of care including having confidence and trust in the last nurse they saw or spoke to. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. It reviewed the needs of its local population and

Requires improvement



Summary of findings

engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. Patients said they generally found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. However, the system for home visits was not always clear and patients outside of the practice boundary had been registered without transparent arrangements in place to meet the needs of patients requiring home visits. 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice was rated as requires improvement for being well-led. While it had a clear vision and strategy and staff were clear about the vision and their responsibilities in relation to this there had been issues with creating a stable team within the practice. There was a clear leadership structure, including locality managers and a central clinical governance team. Staff felt supported by management, however the practice relied solely on locum GPs and the input from a lead GP from another of the group's practices for additional support. The practice manager had been in post for a few months, and the practice nurse was a locum. This had impacted on systems within the service not being fully embedded. There were systems in place to monitor and improve quality and identify risk, however some of these had been newly implemented. For example, the practice had not consistently carried out an annual infection control audit although one had been undertaken in the few weeks preceding our visit. The practice sought feedback from staff and patients and this had been acted upon. However, the practice did not have a patient participation group (PPG) in place, did not carry out their own patient survey and we did not see evidence of action to improve patient satisfaction in relation to the national GP patient survey where the practice had performed below the local and national average in some areas. Staff were encouraged to make suggestions for improvement and we saw evidence suggestions were acted on. There was an open culture and staff knew and understood the lines of responsibility and accountability to report incidents or concerns. Staff we spoke with felt valued and were supported through appraisals and regular meetings with managers and team meetings which they told us had recently been implemented.

Requires improvement



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 provider was rated as requires improvement for safe, effective, responsive and for being well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nationally reported data showed that outcomes for patients were variable for conditions commonly found in older people. For example their QOF score for atrial fibrillation, dementia and heart failure were 100%. However, performance for chronic obstructive pulmonary disease (COPD) was 77% (18 points below the CCG and England average) and for hypertension it was 63% (23 points below the CCG average and 25 points below the England average). Patients were able to speak with or see a GP when needed although the practice could not guarantee that all older patients would have a care plan. The practice had a small number of patients over the age of 75 (0.6% of the practice population). They offered personalised care to meet the needs of the older people in its population and offered home visits although there were some concerns among practice staff for patients in this group who had registered with the practice but lived outside of the practice boundary for home visits. A community navigator was in post within the practice to support patients who were frail or isolated, ensuring they were supported to access services. There were arrangements in place to provide flu and pneumococcal immunisation to this group of patients and the practice were in the process of inviting patients aged 78 and 79 for a shingles vaccination.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe, effective, responsive and for being well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management although the system in place to identify patients at risk of hospital admission was inconsistent. Longer appointments and home visits were available when needed. However, not all these patients had a named GP, a personalised care plan or structured annual review to check that their health and care needs were being met.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as requires improvement for safe, effective, responsive and for being well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances. Immunisation rates for the standard childhood immunisations were mixed. For example baby immunisations were at 80% (target 95%) and pre-school boosters were at 80% (target 90%). Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for families, children and young people.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe, effective, responsive and for being well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The age profile of patients at the practice is mainly those of working age, students and the recently retired and the practice had worked to meet the needs of this population group. Patients could book appointments and order repeat prescriptions online. Health promotion advice was offered and there was access to health promotion material available through the practice. Arrangements were in place for patients to speak with a GP by phone and appointments were available for patients working within the city to book around their working day.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe, effective, responsive and for being well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice 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. It had previously carried out annual health checks for patients within this population group but the system for follow up did not guarantee

Requires improvement



Summary of findings

that all patients would be recalled. The reception staff within the practice worked hard to build close relationships and keep in regular contact with patients living in vulnerable circumstances and we saw a vulnerable patient folder for patients who required regular review.

The practice did not work with multi-disciplinary teams in the case management of vulnerable people. However, there was a community navigator role within the practice and vulnerable patients were supported to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safe, effective, responsive and for being well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). Patients at risk of dementia and those with dementia were flagged on the practice computer system and had an annual review. We saw that 100% of dementia reviews had been carried out. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. A community navigator scheme was in place where a volunteer would spend a day a week at the practice and would work with the local community and signpost patients to community and voluntary sector services. The practice had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

Patients mostly told us they were satisfied overall with the practice. Comments cards had been left by the Care Quality Commission (CQC) before the inspection to enable patients to record their views on the practice. We received 14 comment cards which contained mostly positive comments about the practice. We also spoke with three patients on the day of the inspection.

We reviewed the results of the national patient survey which contained the views of 78 patients registered with the practice. The national patient survey showed patients were generally pleased with the care and treatment they received from the GPs and nurses at the practice. The survey indicated that 86% of respondents said the last GP they saw or spoke to was good at explaining tests and treatments and 89% had confidence and trust in the last

nurse they saw or spoke to and 92% had confidence and trust in the last GP they saw or spoke to. Generally the practice performed in line with the CCG and national average across all points of the GP patient survey.

We spoke with three patients on the day of the inspection and reviewed 14 comment cards completed by patients in the two weeks before the inspection. The patients we spoke with and the comments we received were mostly positive. Comments included those stating that the service was 'professional and helpful', and 'reassuring staff'. Two comments had more negative aspects and these were focused on difficulties getting appointments and problems getting through by phone. However, all 14 comments included positive comments about the staff.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that medicines are stored safely and that the use of high risk medicines are monitored and managed.
- Ensure that locum training is monitored in line with requirements for permanent staff.
- Devise and implement a plan for improving patient outcomes, including ensuring appropriate coding and recall systems are in place and ensure full cycle audits of practice are undertaken consistently.
- Ensure that patient registers are proactively managed and that care plans are in place for patients with long term conditions.

- Ensure home visits meet the needs of the patient population.
- Ensure that plans are developed for a Patient Participation Group and that other ways are developed of gathering feedback from patients including hard to reach patients and groups.

Action the service **SHOULD** take to improve

- Develop plans to implement regular multidisciplinary meetings, particularly for patients on the palliative care register and those living in vulnerable circumstances.

The Practice North Street

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector and included a GP specialist advisor and a practice manager specialist advisor.

Background to The Practice North Street

The Practice North Street offers general medical services to people living and working in the central Brighton area of Brighton and Hove. It is a practice with one Whole Time Equivalent (WTE) locum GP. In addition a lead locality GP for The Practice Group/Chilvers and McCrea Ltd was available to support the practice when needed. There are approximately 2000 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 was also supported by a locum GP, a locum nurse, 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 North Street, c/o Boots, 129 North Street, Brighton, BN1 2BE

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.

The practice population has a higher number of patients in paid work or full time education, compared with the England average. The practice population also has a similar number of patients to the national average with a long standing health condition and with health related problems in daily life.

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

How we carried out this inspection

Before visiting 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 6 May 2015. During our visit we spoke with a range of staff, including GPs, practice nurses, and administration staff.

We observed staff and patients interaction and talked with three patients. We reviewed policies, procedures and

Detailed findings

operational records such as risk assessments and audits. We reviewed four comment cards completed by patients, who shared their views and experiences of the service, 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 information available to the CQC at that time.

Are services safe?

Our findings

Safe track record

The practice prioritised safety and used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. We saw that incidents were reported on the online system via the practice intranet and all staff we spoke with had a good understanding of this process.

We reviewed safety records, incident reports and minutes of meetings where incidents were discussed for the last year. For example, we saw that an issue with a patient and staff had been reported and discussed at a practice meeting. This had led to the practice manager reinforcing with staff the need to consistently report such incidents so that there was a record and learning facilitated.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of twenty four significant events that had occurred during the last three years and saw this system was followed appropriately. Significant events was a standing item on the practice meeting agenda and were discussed in the practice, including a review of actions and learning from significant events and complaints. The provider also reviewed incidents reported centrally at head office and collated these so that trends and patterns could be identified and action taken to address this.

Staff used incident forms on the practice intranet and sent completed forms to the practice manager. They showed us the system used to manage and monitor incidents. We tracked one incident and saw records were completed in a comprehensive and timely manner. We saw evidence of action taken as a result and that the learning had been shared, for example we saw that the practice manager had met with a patient to discuss an incident and there had been further discussion about this at the practice meeting so that all relevant staff were involved and informed. Where patients had been affected by something that had gone wrong they were given an apology and informed of the actions taken to prevent the same thing happening again.

National patient safety alerts were disseminated by the practice manager via email to practice staff. These were also received directly by the GP and the practice nurse. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. They also told us alerts were discussed at practice meetings to ensure all staff were aware of any that were relevant to the practice and where they needed to take action.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible and we viewed flow charts of the process to follow on display in clinical and staffing areas.

The practice had appointed a dedicated GP as lead in safeguarding vulnerable adults and children. The appointed GP was the lead locality GP for the group and was based at Brighton Homeless Healthcare as part of The Practice Group/Chilvers and McCrea Ltd. They had been trained in both adult and child safeguarding and could demonstrate they had the necessary competency and training to enable them to fulfil these roles. All staff we spoke with were aware who the lead was and who to speak with in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans would have a pop up alert on their patient record. There was active engagement in local safeguarding procedures and effective working with other relevant organisations including health visitors and the local authority.

Are services safe?

There was a chaperone policy, which was visible on the waiting room noticeboard and in consulting rooms and on the practice web site. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Reception staff would act as a chaperone if nursing staff were not available. Receptionists had undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. All staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks. (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 had a system for identifying vulnerable patients and we saw that staff were proactive in supporting patients who were vulnerable. For example, the practice was involved in a local proactive care project and had a community navigator on site for two hours each week to support vulnerable patients to access the appropriate services and support for their needs. We saw that safeguarding was a standing agenda item for the monthly practice meetings and that actions such as reviewing child protection registers were recorded.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were not always stored securely. On the day of our inspection the doors to the clinic room and the vaccination refrigerator were unlocked. We saw that emergency drugs were also stored in this unlocked room. The room was in a part of the practice that could potentially be accessed by patients and visitors. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed room temperature and fridge temperature checks were carried out regularly by the practice nurse. However, there were gaps in temperature recording on the days that the practice nurse was not present, for example when she was on holiday. This meant that temperature checks were not being carried out consistently on the days that the practice was open.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times

We did not see evidence of prescribing data reviews being discussed at practice meetings. However the GP was able to describe the action they were taking to reduce hypnotic prescribing. This included undertaking more frequent reviews and giving patients prescriptions for one to two weeks at a time. There was not a monitoring system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying medicines. However, the locum GP told us they implemented the measure of checking all repeat prescriptions themselves as a measure to minimise the risk to patients who were on high risk medicines.

The locum practice nurse was qualified as an independent prescriber and she received regular independent supervision, appraisal, support and training in the specific clinical areas of expertise for which she prescribed. Patient Group Directions (PGDs) were not used within the practice at the time of our inspection and we were told this was because the only nurse was an independent prescriber.

We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example,

Are services safe?

personal protective equipment including disposable gloves and aprons were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

The practice had a regional nursing lead for infection control from The Practice Group/Chilvers and McCrea Ltd who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. The lead worked with the locum nurse to manage infection control activities within the practice. All staff received induction training about infection control specific to their role and received annual updates. We did not see evidence of past infection control audits having been carried out although the lead and the locum nurse had carried an audit in April 2015 and a re-audit in May 2015. Actions identified included adding infection control discussions to the practice meeting agenda, ensuring all staff had attended infection control training and updating the practice's sharps policy. The re-audit carried out in May 2015 demonstrated an overall improvement of 17% in infection control compliance with the policy. Minutes of a practice meeting showed that the findings of the audits were discussed.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had an agreement with the company responsible for the building in which the practice was located for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings). We saw records that confirmed that regular checks were being carried out to reduce the risk of infection to staff and patients.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date which

was November 2014. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers, blood pressure measuring devices and the fridge thermometer.

Staffing and recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (these 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). We saw copies of recruitment documents for the locum GPs and locum nurse were kept on file within the practice, ensuring that the practice were assured that the relevant checks had been carried out before locums started working at the practice. The practice had a system in place for monitoring staff training, however this did not include locum staff which meant that while training was checked when locums started at the practice, there was not an ongoing process in place.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe, although staff also told us they felt that permanent clinical staff were needed.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included checks of the building, the environment, staffing, dealing with emergencies and equipment. The practice manager was the lead for health and safety and a health and safety policy was produced by head office and was available via the practice intranet. A local health and safety policy was also available.

Are services safe?

We saw that any risks were discussed at practice meetings. For example, we saw safeguarding, significant events, child protection and vulnerable adults were standing agenda items and discussed at each meeting.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support; however the locum GPs life support training was out of date at the time of our inspection. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. We checked that the pads for the automated external defibrillator were within their expiry date.

Emergency medicines were easily accessible to staff and all staff knew of their location. At the time of our inspection

the door to the treatment room where emergency medicines were stored was unlocked, this meant that medicines were not stored securely. These medicines included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia, epilepsy and asthma. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, staff shortage and access to the building. We saw an example where the business continuity plan had been implemented effectively due to GP shortages and sickness.

A fire risk assessment had been carried out that included actions required to maintain fire safety, staff had attended fire training and regular fire drills were carried out.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw that guidance from local commissioners was readily accessible in all the clinical and consulting rooms.

We discussed with the practice manager, GP and nurse how NICE guidance was received into the practice. They told us this was downloaded from the website and disseminated to staff. Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.

Staff described how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They told us they aimed for patients to be reviewed at regular intervals to ensure their treatment remained effective; however their recall system was not working accurately due to historical coding issues. The lead GP for The Practice Group/Chilvers and McCrea Ltd told us they were confident that where the coding was accurate patients would be recalled, however they had to conduct manual searches of the electronic system to check that patients were accurately coded. This meant that the practice could not guarantee that all patients requiring regular health checks were receiving them.

Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. The GP told us they worked closely with the practice nurse and that support was available from the lead GP for The Practice Group/Chilvers and McCrea Ltd and other practices within the group when needed. We viewed minutes of a nurses meeting where practice nurses from The Practice Group/Chilvers and McCrea Ltd had met and had discussions around ways that they might work more collaboratively together. The locum practice nurse attended the meetings.

The practice used computerised tools to identify patients who were at high risk of admission to hospital. We were told that these patients were reviewed regularly and that the GP was aware of who these patients were although up

to date care plans were not documented in their records. The practice kept a folder containing details of patients who were considered to be vulnerable or at risk due to health concerns.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Information about people's care and treatment, and their outcomes, was routinely collected and monitored. However, because of a lack of permanent clinical staff at the practice staff told us that much of this proactive, outcome focused work had been affected and it was unclear how the information was used to improve care.

The locum GP showed us one clinical audit that had been completed recently that demonstrated changes to treatment were made where needed. For example, following an alert from the Medicines and Healthcare Products Regulatory Agency (MHRA) regarding a medicine used to reduce blood cholesterol levels a clinical audit was carried out. The aim of the audit was to ensure that all patients prescribed this medicine in combination with a particular hypertensive drug were not put at risk of serious drug interactions. The audit demonstrated that six patients had a medication review and subsequent changes.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice achieved 80% of the total QOF target in 2014, which was below the national average of 94%. Specific examples to demonstrate this included:

- Performance for chronic obstructive pulmonary disease (77%) was worse than the national average (95%).
- Performance for diabetes mellitus (98%) was better than the national average (90%).
- Performance for hypertension QOF indicators was 25% below the national average.
- Performance for epilepsy (72%) was worse than the national average (89%).
- Performance for heart failure was similar to the national average.

Are services effective?

(for example, treatment is effective)

The practice was aware of all the areas where performance was not in line with national or CCG figures and we were told of an action plan to address coding issues, recorded prevalence and recalls followed by a focus on improvement in specific areas of performance. We saw minutes from one practice meeting that had taken place a few weeks before our inspection. Clinical staff we spoke with told us they had attended that meeting and the practice nurse told us they had attended one of The Practice Group/Chilvers and McCrea Ltd regional nurses meetings. There were no specific clinical meetings held at the practice and the locum GP told us they did not have clinical supervision within the practice. However, we saw that the lead GP from Brighton Homeless Healthcare had undertaken a note keeping audit of the locum GP exploring areas of consultation practice including the appropriateness of management decisions and prescribing. The team was making use of some clinical audit tools and staff meetings to assess the performance of clinical staff. The staff we spoke with told us they spent some time reflecting on the outcomes being achieved and areas where this could be improved, however some staff felt this was an area that could be improved with more regular meetings.

The practice's prescribing rates were similar to national figures with the exception of prescribing of hypnotics which was higher than average compared with national figures. However, we saw that the locum GP was taking action to address this and had limited the frequency of prescriptions and had conducted regular medication reviews to address this. There was a protocol for repeat prescribing which followed national guidance. This required staff to regularly check patients receiving repeat prescriptions had been reviewed by the GP. They also checked all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We saw evidence that after receiving an alert, the GPs had reviewed the use of the medicine in question and, where they continued to prescribe it, outlined the reason why they decided this was necessary.

At the time of our inspection the locum GP had identified one patient who was in need of palliative care but they did not have a palliative care register or regular palliative care

meetings. The locum GP had tasked one of the administrative staff to contact the relevant community teams and begin the process of setting up regular palliative care multidisciplinary meetings.

The practice did keep a register of patients identified as being at high risk of admission to hospital and of those in various vulnerable groups for example patients with long term conditions, those who were frail and those with poor mental health. Structured annual reviews were also undertaken for people with long term conditions although the practice had issues with their recall system and there was no data to show the percentage of patients who had received an annual review in the last year. We spoke with one patient who was attending the practice for an annual review and we saw a record of another patient who had not been recalled for a review although a QOF alert was apparent.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support. There was just one locum GP post at the practice and at the time of our inspection this was covered by one regular locum GP for 8 sessions a week. A further 2 sessions a week were covered by other locum GPs. We saw that the practice had attempted to ensure regular locum GPs to allow for continuity of care. All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. The practice had copies of the GPs training certificates and evidence of revalidation on file. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). The locum practice nurse was an independent prescriber so attended regular training to maintain her qualification and received clinical supervision and appraisal independently.

All directly employed staff undertook annual appraisals that identified learning needs from which action plans were documented. Our interviews with staff confirmed that the

Are services effective?

(for example, treatment is effective)

practice was proactive in providing training and funding for relevant courses, for example we saw that the practice manager was exploring options for clinical skills training for one of the administrative team.

The practice nurse understood her role and had clear responsibilities within that role. Evidence was provided that appropriate training had been undertaken for them to appropriately fulfil their duties. For example, on administration of vaccines, cervical cytology, spirometry and prescribing.

Working with colleagues and other services

The practice received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from these communications. Out-of hours reports, 111 reports and pathology results were all seen and actioned by a GP on the day they were received. Discharge summaries and letters from outpatients were usually seen and actioned on the day of receipt and all within five days of receipt. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. There were no instances identified within the last year of any results or discharge summaries that were not followed up.

Emergency hospital admission rates for the practice were relatively low at 0.8% compared to the national average of 1.4%. The practice was commissioned for the unplanned admissions enhanced service. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). However, staff told us that due to not having a regular salaried GP they had not been able to proactively manage these patients aligned with the requirements of the enhanced service specification.

The practice did not hold multidisciplinary team meetings to discuss patients with complex needs. We were told that while some care plans had been developed for patients with complex needs these had not been maintained since the salaried GP had left in December 2014. The practice did not provide up to date care plans for asthma, chronic obstructive pulmonary disease (COPD), coronary heart disease, diabetes, dementia and severe mental health.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP Out of Hours provider to enable patient data to be shared in a secure and timely manner. We saw evidence there was a system for sharing appropriate information for patients with complex needs with the ambulance and Out of Hours services.

For patients who were referred to hospital in an emergency there was a policy of providing a printed copy of a summary record for the patient to take with them to Accident and Emergency.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it.

Patients with a learning disability and those with dementia had been supported to make decisions through the use of care plans in the past. These care plans had not been reviewed since the salaried GP had left the practice in December 2014. When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision, including involving those close to them in making best interest decisions.. The practice nurse demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

There was a practice policy for documenting consent for specific interventions. Staff we spoke with demonstrated an understanding of the need to seek consent prior to carrying out a procedure, ensuring that patient's had a good understanding of what they were consenting to.

Health promotion and prevention

Are services effective?

(for example, treatment is effective)

It was practice policy to offer a health check to all new patients registering with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way. We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering smoking cessation advice to smokers. The practice also offered NHS Health Checks to all its patients aged 40 to 75 years.

The practice had many ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice had identified the smoking status of 80% of patients over the age of 16 and actively offered nurse-led smoking cessation clinics to 69% of these patients. Similar mechanisms of identifying 'at risk' groups were used for patients who were obese who were offered on-going weight management advice and support.

The practice's performance for the cervical screening programme was 84%, which was similar to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. A practice nurse had responsibility for following up patients who did not attend. The practice also encouraged its patients to attend national screening programmes for bowel cancer and breast cancer screening.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance was above average for the majority of immunisations where comparative data was available. For example:

- Flu vaccination rates for the over 65s were 78%, and at risk groups 84%. These were similar to national averages.
- Childhood immunisation rates for the vaccinations given to under twos was 80% and five year olds was 80%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey July 2015 where 78 surveys were completed. The practice had not undertaken its own survey.

The evidence from the survey showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national patient survey showed the practice was rated as good or very good by 79% of respondents, slightly lower than the CCG and national average of 85%. The practice was comparable to CCG and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 80% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 92% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 94% said the nurse gave them enough time compared to the CCG average of 92% and national average of 92%.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 14 completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. Four comments were less positive, two of which commented on the lack of a regular doctor. All comments, even less positive ones stated that the staff treated them well. We also spoke with three patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting

rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The reception staff were able to take phone calls away from the reception desk which helped keep patient information private. We saw that there were opportunities for private conversations to be held away from the desk. Additionally, 93% said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us she would investigate these and any learning identified would be shared with staff.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Receptionists told us that referring to this had helped them diffuse potentially difficult situations.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%.
- 92% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.
- 85% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

Are services caring?

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

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.

Patient/carer support to cope emotionally with care and treatment

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example:

- 84% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.

The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted that staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room, on the TV screen and patient website also told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, they would be contacted, usually by a member of the reception team who would then offer them an opportunity for a consultation with a GP if this was needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was not always responsive to patient need. The needs of the practice population were understood and some systems were in place to address identified needs in the way services were delivered.

Longer appointments were available for patients who needed them and those with long term conditions. The GP completed telephone consultations each day and home visits could be requested when necessary, however these could not be accessed by registered patients living outside of the practice boundary. Working age patients were able to book appointments and order repeat prescriptions on line. The practice was able to access services through EPIC (Extended Primary Integrated Care) which meant that patients could access appointments on weekends and evenings through an extended hours service with other locality practices.

The practice had registers of patients who had poor mental health, those with learning disabilities and those with dementia. The locum GP was not aware of the registers and patients were not always being proactively managed. The practice did not have a palliative care register or regular multidisciplinary palliative care meetings; however staff told us this was because they did not have any palliative care patients. The locum GP told us they had begun the process of looking into how they could hold multidisciplinary palliative care meetings for a patient who would likely need palliative care in the future.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example, longer appointment times were available for patients who needed it, for example those who required an interpreter or those with a learning disability. The majority of the practice population were English speaking patients but access to online, telephone and face to face translation services were available if they were needed. Staff were aware of when a patient may require an advocate to support them and there was information on advocacy services available for patients.

The premises and services had been designed to meet the needs of people with disabilities. The practice was

accessible to patients with mobility difficulties as facilities were accessible via a lift. The consulting rooms were also accessible for patients with mobility difficulties and there were access to enabled toilets and baby changing facilities. There was a large waiting area with plenty of space for wheelchairs and prams. This made movement around the practice easier and helped to maintain patients' independence.

Staff told us that they did not have any patients who were of "no fixed abode" as there was a dedicated service at another practice within the group but would see someone if they came to the practice asking to be seen and would signpost the patient so they could access services. The practice had a register of people who may be living in vulnerable circumstances and there was a system for flagging vulnerability in individual patient records.

The practice provided equality and diversity training through e-learning. Staff we spoke with confirmed that they had completed the equality and diversity training in the last 12 months.

Access to the service

The surgery was open from 08:00 to 18:00 Monday to Friday. Appointments were available from 08.00 am to 18.00 pm on weekdays. The surgery was closed for appointments for 2 hours at lunchtime although staff told us there was some flexibility in terms of appointments times for urgent appointments and patients were able to call reception during this time. The practice was able to access services through EPIC (Extended Primary Integrated Care) an extended access service in the region where appointments were available for patients between 6.30pm and 8pm Monday to Friday and at weekends.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Are services responsive to people's needs?

(for example, to feedback?)

Longer appointments were also available for older patients, those experiencing poor mental health, patients with learning disabilities, requiring interpreting services and those with long-term conditions. The practice did not support any local care homes.

The patient survey information we reviewed showed patients responded positively to some questions about access to appointments although the practice scored lower than the CCG and national average relating to satisfaction with the practice's opening hours. Examples of responses relating to access to appointments included:

- 61% were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 87% described their experience of making an appointment as good compared to the CCG average of 88% and national average of 85%.
- 70% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.
- 97% said they could get through easily to the surgery by phone compared to the CCG average of 76% and national average of 73%.

Patients we spoke with were satisfied with the appointments system and said it was easy to use. They confirmed that they could see a doctor on the same day if they felt their need was urgent. Routine appointments were available for booking up to four weeks in advance. Comments received from patients also showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. For example, one patient we spoke with had phoned the practice on the morning of our visit and was given an appointment later that morning.

Staff told us that home visits were available for patients who were unable to access the practice. Data showed that two home visits were carried out in May 2015. Staff told us that an issue had occurred where they had registered new patients from outside of their practice boundary following the closure of another practice in the area. Staff told us that patients were told on registering that they would not be able to access home visits. However, we saw that one complaint had been received relating to a patient who was told she could not access a home visit and was advised to attend A&E. Reception staff told us that a number of patients registered from outside of the area are older and

may need home visits. We saw minutes of a practice meeting that information about home visits was to be included in the registration packs that new patients received. The practice manager told us they were addressing the issue around home visits by working with other practice's in The Practice Group/Chilvers and McCrea Ltd in the area so that patients may receive a home visit from a neighbouring practice if The Practice North Street were unable to provide this. They told us records would be shared as they use the same system and that close communication between the two practices meant that continuity of care could be provided.

Listening and learning from concerns and complaints

The practice had a 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 information displayed in the waiting area and on the website. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at the practice complaints log and saw that three complaints had been received in the last 12 months. We saw that complaints were responded to in line with the practice policy and the log included prompts for the complaint to be acknowledged and then responded to. We viewed minutes of a practice meeting from May 2015 where two complaints were discussed with staff and suggestions for learning and improved practice included updating the information in the new patient registration packs.

We were told that The Practice Group/Chilvers and McCrea reviewed complaints regularly to detect these or trends and that these would be flagged to the practice manager. We were told there were no specific trends or patterns detected in complaints about the practice.

The practice manager told us of a complaint they were dealing with at the time of our inspection. Action they had taken included meeting with the patient to discuss their concerns and try to find a resolution. They told us that staff were involved in discussions about complaints received

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 had a clear vision to provide high standards of care, involve patients in decision making about their treatment and care, promote healthy lifestyles and ensure continuous improvement of healthcare services.

We found details of the vision and practice priorities in their statement of purpose. The practice also aimed to treat patients with dignity and respect, ensure effective governance systems, continually educate and motivate staff, and ensure the quality of service through supervision and shared learning.

We spoke with eight members of staff and they all knew and understood the vision and values and knew what their responsibilities were in relation to these. Staff spoke positively about the practice and thought there was good team work with a good level of active support from senior staff. Staff described the culture of the practice as being supportive, positive and open to their suggestions and ideas.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. Policies were generated centrally by The Practice Group/Chilvers and McCrea Ltd head office and local policies were also in place within the surgery. We looked at some of these policies and procedures and found these had been reviewed annually, were up to date and contained relevant information for staff to follow. This included recruitment, medicine management, whistleblowing, complaints, business continuity, chaperoning and infection control.

There were named members of staff in lead roles. However, because the clinical posts were covered by a locum GP and locum nurse clinical aspects of the practice involved shared leadership with locality leads within The Practice Group/Chilvers and McCrea Ltd. For example, infection control was the responsibility of the locum practice nurse and the regional lead nurse for the group. The lead for safeguarding was a GP for one of the other The Practice Group/Chilvers and McCrea Ltd practices within the locality.

We spoke with eight members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice had an on-going programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. For example, audits in the preceding 12 months included cervical smears, infection control and GP and nurse consultation audits.

The practice had arrangements for identifying, recording and managing risks. The practice manager showed us risk assessments, which addressed a wide range of potential issues, such as infection control, lone working, fire, COSHH (control of substances hazardous to health), and violence and aggression.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards in some areas, for example, atrial fibrillation, dementia, diabetes mellitus, heart failure and mental health. However, it was performing below national standards in other areas, for example hypertension, epilepsy, asthma and chronic obstructive pulmonary disease (COPD). Overall the total points achieved fell 12 percentage points below the CCG average and 13 percentage points below the England average. The practice manager told us there were plans in place for a GP from another practice within The Practice Group/Chilvers and McCrea Ltd to take the lead on QOF; however we did not see detailed plans relating to this. We viewed one set of meeting minutes where performance, quality and risks had been discussed, however staff told us this was the first meeting that had been held which meant that the practice of regular meetings, learning and sharing of information relating to governance was not yet embedded within the practice.

Leadership, openness and transparency

Staff told us that the leads within The Practice Group/Chilvers and McCrea Ltd were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. Staff told us they had been requesting that regular staff meetings be held and that these had recently been implemented to commence on a regular monthly basis. All staff were

Are services well-led?

Requires improvement 

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

involved in discussions about how to run the practice and how to develop the practice: the managers encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager or the wider group and felt confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported.

Seeking and acting on feedback from patients, public and staff

The practice had gathered feedback through patient complaints and feedback but they did not routinely conduct their own patient survey and they did not have an active PPG in operation. Results from the GP patient survey showed that the practice had performed below both the local and national average in all areas. We did not see evidence that the practice had used this information to improve patient experience.

The practice had gathered feedback from staff through staff discussion, meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their professional development through training and supervision. However, clinical staff at the time of our inspection were locums so we were told that they took responsibility for their own professional development. We looked at staff files and saw that regular appraisals took place and included personal development plans. Staff told us that the practice was very supportive of training and that they had regular training either organised with the local clinical commissioning group, The Practice Group/Chilvers and McCrea Ltd or by the practice.

The practice had completed reviews of significant events and other incidents and shared with staff at meetings to ensure the practice improved outcomes for patients and staff. For example, we noted that staff had been involved in discussions about incidents concerning patients and that learning was identified and cascaded.

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	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>How the regulation was not being met:</p> <p>The provider had failed to explore alternatives and explain the impact of a person's care and treatment where their needs and preferences could not be met when registering patients from outside of the practice boundary in relation to access to home visits.</p> <p>This was a breach of regulation 9 (3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider could not guarantee that patients would receive regular health checks. The provider did not have in place a system to manage high risk medicines. The provider had failed to comply with the proper and safe management of medicines. Medicines were not stored securely within treatment rooms and refrigerators and temperature checks of were not consistently carried out.</p> <p>This was a breach of regulation 12 (1) / 12 (2) (a) (b) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

Regulated activity	Regulation
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Requirement notices

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

How the regulation was not being met:

The provider 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 maintain care plans for patients with long term conditions and had failed to ensure a process of regular multi-disciplinary team meetings 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 had failed to evaluate and improve their practice in respect of the processing of information relating to the use of the quality and outcomes framework and inconsistent patient reviews. The provider had failed to implement a process of consistent completed audit cycles.

This was a breach of regulation 17 (1) (a) (b) (2) (c) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The provider had failed to monitor and review the training, learning and development needs of locum staff to enable them to fulfil the requirements of their role.

This was a breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.