

The Practice North Street

Quality Report

c/o Boots
129 North Street
Brighton
BN1 2BE
Tel: 01273 328080
Website: www.thepracticenorthstreet.nhs.uk

Date of inspection visit: 24 May 2016
Date of publication: 09/09/2016

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to The Practice North Street	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	23

Overall summary

Letter from the Chief Inspector of General Practice

The Practice North Street was inspected in June 2015 where they were rated requires improvement in safe, effective, responsive and well-led services. They were rated as good in caring. As a result we carried out a further announced comprehensive inspection at The Practice North Street on 24 May 2016. We found the practice to require improvement in safe, effective, caring, responsive and well-led services. Overall the practice is rated as requires improvement.

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

- The practice had taken positive action following a previous inspection including ensuring that medicines were stored securely and that the use of high risk medicines was monitored and managed. They had also worked to improve the use of care plans for patients with long term conditions.
- The practice had also ensured that staff, clinical and multi-disciplinary meetings were being held regularly.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed, with the exception of those relating to fire safety.
- Infection control was not always being managed effectively and not all staff were appropriately trained or up to date with infection control training.
- Published data showed patient outcomes were low compared to the national average, however unverified data from the practice from 2015/16 showed significant improvements in this area.
- Some audits had been carried out and we saw evidence that audits were driving improvements to patient outcomes. However, there was no clear programme of continuous clinical audit.
- Patients said they were treated with compassion, dignity and respect. However, results from the GP patient survey showed that not all patients felt listened to or involved in their care in relation to GP consultations.

Summary of findings

- There were some issues with availability of nursing appointments and there was no healthcare assistant in post so health checks were not being offered proactively unless a patient requested one.
- The practice had only recently begun to identify which of their patients were also carers and there was some information in the practice on support for carers.
- There was no clear vision, strategy or business plan.
- The practice approach to engaging with patients continued to be limited, with no PPG and unclear action as a result of patient surveys and information collated from patient feedback sources.

The areas where the provider must make improvements are:

- Ensure that fire risk assessments are actioned and updated.
- Ensure that the results of infection control audits are appropriately actioned to ensure evidence of continuous improvement.

- Ensure that all staff are appropriately trained and updated in relation to infection control, including the lead for infection control having attended appropriate training for this role.
- Ensure that there is a centralised system in place to monitor the adoption of NICE guidance.
- Ensure that the practice engages with patients through the use of patient participation and patient surveys and that there is clear action taken to improve the patient experience, particularly in relation to GP consultations.
- Ensure there is clear leadership and adequate staff to meet patient needs within the practice and that staff roles and responsibilities are clear during a period of change.

In addition the provider should:

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

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Reviews and investigations were carried out and lessons learned were communicated to support improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe.
- For example, a fire risk assessment had not been updated in line with the recommendations from a previous audit and action relating to that previous audit had not been taken. Fire extinguishers that had been identified as part of a risk assessment as requiring annual maintenance had not been maintained since 2014.
- The lead for infection control had not been trained for this role and there was no training scheduled. An infection control audit identified repeat issues from a previous audit that had not been adequately addressed.

Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

Requires improvement



- Published data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below average compared to the national average, however unverified data from the practice demonstrated significant improvements in this area.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There had been five clinical audits carried out in the last year, one of these was a completed audit where the improvements made were implemented and monitored but there was not a programme of continuous clinical audit in place.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, there were staffing shortages in the nursing team that had impacted performance in relation to cervical screening and the practice's ability to

Summary of findings

cater to the needs of some patients requiring regular wound care. There was no healthcare assistant in post and while health checks were available these were not being offered proactively unless a patient requested them.

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care.
- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. However, data from the GP patient survey showed a lower than average satisfaction in this area and it was unclear what the practice had done to address this.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had just begun to identify patients who were carers and were compiling a register at the time of our inspection.

Good



Are services responsive to people's needs?

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

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Although the practice had reviewed the needs of its local population, their ability to respond to the needs of patients had been limited by the uncertain future of the practice and shortages of nursing staff.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.

Requires improvement



Summary of findings

Are services well-led?

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

- The practice did not have a clear vision and strategy and the future of the practice was uncertain.
- The practice held regular governance meetings and these involved locum staff.
- There was evidence of clinical audit being carried out; however there was not a programme of continuous clinical audit in place.
- The practice did not engage with patients through a patient participation group and the use of patient surveys and other sources of feedback was unclear in terms of action taken to improve.
- The practice monitored patient outcomes and there was evidence of improvements in this area.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data for 2014/15 showed that outcomes for patients for conditions commonly found in older people were lower than local and national averages. For example, performance for chronic obstructive pulmonary disease (COPD) was 47% compared with 93.9% (CCG) and 96% (national). However, the practice had worked to improve these figures during 2015/16 and the current year.

Requires improvement



People with long term conditions

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

- Performance for diabetes related indicators was lower at 68% compared to the national average 89.2%. However, the practice showed evidence of improvement to these figures in their 2015/16 unverified data.
- Longer appointments and home visits were available when needed. Patients had a named GP, and the practice had provided additional locum GP cover to ensure that all patients with a long-term condition had received a structured annual review to check that their health and care needs were being met.

Requires improvement



Families, children and young people

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

- Immunisation rates for the standard childhood immunisations were mixed. For example childhood immunisation rates for the vaccinations given to under two year olds ranged from 65% to 88% and five year olds from 63% to 68%.
- Appointments were available outside of school hours and the premises were suitable for families, children and young people because.

Requires improvement



Summary of findings

- The practice's uptake for the cervical screening programme was 60% which was below the CCG average of 72.4% and the national average of 76.7%. This was largely due to difficulties recruiting nurses.

Working age people (including those recently retired and students)

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

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

Requires improvement



People whose circumstances may make them vulnerable

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

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

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- 75% of people experiencing poor mental health had received an annual physical health check and had a comprehensive care plan in place compared with 82.9% (CCG) and 88.3% (national).
- Practice performance in relation to mental health was at 72.7% compared with a national average of 92.8%; however there was evidence of improvement in this area from unverified data from the practice.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental.
- The percentage of patients with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100% which was 26.4% higher than local average and 23% above the national average.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing below local and national averages in some areas but above in others. 395 survey forms were distributed and 73% were returned. This represented 3% of the practice's patient list.

- 86% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 77% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 57% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. For example, comments included those relating to the staff being friendly, efficient and caring. We were told that the doctors were understanding and professional and that patients were happy with the care. One person told us they thought the practice had improved. However, there were also comments about difficulties getting appointments in advance.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, we were told of frustrations with the appointment system, particularly for working patients having to wait for a call during the working day before being given an appointment.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- Ensure that fire risk assessments are actioned and updated.
- Ensure that the results of infection control audits are appropriately actioned to ensure evidence of continuous improvement.
- Ensure that all staff are appropriately trained and updated in relation to infection control, including the lead for infection control having attended appropriate training for this role.
- Ensure that there is a centralised system in place to monitor the adoption of NICE guidance.

- Ensure that the practice engages with patients through the use of patient participation and patient surveys and that there is clear action taken to improve the patient experience, particularly in relation to GP consultations.
- Ensure there is clear leadership and adequate staff to meet patient needs within the practice and that staff roles and responsibilities are clear during a period of change.

Action the service **SHOULD** take to improve

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

The Practice North Street

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Practice North Street

The Practice North Street offers general medical services to people living and working in central Brighton. It is a practice with two male locum GPs providing a total of 10 sessions a week. In addition a lead locality male GP for The Practice Group/Chilvers and McCrea Ltd was available to support the practice and the locum GPs. The lead locality GP was employed for four sessions a week at one of the other Brighton based The Practice Group/Chilvers and McCrea Ltd locations and had an additional two sessions to provide support to the other four Brighton based members of the group. There are approximately 2100 registered patients.

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

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

Services are provided from:

The Practice North Street, c/o Boots, 129 North Street, Brighton, BN1 2BE

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

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

Why we carried out this inspection

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

How we carried out this inspection

The Practice North Street was inspected in June 2015 where they were rated requires improvement in safe, effective, responsive and well-led services. They were rated

Detailed findings

as good in caring. As a result we carried out a further announced comprehensive inspection at The Practice Whitehawk Road on 24 May 2016. Before visiting the practice we reviewed a range of information we hold. We also received information from local organisations such as NHS England, Health watch and the NHS Brighton and Hove Clinical Commissioning Group (CCG). We carried out an announced visit on 24 May 2016. During our visit we spoke with a range of staff, including GPs, a practice nurse, administration staff and members of The Practice Group/ Chilvers and McCrea central support team including senior managers. In total we spoke with 11 staff.

We observed staff and patients interaction and spoke with three patients. We reviewed policies, procedures and operational records such as risk assessments and audits. We received 22 comment cards completed by patients.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw that the discussion of significant events was a standing agenda item at staff meetings. Minuted discussions we saw included a discussion about what constituted an incident and encouragement for all staff to report incidents as they occurred.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The locality GP was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child protection or child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. However, the practice nurse was new in post and had not received specific training for undertaking this role. There was an infection control protocol in place and staff had received training. However, out of four certificates we viewed for non-clinical staff infection control training, two members of staff had certificates that had expired earlier in the year and had not attended training updates. Annual infection control audits were undertaken, the most recent having been carried out a week before our inspection. We viewed action relating to previous audits and saw that there were recurring themes. For example, the audit in 2015 stated that infection control should be discussed regularly in staff meetings and that all staff should complete training. Both of these points were again highlighted as requiring action following the recent 2016 audit.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice had recruited a pharmacist to review medicines management processes within the practice, including prescription processes, processes for handling repeat prescriptions and included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

Are services safe?

- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had an external fire risk assessment that had been carried out in 2013 which stated that this should be repeated annually. The practice manager showed us an email from The Practice Group facilities manager stating that annual fire risk assessments were not required. There were areas within the risk assessment that had not been addressed. For example while the practice carried out regular fire drills it had been identified there should be a clear evacuation plan for disabled patients with a person nominated and trained to assist patients in these circumstances. Staff we spoke with told us there was no specific training or lead relating to this and that they would use common sense. The fire risk assessment also stated that fire extinguishers should be maintained annually, however records showed that this was last done in 2014. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises

such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for staffing groups to ensure enough staff were on duty, including reception staff and locum GPs. However, there was only one nurse within the practice working two days a week.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- However there was no clear system in place to monitor the adoption of NICE guidance within the practice.

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 from 2014/15 were 70.3% of the total number of points available. However, the practice had since implemented a recall system and had appointed a QOF clerk who was responsible for planning QOF action plans across all of the sites. The practice showed us unverified data that demonstrated an improvement in QOF results and an overall score of 98% for 2015/16.

Data from 2014/15 showed:

- Performance for diabetes related indicators was below average at 68% compared to the national average of 89%
- Performance for mental health related indicators was below average at 72.7% compared to the national average of 92.8%.
- Performance for heart failure was 100% which was 3.6% above the local average and 2.1% above the national average.
- Performance for chronic obstructive pulmonary disease (COPD) was at 47% which was 46.9% below the CCG average and 49% below the national average.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits and peer review.
- Findings were used by the practice to improve services. For example, an ongoing audit cycle for potentially dangerous medication had led to the development of enhanced protocols to promote safe monitoring of the use of these types of medication.

Effective staffing

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

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

Are services effective?

(for example, treatment is effective)

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

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. For example, the practice held a quarterly meeting with district nurses and a specialist palliative care nurse to discuss the care of patients at the end of life and those who were housebound.

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

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

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

The practice's uptake for the cervical screening programme was 60%, which was below the national average of 76.7%. The practice had experienced difficulties with meeting their target for cervical screening due to difficulties recruiting nurses. They had recently recruited a nurse with a sexual health background who was focusing on cervical cytology and there were plans to run additional clinics to improve this figure in the coming weeks. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice routinely audited their cytology samples to identify issues as part of routine performance review.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were at and five year olds from 85% to 70%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 22 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.

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

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

- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.

- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt involved in 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.

Results from the national GP patient survey showed patients did not always respond positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages in relation to nursing consultations but were below average in relation to some areas of GP consultations. For example:

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

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Patients with communication difficulties were given longer appointments.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had begun to identify patients as carers and were in the process of compiling a carers register. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, a member of staff contacted them or sent them a sympathy card.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice participated in the local extended hours project that enabled patients unable to access appointments during working hours to access extended hours appointments at a different practice in the area during the evening or on a Saturday.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities and translation services available.
- However, we were told of a recent incident where a patient requiring daily wound dressings had been unable to receive care at the practice because there were not enough available nursing appointments. The practice nurse had attempted to find nursing appointments at other practices within the Brighton based The Practice Group/Chilvers and McCrea Ltd practices but this had proved to not be possible. As a result the patient had been required to register at another practice in order to receive the care they needed.

Access to the service

The practice was open between 8.00am and 6.00pm Monday to Friday. Appointments were from 08.30 am to 1.00pm every morning and 3.00pm to 5.30pm daily. Between 6.00pm and 6.30 pm calls to the surgery were diverted to a mobile phone for emergency appointments only. The practice operated a telephone triaging system where patients calling for an emergency appointment would receive a telephone appointment with a GP initially. Extended hours appointments were not offered at the practice but were available every evening and on a Saturday via a local system that GPs could refer patients

into. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages in relation to getting through to the practice by phone but below average in relation to the practice opening hours.

- 59% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 78%.
- 86% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

People told us on the day of the inspection that they were generally able to get appointments when they needed them.

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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

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

We looked at seven complaints received in the last 12 months and found that these were dealt with in a timely way. Lessons were learnt from individual concerns and

Are services responsive to people's needs?

(for example, to feedback?)

complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For

example, we saw that discussions about complaints was a standing agenda item for practice meetings and that this included a review of all complaints received with involvement of all staff.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

- There was a leadership structure with named members of staff in lead roles. For example there was a lead nurse for infection control, although the nurse was new in post and had yet to receive appropriate training. The lead locality GP was responsible for safeguarding and supporting the GPs clinically, however, this responsibility was held for four separate practices including The Practice North Street and the lead locality GPs time commitment to this role was just two sessions a week (this is equal to one working day).
- There was governance support from The Practice Group/Chilvers and McCrea Ltd. Day to day clinical leadership fell to locum GPs and in particular one long term locum who had been with the practice for just over a year. The locums were given some time to attend meetings and participate in the running of the practice.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained and unverified Quality and Outcomes Framework (QOF) data for this practice showed it was performing in line with national and local averages, with evidence of improvement in the past year.

- Clinical and internal audit was used to monitor quality and to make improvements in relation to specific areas of practice such as medicines management and cervical screening. However, there was not a programme of continuous clinical audit.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, however risks identified in relation to fire safety had not been followed through in terms of recommended action.
- The Practice Group/Chilvers and McCrea had produced an action plan relating to their exit from the practice at the end of June. The action plan included members of the central support function of the group attending the practice (and other four Brighton based practices) on a more regular basis.

Leadership and culture

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

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

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

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

- There was a leadership structure in place and staff felt supported by management. Clinical leadership at practice level was provided by locum GPs, however they were established within the practice and took on roles such as arranging clinical and multi-disciplinary meetings and involvement in improving patient outcomes.

Are services well-led?

Requires improvement 

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

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

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

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

- The practice did not have a patient participation group (PPG), however they had made attempts to engage with patients and had undertaken a review of patient feedback in order to use this to improve the service.
- Comment cards were available within the practice and these were reviewed by the practice manager.
- We viewed a report relating to a meeting held on patient feedback regarding the practice. Data used included results from the national GP patient survey, NHS

Choices and the Friends and Family Test (FFT). The report acknowledged issues relating to issues around changes to the work force impacting continuity of care, the availability of appointments, and feedback relating to GPs. However, there was no clear plan as to how the practice would address these issues. For example, in acknowledging the mixed feedback relating to GPs, a possible solution was for patients to be offered the option of seeing another GP but there was no evidence of reflection on or identification of the reason for the feedback and how to improve consultations for patients. The practice manager told us they had considered options for improving engagement with patients but that pending significant changes within the practice and the uncertainty associated with this had impacted their ability to take this forward.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us the practice management team had increased the number of meetings so that staff could meet weekly to discuss changes to the practice and the uncertainties they were facing about the future. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had failed to implement a system to manage the risks associated with fire safety and infection control. This was in breach of regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found that the registered provider had not always taken action to assess, monitor and improve the quality and safety of the services provided. They had failed to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. The provider did not have in place a system for monitoring the adoption of national guidance and alerts. This was a breach of regulation 17 (1) (2) (a) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider had failed to deploy sufficient numbers of nursing staff to provide adequate nursing appointments to meet people's care and treatment needs.

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

This was a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014