Links Road Surgery

Quality Report

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Date of inspection visit: 27 May 2014
Date of publication: 21/11/2014

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

Summary of findings

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Summary of findings

Overall summary

Links Road Surgery is located in the Portslade area of Brighton and Hove. The practice occupies a house in a residential area and provides access for patients with a disability and those with pushchairs and young children. This was the first inspection since registration.

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

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

Staff told us the registered manager and practice manager were supportive and there was an open culture where staff felt able to approach them with concerns.

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 service was safe. There were infection control and medicines management policies and procedures in place, which were in line with national guidance. The practice worked closely with the local authority safeguarding team and there were internal processes to safeguard vulnerable children and adults from abuse. Regular team meetings for staff members were held and all significant events were discussed.

Are services effective?

The practice was effective. Patients received care and treatment from a stable staff team. Care and treatment were provided following the most up to date guidance. Clinical audits were used to assess GP and nursing staff performance

Are services caring?

Patients said the staff were caring and they were treated with respect. They told us appointments were easy to book and consultations were always with their preferred GP. The staff knew patients had to give their consent before any care or treatment was provided.

There was access for patients with a disability and those with pushchairs and young children. Patients with limited mobility were seen in downstairs consulting rooms.

Are services responsive to people's needs?

Patients told us the staff were responsive to their needs. There was an open culture within the organisation and a clear complaints policy.

The practice understood the different needs of the population it served and acted on these to ensure the service they provided supported patients appropriately.

The practice participated actively in discussions with local clinical commissioning groups and NHS England on how to improve services for patients in the Brighton and Hove area

Are services well-led?

A strong team working culture was in place. Staff felt well supported and trained to do their job. However, annual appraisals had not taken place. Staff and patients were given opportunities to discuss and contribute to improving services for patients. Succession plans were not in place.

Summary of findings

The six population groups and what we found

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

Older people
The practice has a small population of older people. Systems were in place to monitor long-term conditions of older people.

People with long-term conditions
Patients with long-term conditions were seen at the practice and supported to manage their health, care and treatment. GPs and practice nurses signposted these patients to local support groups.

Mothers, babies, children and young people
The practice shared ante-natal care for pregnant patients and their post natal care following delivery. Child development checks consistent with national guidance and child immunisation was provided at the practice. Children and young patients were treated in an age appropriate way.

The working-age population and those recently retired
The practice had a range of appointments between 8:30-9am and 6pm Monday to Friday. This included non-routine and emergency appointments and telephone consultations. Alternative systems were introduced to allow all patients who were unable to attend the practice due to work commitments to book appointments and order their prescriptions online. Extra slots were added to the list of patients to be seen and extra clinics were added where necessary. For example, following a bank holiday. Patients in the 40 to 75 age group were invited for health checks when they were not seen by a GP or a practice nurse in two years or had a blood pressure reading for five years.

People in vulnerable circumstances who may have poor access to primary care
Patients with poor access to primary care were able to register and receive services from the practice. Patients with specific needs were seen by a GP with a special interest in their medical conditions.

People experiencing poor mental health
Patients with mental health care needs were able to register at the practice. Patients with medical conditions such as self-harm and substance misuse were able to visit the practice and for additional support, they were referred to external support groups.

Summary of findings

What people who use the service say

We spoke with 15 patients and received feedback from 22 patients through comment cards.

Patients told us there was a welcoming atmosphere and reception staff were helpful, kind and accommodated their needs for appointments. They said their consultations with GPs were not rushed and limits were not placed on the number of concerns they could discuss. Patients made positive comments to describe the quality of services they received.

Patients told us their GP explained their medical conditions to them and where appropriate referred them for more specialist support. They told us their medication was regularly reviewed.

The practice results for the national GP patient survey 2013 were higher than the clinical commissioning group (CCG) and national average. For example, 96% of patients described their ability to get through on the phone as very easy or easy and 99% patients rated their experience of making an appointment as good or very good. Also, 93% of patients described their experience at the practice as good or very good and 91% would recommend Links Road Surgery.

Areas for improvement

Action the service MUST take to improve

- Risk assessments must be undertaken to identify whether staff require a criminal records check via the Disclosure and Barring Service to ensure that patients are not at risk from staff who are not suitable to work with vulnerable patients.
- Provide formal support to staff by means of appropriate induction, supervision and appraisal

Action the service COULD take to improve

- Improve confidentiality in the reception area, as conversations could be easily overhead because the area was open plan.
- Improve the systems for identifying trends and patterns from significant events.
- Develop formal processes for assessing the quality and performance of the practice.
- Develop succession plans for the practice
- Explore and develop an effective Patient Participation Group (PPG).
- Monitor training attended by staff to ensure staff have up to date knowledge and to maintain their competence.

Links Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Links Road Surgery

Background to Links Road Surgery

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

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew about the service. We carried out an announced visit on 27 May 2014. During our visit, we spoke with a range of staff and spoke with patients who used the service. We spoke with reception and administrative staff, nurses, phlebotomists, GPs, the registered manager and practice manager. We observed how people were being cared for, talked with carers and family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

Are services safe?

Summary of findings

The service was safe. There were infection control and medicines management policies and procedures in place, which were in line with national guidance. The practice worked closely with the local authority safeguarding team and there were internal processes to safeguard vulnerable children and adults from abuse. Regular team meetings for staff members were held and significant events were discussed.

Our findings

Safe patient care

Systems and procedures to safeguard patients from abuse were in place. The staff we spoke with told us the policies and procedures manual was used for reference. GP and practice nurse meetings were held regularly to share information and cascade training from external courses.

Learning from incidents

A system for reporting safety incidents did not prevent future reoccurrences because patterns and trends were not identified. Staff told us a record of significant events was kept and discussed during monthly meetings. We were told any learning from incidents was discussed at the monthly meetings. The practice manager told us significant events were a standard agenda item for GP partner meetings. It was acknowledged an analysis of the incidents had not taken place this year. We looked at the record of significant events which had not been fully completed. For example details such as the name of the staff entering the information, the investigation undertaken and the actions taken had been omitted in many cases.

Safeguarding

The provider took steps to protect patients from the risk of abuse. There were systems in place to identify patients at risk from abuse. The procedures for safeguarding adults and children defined the types of abuse and listed the contact details of statutory bodies to be contacted where there were suspicions of abuse. Procedures were on display in each consulting room and in the reception area. Staff knew the actions they needed to take to ensure patients safety.

A safeguarding lead was appointed and their role included attending case conferences and updating information and procedures kept at the practice. The staff we spoke with told us they had read the procedures and showed an understanding of the types of abuse. They knew to discuss their concerns with the safeguarding lead and they gave us examples of when they had used the procedure to protect patients. Reception staff told us safeguarding training was cascaded to them by the safeguarding lead. They also understood their primary role to protect patients and felt confident to whistle blow if poor or bad practice was identified. Concerns were raised and discussed with the leadership team

Are services safe?

Monitoring safety and responding to risk

The registered manager told us medical safety alerts were shared with the GPs and nursing team when they were received and action taken where appropriate. A GP partner gave us an example where risks were identified and immediate action taken.

Medicines management

The practice had up to date medicine management procedures. Staff we spoke with were familiar with the protocols and had easy access to these. The practice nurse monitored all emergency medicines. There was a supply of medicines appropriate to manage adverse reactions to treatments. We found all medicines and stored vaccines were within expiry date and there were appropriate stock levels . We checked the refrigerators, which were used for storing vaccines and other medication. We found the refrigerators were kept locked and temperatures were monitored. We sampled temperature recordings of these refrigerators and found that they had been operating at a safe temperature during the previous four weeks.

Cleanliness and infection control

Systems in place minimise risk from the spread of infection to patients and staff. We observed the premises were clean and tidy. The practice had comprehensive infection control policies and procedures in place. These included, protocols for hand hygiene, waste disposal, sharps and needle stick injuries. The practice nurse who was appointed as infection control lead, also monitored the standard of cleaning. We reviewed the cleaning schedules. These showed the specific areas the cleaning company were required to clean, and the schedules were then checked and signed by the infection control lead. We saw there were hand sanitizers in the waiting area, toilets and in consulting rooms. We noted there were hand hygiene guidelines in photographic format in the waiting area for patients and staff to follow. Personal protective equipment such as gloves were available.

The practice carried out infection control audits regularly. For example, we reviewed an audit dated December 2013, where it was identified the current cleaning arrangements needed reviewing as staff found the cleaning was not thorough and to the standard required. Following a team discussion about this concern, it was decided a new cleaning company was needed and this was actioned immediately. The audit also identified that the practice infection control policies and procedures needed reviewing and updating and we saw evidence this had been actioned.

Staffing and recruitment

The practice manager told us about the pre-employment or pre-registration checks that were completed before staff and GPs were allowed to work for the practice.

The practice had a low staff turnover. The practice management team were aware of the need for succession planning in order to manage staff retirement in the short to medium term. We reviewed the personnel files of the two most recently employed staff. We found the information and records required in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) were not in place. For example, full previous employment history and documentary evidence of qualifications were not recorded in the staff files. Information within the staff files was inconsistent. We found most files did not include copies of the interview notes, a curriculum vitae or application form, copies of references taken, an occupational health check, an induction checklist and evidence of a criminal records check via the Disclosure and Barring Service (DBS).

Dealing with Emergencies

Business recovery plans were developed to deal with emergencies that could interrupt the smooth running of the practice. The guidance and protocols for emergencies that could prevent the smooth running of the practice included power failure, failure of IT systems and adverse weather conditions. The practice had buddying arrangements with other local practices, where it was agreed they could use their premises should Links Road Surgery become unavailable for any reason. Staff had access to a panic button for all medical emergencies and protocols were in place for staff to follow in such circumstances.

Equipment

Emergency equipment was available for use and the staff received training in life support. The practice had access to resuscitation equipment including oxygen and a defibrillator. The equipment was checked regularly and was in date at the time of visit.

Are services effective?

(for example, treatment is effective)

Summary of findings

The practice was effective. Patients received care and treatment from a stable staff team. Care and treatment were provided following the most up to date guidance. Clinical audits were used to assess GP and nursing staff performance.

Our findings

Promoting best practice

Care and treatment to patients was delivered in line with recognised best practice. Staff were informed of new legislation/guidelines and changes were cascaded to all GPs and nurses in team meetings. At these meetings there were opportunities for the staff to discuss changes, how these affected the staff and patients and where staff were able to raise their concerns.

Staff demonstrated a sound knowledge of the Mental Capacity Act 2005 and its relevance to general practice. A practice nurse and healthcare assistant gave us an examples of implied consent.

Management, monitoring and improving outcomes for people

The practice participated in benchmarking programmes nationally and locally including the Quality and Outcomes Framework (QOF). The QOF was introduced in 2004 as part of the general medical services contract and is a voluntary scheme for GP practices in the UK. The clinical staff we spoke with knew the areas of lower achievements, which included improving the results for helping people to stop smoking. We saw documented actions taken to improve the rating. Staff offered support and treatment to help patients stop smoking. The manager had invited patients to visit the clinic for a flu vaccine. Clinics were organised on three consecutive occasions with follow up sessions organised for patients who were not able to attend the other sessions.

Staffing

There was a stable staff team. However, recruitment procedures did not follow Regulation 21 of the Health and Social Care Act 2008. Recruitment policies and procedures were not in place at the practice. The practice manager explained to us the roles of two recently recruited staff members but was not able to describe the recruitment process followed. We were told referees were contacted by phone but their comments were not always recorded. The personnel file of a newly employed reception staff and GP were reviewed. The personnel file for the reception member of staff had a signed copy of their terms and conditions of employment and the copy of the criminal records checks via the Disclosure and Barring Service (DBS) was from the previous employer. For the clinical member of staff we saw in their personnel file one written reference,

Are services effective?

(for example, treatment is effective)

signed terms and conditions of employment and a copy of their medical qualifications. We found some of the information required by Schedule 3 Regulation 21 of the Health and Social Care Act 2008 missing from the staff records. Completed application forms or CV and health statements were not in place for the new member of staff and references were not sought for the GP. Members of staff we spoke with were not able to remember if criminal records check via the Disclosure and Barring Service (DBS) were undertaken by their current employer. Some staff who had been trained to become chaperones (a member of staff supporting a patient during intimate medical examinations which the patient may find embarrassing or uncomfortable) had not received a DBS check. The provider could not assure themselves that staff undertaking these duties were suitable to work with vulnerable adults and children.

A structured induction programme for new staff was not in place. Staff told us they shadowed more experienced staff before they were allowed to work on an unsupervised basis. The phlebotomist told us, for example, that they shadowed more experienced staff before working unsupervised although they had not acted in this role for a number of years.

Training and professional development for staff was not fully effective. The practice manager was aware appraisals for staff had not taken place for over 12 months. The staff we spoke with said they were supported and their development needs were met. Members of staff attended annual life support training and other training to use IT systems. The practice manager told us staff meetings were the forums used to cascade training to reception and administrative staff. The lead nurse told us learning was encouraged for all staff. For example, one member staff was successful in their request to pursue further professional qualifications.

Working with other services

The registered manager told us a GP and the practice manager were delegated to attend clinical commissioning groups (CCG) meetings, safeguarding meetings and case conferences convened by the local authority. A GP partner told us they attended other local educational meetings for example integrated care service meetings.

GPs in the practice had special interests for example paediatrics or minor surgery. To maintain their knowledge they had attended training courses, meetings and conferences and shared the information with rest of the team.

Health, promotion and prevention

Health promotion information was available to patients in the reception area. We saw a range of leaflets on display including the chaperone policy (a member of staff supporting a patient during intimate medical examinations which the patient may find embarrassing or uncomfortable) and leaflets on how patients could protect themselves during the warm weather, prevention of cancers, and contagious diseases such as measles. Health information was promoted mainly through consultations. GPs had referred patients to the most appropriate support group. The practice manager told us patients were signposted to services for counselling patients who misuse substances.

Are services caring?

Summary of findings

Patients said the staff were caring and they were treated with respect. They told us appointments were easy to book and consultations were always with their preferred GP. The staff knew patients had to give their consent before any care or treatment was provided.

There was level access for patients with a disability and those with pushchairs and young children. Patients with mobility were seen in downstairs consulting rooms.

Our findings

Respect, dignity, compassion and empathy

Patients were consistently treated with respect. The patients we spoke with told us the staff were respectful. We observed consultations took place in purpose built consultation rooms with an appropriate couch for examination and curtains to protect privacy and dignity. The reception staff we observed were patient, polite and caring.

Access to the first floor was by the stairs only as a lift was not provided. Staff told us patients with limited mobility were seen on the ground floor and these patients were flagged on the system..

The staff showed respect for patients confidentiality but the reception area was open and conversations could be overheard by patients. GPs and practice nurses showed a sound knowledge of their responsibilities towards maintaining patient confidentiality. We were given examples to show how confidentiality was managed in the practice. For example, not leaving test samples visible to other patients and password protected computer systems. We noted the reception area was open and there was no music in the background to distract attention from other patients listening to conversations. The staff we spoke with explained the methods used to ensure patients information was not overhead. For example, receptionist staff speaking to patients on the telephone asked for their date of birth and not their names.

We saw that all computers were password protected and we saw each time a staff member moved away from their screen they had locked the computer. This helped to ensure confidential information was protected.

Involvement in decisions and consent

Patients were involved in planning their care and making decisions about their treatment. The 17 patients we spoke with told us they were well informed and able to make decisions about their care and treatment.

Staff knew they had to gain consent from patients before treatment was provided. The staff we spoke with showed sound knowledge of the principles of the Mental Capacity Act 2005. The registered manager told us written consent had to be gained before surgical procedures took place. The consent policy in place was detailed and gave staff

Are services caring?

guidance on gaining consent from patients. The staff we spoke with explained implied consent and told us patients gave implied consent by attending appointments and by allowing nurses to carry out checks and procedures.

Patients were able to see the GP of their choice and were able to book an appointment within 48 hours. The practice results for the national GP patient survey were higher than the clinical commissioning group (CCG) and national average. Patients rated their experience of making an appointment as good or very good.

Patients were told about the out of hours arrangements. The practice website and information leaflets described how to contact a GP in the event of an emergency outside of the opening hours.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Patients told us the staff were responsive to their needs. There was an open culture within the organisation and a clear complaints policy. The practice understood the different needs of the population it served and acted on these to ensure the service they provided supported patients appropriately. The practice participated actively in discussions with commissioners and local health organisations about how to improve services for patients in the Brighton and Hove area.

Our findings

Responding to and meeting people's needs

Patients told us their needs were supported by the staff at the practice. The practice was arranged over two floors with consulting rooms on the ground and first floor. Staff ensured patients with mobility needs were seen in downstairs consulting rooms. A range of clinics and services were offered to patients, which included family planning, ante-natal, children's health, immunisation, and nurse specialist clinics for long-term conditions. Each GP had areas of responsibility for example, one GP specialised in paediatrics while another specialised in minor surgery. Interpreters were booked for patients who needed support with understanding English. We were told translators were booked in advance of visits. A member of staff also told us it was usual for patients with dementia to be accompanied by a carer.

Access to the service

Patients told us appointments were easy to arrange. The practice website and practice waiting area gave detailed information about the opening hours and the doctors that were on duty throughout the week. Patients contacted the practice by phone and appointments were offered within 48 hours. The staff told us routine appointments were usually within 24 hours and urgent appointments were on the same day.

Concerns and complaints

Patients were aware of the procedure for making complaints. Patients were given information on how to complain through practice leaflets and the website. GPs and nures said they would direct any complainant to the practice manager who would inform the patient of the complaints procedure. A complaint form was used to capture the nature of the complaint and the action taken to resolve the complaint. We looked at a sample of five complaints, which varied in nature. The records showed complaints were managed in a timely manner and an apology given where appropriate. The practice manager told us an analysis of complaints had not taken place. This showed patterns and trends were not identified to prevent further re-occurrences.

Are services well-led?

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

Summary of findings

A strong team working culture was in place. Staff felt well supported and trained to do their job. However, annual appraisals had not taken place. Staff and patients were given opportunities to discuss and contribute to improving services for patients. Succession plans were not in place.

Our findings

Leadership and culture

An "open door" approach to leadership was used. Staff told us there was an open door policy and they felt comfortable to speak to the management team if any concerns or issues arose. They said feedback was dealt with immediately by the registered and practice managers. Reception and administrative staff told us GPs were approachable and clinical staff told us senior partners were supportive. The registered and practice manager told us there was a flat structure and staff knew about each other's roles and were able to discuss their concerns as they arose.

Governance arrangements

The GP partners had clear areas of responsibilities. A GP partner told us the partners had lead roles in safeguarding, staff training and appraisals and the clinical commissioning group (CCG) engagement. We were told lead responsibilities were discussed at partner meetings. Staff members were aware of whom to approach for support and guidance on different matters. Regular team meetings and protected learning time meetings took place. The practice manager told us a member of staff was recently delegated to carry out clinical audits around the quality and outcomes framework (QOF). The record showed QOF areas were documented and actions plans to meet the targets set by QOF were in place.

Policies and procedures were in place to guide the staff on making decisions and achieving outcomes. The range of procedures we looked at were accessible and included comprehensive adult and children safeguarding policies and procedures. Other procedures available to staff included a consent policy including the Mental Capacity Act 2005 (MCA), Gillick competence principles and children who did not have capacity to make a decision. Reception and administrative staff told us the practice manual was used and the staff we spoke with confirmed they had access to them. The registered manager told us all the staff at the practice used the manual of procedures for reference.

Systems to monitor and improve quality and improvement

The processes and responsibilities for assessing the quality and performance of the practice were informal. The practice manager told us their role was to support the registered manager and share the management of staff. We

Are services well-led?

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

were told formal processes for staff were not in place and a record of training was not maintained. The registered manager told us action plans for the practice had not been formalised but the practice was efficient. The managers were unable to show us evidence of the arrangements for recording discussions and actions in relation to the identification, and management of risks and incidents.

Patient experience and involvement

The practice results for the national GP patient survey 2013 were higher than the CCG and national average. For example, 96% of patients described their ability to get through on the phone as very easy or easy and 99% patients rated their experience of making an appointment as good or very good. Also, 93% of patients described their experience at the practice as good or very good and 91% would recommend Links Road Surgery.

The practice did not have an active patient participation group (PPG). The practice currently sought feedback through patient surveys and any particular themes or areas of improvement identified were actioned. For example, appointment text message reminders were introduced due to the patient feedback. Also patients had commented that an online repeat prescriptions service should be provided by practice. The practice was involved in a local health forum, where patients from different practices were invited to events to give feedback on their experience, and three patients from the Links Road Surgery were involved with this.

Staff engagement and involvement

There was a strong culture of teamwork. Staff told us they felt valued members of the practice. Regular team meetings took place, which included weekly clinical meetings and monthly meetings for all the staff. Staff told us they discussed recent significant events, complaints, and clinical audits. For example, we saw team meeting minutes dated February 2014, where topics such as, the fire alarm, and the importance of following protocols when sharing information with external organisations were discussed. In addition, meetings were used as forum for staff to give feedback on the services provided by the practice and areas they could improve on.

A formal system of assessing staff performance was not in place. The practice manager acknowledged not all staff had an annual appraisal and recognised the importance of ensuring formal appraisals took place. The staff we spoke with felt supported and told us they had opportunities to discuss their performance and training needs. For example, one staff member had identified a training course in wound and eye care and the practice had arranged this for them.

Learning and improvement

We spoke with two GPs and a practice nurse. They demonstrated a good understanding of the need to recognise and act on the views of patients and their carers.

Identification and management of risk

The practice manager told us the focus was to maintain a stable practice. We were told the immediate priority was to adapt to GP changes. The registered manager told us there was no formal business plan. We were told the biggest vision was to make certain succession of the practice occurred because of changes with GP partners.

Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

Summary of findings

The practice has a small population of older people. Systems were in place to monitor long-term conditions of older people.

Our findings

Safe:
Patients were protected against the risk of abuse. There were systems in place to identify patients at risk from abuse. The procedures for safeguarding adults and children defined the types of abuse and gave the statutory bodies to be contacted where abuse was suspected.

Caring:
Patients registered at the practice were able to see the same GP. This showed the patients had continuity of care and could build a relationship with a GP of their choice.

Responsive
Data gathered by the Brighton and Hove Clinical Commissioning Group (CCG) showed there was a low percentage of patients aged 75 years and over living in the area. The practice manager confirmed there was a small population of older patients registered at the practice. Systems were in place to monitor long-term conditions of older patients.

Health checks were offered to patients aged 75 years and older who have not been seen by a Gp or nursing staff in the preceding year.

Effective:
The practice had a programme of immunisation. Patients were invited to attend clinics for Influenza vaccines.

Well Led
A strong team working culture was in place. Staff felt well supported and trained to do their job effectively.

People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

Summary of findings

Patients with long-term conditions were seen at the practice and supported to manage their health, care and treatment. GPs and practice nurses signposted these patients to local support groups.

Our findings

Safe

Patients were protected against the risk of abuse. There were systems in place to identify patients at risk from abuse. The procedures for safeguarding adults and children defined the types of abuse and gave the statutory bodies to be contacted where abuse was suspected.

Caring

Patients with long-term conditions were supported to manage their health, care and treatment. A practice nurse told us care planning was developed for patients with long term conditions such as diabetes and asthma. Advice and information to help them manage their condition was discussed between the clinician and the patient. This included advice about prevention and how to take medications.

Effective

The practice participated in benchmarking. The Quality and Outcomes Framework (QOF) was introduced in 2004 as part of the general medical services contract and was a voluntary scheme for GP practices in the UK. The QOF helped practices compare the delivery and quality of care they provide against the achievements of previous years. Links Road Surgery achieved 98.2% in their clinical domain which included long term conditions such as asthma and chronic obstructive pulmonary disease prevention.

Responsive

The 2013 The Quality and Outcomes Framework (QOF) results showed the clinical prevalence for patients registered at the practice were for hypertension and for asthma. Nurse specialist clinics for patients with long term conditions such as asthma, respiratory and chest conditions, diabetes and hypertension were organised. This showed the practice knew the needs of the patients with long term conditions and took to steps to help them manage their conditions.

People with long term conditions

Well-led

Health promotion advice and information relating to specific health conditions was available in the waiting room of the practice. This included advice on self-management. GPs and nursing staff in the practice also signposted patients with long-term conditions to local support groups.

Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

Summary of findings

The practice shared ante-natal care for pregnant patients and their post natal care following delivery with a local hospital. Child development checks consistent with national guidance and child immunisation was provided at the practice. Children and young patients were treated in a age appropriate way.

Our findings

Safe

Safeguarding children and adults was important to the practice. There was a safeguarding lead, staff knew the types of abuse, and the actions they needed to take if they suspected abuse. Information about patients identified at risk or families with concerns was reviewed and discussed at practice meetings.

Caring

Children and young patients were treated in an age appropriate way. The practice consent policy offered advice and guidance to staff in relation to obtaining consent from children who had the capacity to make informed decisions about their care and treatment. Patients benefited from staff who knew how to respect their rights.

Effective

The practice shared ante-natal care for pregnant patients and their post natal care with the local hospital.

Responsive

The Quality and Outcomes Framework (QOF) introduced in 2004 to help practices compare the delivery and quality of care they provide against the achievements of previous years. Links Road Surgery achieved 100% in child health surveillance (child development checks consistent with national guidance and policy) above the clinical commissioning group (CCG) and the England average.

Well-led

A strong team working culture was in place. Staff felt well supported and trained to do their job effectively.

Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

Summary of findings

The practice had a range of appointments between 8:30 to 6pm Monday to Friday. This included non-routine and emergency appointments and telephone consultations. Alternative systems were introduced to allow patients who were unable to attend the practice due to work commitments to book appointments and order their prescriptions online. Extra slots were added to the list of patients to be seen and extra clinics were added where necessary. For example, following a bank holiday. Patients in the 40 to 75 age group who had not attended the practice in two years or had a blood pressure reading for five years.

Our findings

Safe

Patients were protected against the risk of abuse. There were systems in place to identify patients at risk from abuse. The procedures for safeguarding adults and children defined the types of abuse and gave the statutory bodies to be contacted where abuse was suspected.

Caring

Health checks were offered to patients aged between 40 and 75 who had not attended the practice in two years or had their blood pressure taken in five years.

Effective

Data results from clinical commissioning group (CCG) showed Brighton and Hove had a high proportion of the population aged between 20 and 49. The registered manager confirmed the main population of patients registered at the practice were in the working age population. The practice participated in benchmarking programmes nationally and locally including the Quality and Outcomes Framework (QOF). The QOF was introduced in 2004 as part of the general medical services contract and is a voluntary scheme for GP practices in the UK. The clinical staff we spoke with knew the areas of lower achievements, which included improving the results for helping people to stop smoking. We saw documented actions taken to improve the rating. Staff offered support and treatment to help patient stop smoking.

Responsive

The practice had a range of appointments between 8:30am and 6pm Monday to Friday. This included routine and emergency appointments and telephone consultations. Alternative systems had been introduced to allow all patients who were unable to attend the practice due to work commitments to book appointments and order their prescriptions online. Extra slots were added to the list of patients to be seen and extra clinics were added where necessary. For example, following a bank holiday.

Working age people (and those recently retired)

Well-led

Staff and patients were given opportunities to discuss and contribute to improving services for patients.

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

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

Summary of findings

Patients with poor access to primary care were able to register and receive services from the practice. Patients with specific needs were able to see a GP with a special interest in their medical conditions.

Our findings

Safe

Patients were protected against the risk of abuse. There were systems in place to identify patients at risk from abuse. The procedures for safeguarding adults and children defined the types of abuse and gave the statutory bodies to be contacted where abuse was suspected.

Caring

Patients were seen by GPs with a special interest in their medical conditions

Responsive

There were no barriers for patients in vulnerable circumstances. Patients wishing to register at the practice were always accepted. Staff told us the practice was located in a residential area and with the exception of people with learning disabilities, other vulnerable people within this group did not use the practice.

Well-led

Staff and patients were given opportunities to discuss and contribute to improving services for patients.

People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

Summary of findings

Patients with mental health care needs were able to register at the practice. Patients with medical conditions such as self-harm and substance visited the practice and for additional support, and they were referred to external support groups.

Our findings

Safe

Patients were protected against the risk of abuse. There were systems in place to identify patients at risk from abuse. The procedures for safeguarding adults and children defined the types of abuse and gave the statutory bodies to be contacted where abuse was suspected.

Caring

The practice manager told us patients with mental health needs were able to register at the practice.

Effective

The Brighton and Hove Clinical Commissioning Group (CCG) data showed there was a prevalence of patients with mental health including depression living in the area. For example in 2013 the UK average of patients over 18 with depression was 5.8% and in Brighton and Hove it was 7.3%. The website for the practice had useful links for patients which included the contact details for the mental health access team.

Responsive

Patients with medical conditions such as self-harm and substance misuse visited the practice and for additional support were referred to external support groups.

Well-led

Staff and patients were given opportunities to discuss and contribute to improving services for patients.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers Patients may be at risk from staff who were not suitable to work with vulnerable people or children. Robust recruitment procedures were not in place. Checks were not conducted for all staff to ensure patients were cared for, or supported by, suitably qualified, skilled, and experienced staff. Regulation 21 (a) (b),(c)

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers Patients may be at risk from staff who were not suitable to work with vulnerable people or children. Robust recruitment procedures were not in place. Checks were not conducted for all staff to ensure patients were cared for, or supported by, suitably qualified, skilled, and experienced staff. Regulation 21 (a) (b),(c)

Regulated activity	Regulation
Surgical procedures	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers Patients may be at risk from staff who were not suitable to work with vulnerable people or children. Robust recruitment procedures were not in place. Checks were not conducted for all staff to ensure patients were cared for, or supported by, suitably qualified, skilled, and experienced staff. Regulation 21 (a) (b),(c)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers

This section is primarily information for the provider

Compliance actions

People who use services and others were not protected against the risks associated with employing staff who had not been checked or had a risk assessment to ensure they were safe to work with vulnerable people. Regulation 21 (a) (i).

Regulated activity

Surgical procedures

Regulation

Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers

People who use services and others were not protected against the risks associated with employing staff who had not been checked or had a risk assessment to ensure they were safe to work with vulnerable people. Regulation 21 (a) (i).

Regulated activity

Diagnostic and screening procedures

Regulation

Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers

People who use services and others were not protected against the risks associated with employing staff who had not been checked or had a risk assessment to ensure they were safe to work with vulnerable people. Regulation 21 (a) (i).

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

Patients were not cared for by staff who were supported because they did not receive appraisals. Regulation 23 (1) (a).

Regulated activity

Surgical procedures

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

This section is primarily information for the provider

Compliance actions

Patients were not cared for by staff who were supported because they did not receive appraisals. Regulation 23 (1) (a).

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff Patients were not cared for by staff who were supported because they did not receive appraisals. Regulation 23 (1) (a).