Hove Medical Centre

Quality Report

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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?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hove Medical Centre on 31 March 2016 where breaches to regulations were identified and warning notices were issued and the practice rated as inadequate. The practice was placed in special measures. A focused inspection was carried out on 4 August 2016 where it was identified that the legal requirements of the issued warning notices had been met. We carried out a further comprehensive inspection on 29 November 2016. Overall the practice is rated as requires improvement and for safe, effective and responsive services. They are good in caring and well-led services.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. Improvements had been made to recording and learning from significant events.
- Improvements had been made to the availability of policies relating to safeguarding and staff had been trained to a suitable level for their role.
- The practice had clearly defined and embedded systems to minimise risks to patient safety, however, not all risks relating to infection control had been addressed.
- The practice had made improvements to training and induction processes and there were plans to further these improvements; however records showed there continued to be some gaps in staff training and induction.
- Improvements had been made to fire safety within the practice.
- Recruitment records were maintained and improvements had been made to the checks carried out prior to employment.
- Electrical and calibration records were available and demonstrated improvements within this area.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.

Summary of findings

- Patient outcomes were mixed in some areas; however the practice had identified lead staff to make improvements in this area including improving the patient recall system.
- There was evidence of improvements to clinical audits within the practice with examples of full cycle audits leading to improved patient outcomes.
- Patients we spoke with told us they were treated with compassion, dignity and respect; however results from the national GP patient survey showed mixed results relating to this and patients feeling involved in their care and decisions about their treatment.
- The practice had developed their own PPG and had held meetings where patients were able to provide feedback. As a result the practice had a clear action plan to address areas of concern.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice had taken action to improve telephone access to the practice in response to patient feedback.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. Staff and patients recognised recent improvements within the practice.
- The provider was aware of the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Ensure improvements are made relating to assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those relating to baby changing facilities and the disposal of sharps bins.
- Ensure that persons employed in the provision of the regulated activity receive such appropriate support in relation training and induction and that these are appropriately recorded.

The areas where the provider should make improvement are:

- Have regard for the results of the GP patient survey in relation to consultations and take action to make improvements.
- Continue to monitor and address patient feedback relating to access to appointments.
- Continue to embed the process for monitoring trends relating to significant events.
- Record the practice strategy and business plans.
- Continue to improve diabetes performance in relation to QOF.
- Continue to improve the percentage of patients with dementia who receive a face to face review.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety. However, infection control risks were not always adequately addressed, for example in relation to baby changing facilities and the removal of sharps bins.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework showed patient outcomes were mixed when compared to the national average. The practice was aware of the areas for improvement and had clear plans to make improvements including identifying staff with lead roles and improving the patient recall system.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice had begun to improve induction processes although this was not yet embedded.
- The practice had begun to address gaps in staff training, however there continued to be gaps in this.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

- End of life care was coordinated with other services involved.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Patient information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice did not have a clear overview of all the issues of concern identified from the GP patient survey particularly in relation to consultations, however they had taken action to improve communication with patients and review feedback and there were clear action plans relating to this.

Are services responsive to people's needs?

Requires improvement

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

- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. However, patient satisfaction with how they could access appointments was lower than average in some areas, particularly in relation to getting through to the practice by phone and their experience of making appointments.
- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- The practice had adequate facilities to treat patients and meet their needs.
- Information about how to complain was available and evidence from six examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led.

Summary of findings

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. They had identified future priorities and challenges although did not yet have a recorded strategy and business plans.
- There was a clear leadership structure with leads identified for several areas of practice activity. The practice had policies and procedures to govern activity and held regular governance meetings.
- Staff felt supported by management and were positive about improvements made within the practice.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Requires improvement

The practice is rated as good for providing caring and well-led services although is rated as requires improvement for providing safe, effective and responsive services and overall. The issues identified affects all patients including this population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible, for example in relation to immunisation services.

People with long term conditions

Requires improvement

The practice is rated as good for providing caring and well-led services although is rated as requires improvement for providing safe, effective and responsive services and overall. The issues identified affects all patients including this population group.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was lower when compared to the CCG and national averages. For example the practice performance percentage was 77% compared with the CCG average of 86% and the national average of 90%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Summary of findings

- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. We saw evidence of planned improvements to the recall system as part of an overall plan to improve outcomes for this group.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as good for providing caring and well-led services although is rated as requires improvement for providing safe, effective and responsive services and overall. The issues identified affects all patients including this population group.

- There were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were comparable to CCG averages for standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group.
- The practice demonstrated that staff had received safeguarding training at the suitable level for their role.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice's uptake for the cervical screening programme was 79%, which was comparable with the CCG average of 79% and the national average of 81%.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as good for providing caring and well-led services although is rated as requires improvement for providing safe, effective and responsive services and overall. The issues identified affects all patients including this population group.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours appointments were offered through a local project with pre-bookable evening and weekend appointments available at a local practice.

Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as good for providing caring and well-led services although is rated as requires improvement for providing safe, effective and responsive services and overall. The issues identified affects all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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)

Requires improvement

The practice is rated as good for providing caring and well-led services although is rated as requires improvement for providing safe, effective and responsive services and overall. The issues identified affects all patients including this population group.

- The practice carried out advance care planning for patients living with dementia.
- 71% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 77% and lower than the national average of 84%.
- Performance for mental health related indicators was similar to the CCG average although lower than national averages. For

Summary of findings

example 65% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented. This was 3% higher than the CCG average and 12% lower than the national average.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice provided care for patients on the dementia unit of a local nursing home, meeting regularly with staff to identify and address issues.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on insert date for the most recent data. The results showed the practice was performing in line with local and national averages. 234 survey forms were distributed and 110 were returned. This represented 1.2% of the practice's patient list.

- 66% of patients described the overall experience of this GP practice as good compared with the CCG average of 86% and the national average of 85%.
- 62% of patients described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.
- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 81% and the national average of 78%.
- 73% of patients usually get to see or speak to their preferred GP compared with the CCG average of 67% and the national average of 59%.
- 93% of patients say the last appointment they got was convenient compared with the CCG average of 93% and the national average of 92%.

The practice had a clear action plan to address issues with access and had met with and discussed this with the newly formed patient participation group.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received. Comments included those relating to the kindness and compassion of staff in general, excellent medical and nursing input and the helpfulness of reception staff.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Ensure improvements are made relating to assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those relating to baby changing facilities and the disposal of sharps bins.
- Ensure that persons employed in the provision of the regulated activity receive such appropriate support in relation training and induction and that these are appropriately recorded.

Action the service SHOULD take to improve

- Have regard for the results of the GP patient survey in relation to consultations and take action to make improvements.
- Continue to monitor and address patient feedback relating to access to appointments.
- Continue to embed the process for monitoring trends relating to significant events.
- Record the practice strategy and business plans.
- Continue to improve diabetes performance in relation to QOF.
- Continue to improve the percentage of patients with dementia who receive a face to face review.

Hove Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Hove Medical Centre

Hove Medical Centre is a GP practice based in a residential area Brighton and Hove, providing primary medical services to 9000 patients.

The practice patient population is made up of a significantly higher than average proportion of patients over the age of 65 when compared with local and national averages. In addition there are slightly higher than average number of patients under the age of 18. A significantly higher proportion of patients have a long standing health condition and there is a slightly higher number of unemployed patients compared with the local average, although this is comparable to the national figure is similar across the board to the national averages for population groups.

The practice holds a General Medical Service contract and is part of NHS Brighton and Hove Clinical Commissioning Group. The practice consists of five GP partners (three male/ two female) and one male salaried GP. The GPs are supported by a practice manager, three practice nurses, a healthcare assistant, a phlebotomist and an administrative team. A wide range of services and clinics are offered by the practice including asthma and diabetes.

The practice is accessible to patients with mobility issues, as well as parents with children and babies.

The practice is open between 8.30am to 6.30pm on Monday to Friday. The practice closes between 1pm and 2pm on a Monday, Tuesday and Thursday. The practice telephone lines remain open during this closure time. In addition, appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice has opted out of providing Out of Hours services to their patients. There are arrangements for patients to access care from an Out of Hours provider (111).

Services are provided from:

Hove Medical Centre, West Way, Hove, Brighton and Hove, BN3 8LD.

Why we carried out this inspection

We carried out a comprehensive inspection of this service in March 2016 where breaches to regulations were identified and warning notices were issued and the practice rated as inadequate. A focused inspection was carried out on 4 August 2016 where it was identified that the legal requirements of the issued warning notices had been met. We carried out a further comprehensive inspection on 29 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the provider under the Health and Social Care Act 2008 and associated regulations.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 29 November 2016.

During our visit we:

- Spoke with members of staff (including GPs, managers, nurses and administrative staff) and spoke with six patients who used the service, including two members of the patient participation group (PPG).
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed five comment cards, where patients, members of the public or other healthcare providers shared their views and experiences of the service.

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 were provided for specific groups of people and what good care looked 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 whose circumstances may make them vulnerable
- 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 data, this relates to the most recent information available to the CQC at that time.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident reporting and recording process supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any action to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events and had made improvements to the process since their inspection in March 2016. The practice manager had oversight of significant events and there was evidence of appropriate action and learning identified as a result.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, significant events were a standing agenda item at weekly practice meetings and we saw evidence of open discussions with staff. One particular example was a discussion about maintaining staff and patient safety following an incident with an aggressive patient where a process for managing future incidents was agreed.
- The practice manager had created a log of significant events so that they could monitor trends in significant events and evaluate any action taken. This was a process that had begun in August 2016 so had not yet demonstrated a completed cycle in terms of the identification of trends, however we saw evidence of on-going discussions about significant events at meetings.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. At the March 2016 inspection an adult safeguarding policy had not been available. During this inspection we saw that both child and safeguarding policies were in use within the practice and that this clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. GPs told us they attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. At the March 2016 training records were not clear and did not distinguish between child and adult safeguarding training. During this inspection we saw records that reflected both child and adult safeguarding training. GPs were trained to child protection or child safeguarding level three. Nurses were trained to child protection or child safeguarding level two or three. All other staff attended level one training.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken

to address any improvements identified as a result. The infection control lead for the local CCG had reviewed infection control processes with the practice nurse and manager and an action plan had been developed as a result. This included replacing fabric covered chairs and carpeted areas with easy clean alternatives. We saw that action had been taken in relation to this, for example where chairs had been replaced in consulting rooms, however not all areas of the plan had dates for completion assigned.

- There were some areas of infection control risk that had not been identified or action taken by the practice. For example, there was a split in the fabric of an examination couch in one of the clinical rooms and a plastic pillow cover was split and held together with tape. Baby changing facilities were available; however there were no wipes or liners in place for use with the baby changing mat. In addition we were told that regular monitoring of sharps bins took place, however we viewed a sharps bin in one of the rooms that had not been replaced by the due date recorded.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- The practice had made improvements in this area since the March 2016 inspection. There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and a tracking system to monitor their use had been developed. One of the nurses was training as an Independent Prescriber so they would be able to prescribe medicines for clinical conditions within their expertise. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- It was identified during the March 2016 inspection that the practice did not have appropriate procedures and processes in place to manage the cold chain of the vaccine fridge and subsequently action had not been taken when the temperature had fallen outside of the required range. During this inspection we saw that a cold chain procedure had been adopted, that daily checks of the vaccine fridges were undertaken and in range and that staff were aware of the requirements for monitoring and action to take if temperatures were out of range.

We reviewed five personnel files and found that improvements had been made since the March 2016 inspection to ensure that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. Since the March 2016 inspection a fire alarm had been installed and there were records of regular fire alarm tests. There were designated fire marshals within the practice. Fire drills had been undertaken and specific learning from these had been shared with staff. For example, it had been identified that staff and patients had not used the nearest exit to them during this process.
- During the March 2016 inspection the practice had been unable to produce evidence of regular electrical tests of equipment. During this inspection we saw records to show that all electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Requires improvement

Are services safe?

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The practice manager who was new into post was reviewing staffing levels to ensure these were appropriate. Staff told us that they would cover for each other.

Arrangements to deal with emergencies and major incidents

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

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

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 90% of the total number of points available compared with the clinical commissioning group (CCG) average of 92% and national average of 95%.

The clinical exception rate at 5.3% was 5.8% below the CCG average and 4.5% below the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/16 showed:

- Performance for diabetes related indicators was lower when compared to the CCG and national averages. For example the practice performance percentage was 77% compared with the CCG average of 86% and the national average of 90%.
- Performance for mental health related indicators was similar to the CCG average although lower than national averages. For example 65% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented. This was 3 % higher than the CCG average and 12% lower than the national average.
- 66% of patients with asthma on the register had received an asthma review in the preceding 12 months. This was comparable to the CCG average of 63% and the national average of 70%.

The practice were aware of the areas of QOF where improvements were needed and had identified a GP lead responsible for this area. We saw that QOF had been discussed at clinical meetings. For example, a meeting in November 2016 included evidence of a discussion around the management of long term conditions and annual reviews where a member of the administrative team was identified as the lead for managing patient recalls. Nursing staff we spoke with made reference to the system of recall being overhauled with the aim of improving patient outcomes over time. There was evidence that the practice were working to improve QOF results for the 2016-17 year.

There was evidence of quality improvement including clinical audit:

- There had been five clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a review of patients with Atrial Fibrillation (a heart condition that causes an irregular, fast heart rate) identified as being at risk of stroke in line with updated NICE guidance. This led to an increase from 31% of patients at risk to 60% of patients at risk being treated with anticoagulation therapy.

Information about patients' outcomes was used to make improvements such as reducing antibiotic prescribing and improved monitoring of the use of high risk medicines.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice were in the process of developing an induction and training programme for all newly appointed staff. We viewed the records of two new members of staff and saw that some progress had been made to address improvements to the induction programme. They had covered such topics as safeguarding and infection prevention and control, although fire safety training had still yet to be arranged.

Requires improvement

Are services effective?

(for example, treatment is effective)

The practice manager was new into post and had worked to develop a training log and identify gaps in training and areas that needed to be addressed, including ensuring improvements to the induction process.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions such as diabetes and asthma. Nursing staff we spoke with told us they attended training through the CCG.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. During the March 2016 inspection it was identified that not all staff had received an appraisal and that some staff had not found the appraisal process useful in terms of identifying development needs. During this inspection we saw that appraisals had been undertaken for all but those staff that were new in post. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses.
- Staff received training that included: safeguarding, fire safety awareness and basic life support. There were some gaps in training, for example of the five records we reviewed two did not have a record of information governance training, three did not have a record of fire training and there were no records of training in the mental capacity act. A training log had been developed although the practice manager and partners described this as a 'work in progress'. The training needs of different staff roles and individuals had been identified and we saw that training was discussed during staff meetings. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. This included patients at the end of life and those at risk of an unplanned admission to hospital. Meetings were attended by practice staff, district nurses and specialists such as specialist palliative care nurses.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

Requires improvement

Are services effective?

(for example, treatment is effective)

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and general lifestyle advice.
- Smoking cessation advice was available from the practice nurses.

The practice's uptake for the cervical screening programme was 79%, which was comparable with the CCG average of 79% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 65% to 87% compared to the CCG average from 79% to 93%. For five year olds rates were 75% to 97% compared to the CCG average from 66% to 93%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. For example, 62% of eligible patients had been screened for bowel cancer, which was above the CCG average of 56% and the national average of 58%. Seventy two percent of eligible patients had been screened for breast cancer, which was comparable to the CCG average of 67% and the national average of 72%.There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- During the March 2016 inspection it was noted that the reception area was open and it was possible for conversations to be overheard. During this inspection we noted that a privacy screen was in use. One patient we spoke with told us this afforded them improved privacy at the reception desk.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 26 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Two comment cards made reference to experiencing some difficulties with appointment booking or getting through to the practice by phone. This demonstrated an improvement in comparison to the March 2016 report where 41% of comment cards referenced concerns with appointments, respect and dignity.

We spoke with six patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice had mixed results when compared with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 72% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 83% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 83% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 80% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 88%.

The practice cited improvements in patient feedback relating to changes within the practice since the March 2016 inspection. We did not see this reflected in the national GP patient survey results, although these were published in July 2016, before some of the changes had been implemented. There was evidence that the practice was addressing communication issues within the practice although they had not specifically looked at the result of the GP patient survey.

Care planning and involvement in decisions about care and treatment

Patients told us 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 available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Good

Are services caring?

Results from the national GP patient survey showed patient responses were mixed in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

The practice cited improvements in patient feedback relating to changes within the practice since the March 2016 inspection. We did not see this reflected in the national GP patient survey results, although these were published in July 2016, before some of the changes had been implemented. There was evidence that the practice was addressing communication issues within the practice although they had not specifically looked at the results of the GP patient survey. Specific action taken by the practice to improve communication had included more open discussions at meetings to identify and address issues and concerns. Other areas of action included specific training for staff to improve communication within the practice.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. The practice told us they had a particular need for Arabic and Bengali interpreters and allowed for additional time added onto an appointment where an interpreter was required. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 154 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them and there was a carer's champion within the practice to provide appropriate support and referral to other services.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them and followed this up with a patient consultation to meet the family's needs and/or by giving them advice on how to find a support service.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- Extended hours appointments at the practice although the practice was a part of the EPIC (Extended Primary Integrated Care) project within Brighton and Hove. This project provided pre-bookable appointments between 8am and 2pm on the weekend and between 6.30pm and 8pm Monday to Friday. The project focus was on improving access to primary healthcare services and was useful for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, those requiring interpretation and those with other complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and on-going conversations with these patients about their end of life care as part of their wider treatment and care planning and a multi-disciplinary approach was provided.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice had a digital check in system that could be used in different languages.
- GPs operated a personal list approach so that all patients had a named GP.

Access to the service

The practice is open between 8.30am to 6.30pm on Monday to Friday. The practice closes between 1pm and 2pm on a Monday, Tuesday and Thursday. The practice telephone lines remain open during this closure time. In addition, appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice has opted out of providing Out of Hours services to their patients. There are arrangements for patients to access care from an Out of Hours provider (111).

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below average in some areas when compared to local and national averages.

- 65% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 56% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 79% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 89% and the national average of 85%.
- 93% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 62% of patients described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.
- 59% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 62% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Of the 26 comment cards we received, two made reference to some difficulty accessing appointments or getting through to the practice by phone. This was an improvement from the last inspection in March 2016 where 22% of completed cards made reference to appointment difficulties. Specific action taken by the practice in conjunction with the patient participation group (PPG) included improvements to the menu system on the telephone answering service and improving the quality of communication and how telephones were answered.

The practice had a system to assess:

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

GPs were alerted to the request for a home visit via the electronic messaging service and would phone the patient

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

to assess the urgency of need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. Since the March 2016 inspection notable improvements had been made to the system, with central coordination by the practice manager. Records were seen to be kept of all communication.

- 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 in the form of a complaints leaflet.

We looked at six complaints received since the previous inspection in August 2016. We found that these were satisfactorily handled with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, complaints about how phone calls were responded to led to a thorough investigation, including a review of the recorded conversation. Complaints were then discussed in practice meetings where all staff had an opportunity to be involved and make suggestions on how to improve.

Are services well-led?

Good

(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 deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and plans for the future although these were not yet recorded in the form of a business strategy and supporting business plans.

Governance arrangements

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

- During the March 2016 inspection we identified a lack of clarity about the individual roles and responsibilities within the practice. During this inspection there was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, one of the nurses was the lead for infection control and another was the lead for sexual health and contraception. The GPs had lead roles in a number of areas such as safeguarding, training, palliative care and QOF.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. The practice had made improvements in the availability of policies, for example in relation to adult safeguarding and significant events.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held weekly which provided an opportunity for staff to learn about the performance of the practice. Improvements had been made in relation to risk assessments, learning from significant events and complaints.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. Staff told us they felt that significant improvements had been made since the March 2016 inspection. One member of staff told us that they felt the partners and pulled together and that there was a strong focus on improvement. The practice business manager had commenced in post three months prior to our inspection and staff were positive about the impact of this in terms of on-going improvements.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. We found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings and we saw evidence of weekly practice meetings and monthly clinical meetings being held where staff were involved in the development of the practice.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.

Are services well-led?

Good

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

- Staff said they felt respected, valued and supported, particularly by the partners and manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had been in place since July 2016 and had met twice during this time. We met with two members of the PPG who told us that they were encouraged to speak openly with staff about areas for improvement within the practice. Areas discussed in the meeting included patient satisfaction surveys and ways to improve patient privacy at the reception desk.
- The NHS Friends and Family test, complaints and compliments received
- Staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The lead GP attended regular CCG meetings and the practice were involved in a cluster group of practices where there was a focus on improving outcomes for patients in the locality. The practice team had worked hard to ensure improvements had been made following their inspection in March 2016. In particular, we saw improvements in the management of significant events, complaints, risk, leadership and engagement with both patients and staff.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The practice had failed to ensure adequate measures to manage infection control, including those relating to the disposal of, the identification of all risks and subsequent mitigation. This was in breach of regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The provider had failed to ensure that persons employed in the provision of a regulated activity did receive such appropriate training and support in relation to induction and training processes within the practice. This was a breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.