School House Surgery

Quality Report

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

Summary of findings

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Summary of findings

Overall summary

School House Surgery is a small practice set in a residential street. The practice is located at Hertford Road, Brighton, BN1 7GF. The practice provides a range of services for patients, which include clinics to manage long term conditions, family planning and child health. The practice has a branch called Church Surgery, we did not visit this premises during this inspection.

We spoke with the lead GP, the practice manager who is also the registered manager and seven patients who use the service. We also received feedback from 19 patients in response to our comment cards left at the practice. On the day of our inspection neither of the two nurses who work at the practice were available due to training and holiday commitments. However, we spoke to them on the telephone following the inspection.

Patients we spoke with gave positive feedback about the practice and staff. We reviewed the results of the last patient survey. This told us that patients were satisfied with the service they received. The practice manager told us they had developed an action plan for areas that required further improvement. We noted that this was also available on the practice website.

The practice was actively involved with the clinical commissioning group (CCG). A clinical commissioning group is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services. As commissioners of local health services, a CCG is responsible for planning the right services to meet the needs of local people, and ensuring that they are provided. The practice manager was part of the CCG local management group. The practice engaged with patients through a virtual patient participation group (PPG) influencing and shaping services to meet patient needs. The patient participation group (PPG) is a group of active volunteer patients that work in partnership with practice staff and GPs.

Systems were in place to safeguard children and vulnerable adults. Patients were safeguarded by a structured recruitment and vetting practice however some records related to this area needed to be more robust.

The GP partners and practice manager were supportive and staff found them very approachable. There were risk management measures in place.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice was safe. The practice had systems in place to monitor and review the delivery of services to patients. Incidents and significant events were reviewed and learnt from. The practice had effective safeguarding procedures in place to protect patients. The practice had taken steps to ensure that patients received care and treatment in a practice that was clean and infection risks were minimised.

Are services effective?

The practice was effective. The practice ensured that all staff received appropriate professional development. Care and treatment was provided following the most up to date guidance. Clinical audits were used to effectively assess GP and nursing staff performance.

Are services caring?

The practice was caring. All the patients we spoke with during our inspection and the comments we received were very complimentary about School House Surgery. Staff were kind, caring and supportive. We observed patients being treated with dignity and respect.

Are services responsive to people's needs?

The practice was responsive to patient's needs. There was an open culture within the organisation and a clear complaints policy. Patient suggestions for improving the service were acted upon.

Are services well-led?

The practice was well led. Staff were clear about their areas of responsibility and they had clear job roles. The GP partners and practice management had formed a strong and visible leadership team. Systems were in place to manage risk and monitor the quality of the service.

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 worked proactively with other services to meet the needs of this group of patients. Staff were knowledgeable on patient needs and the risks.

People with long-term conditions
Patients with long term conditions were supported by the practice. The practice monitored long term conditions across the practice population and took steps to meet the needs of their patients. Patients were provided with information and guidance on health choices.

Mothers, babies, children and young people
The practice works with other health care organisations to improve the health and wellbeing of their younger population.

The practice had chaperone and safeguarding vulnerable children policies in place to support the needs of young patients in the practice.

The working-age population and those recently retired
The practice was taking steps to improve access to appointments for patients of working age.

People in vulnerable circumstances who may have poor access to primary care
The practice had systems in place to support patients in vulnerable circumstances. This ensured patients had access to care and treatment.

People experiencing poor mental health
The practice provides services for patients with mental health problems. They worked collaboratively with the integrated health care services and the Brighton and Hove Clinical Commissioning Group (CCG) to improve services for patients with mental health conditions.

Summary of findings

What people who use the service say

Patients of School House Surgery spoke positively about their care and treatment. We spoke with seven patients on the day of our inspection and received feedback from patients through comment cards left for us at the surgery.

Patients told us that they were treated with respect and staff had a kind and caring approach. Of the 19 comment cards left at the practice, 18 were positive about the services provided.

Patients said that the practice was clean, accessible and welcoming. They all spoke highly of the staff team. They felt their privacy and dignity was protected and staff listened to them. Patients felt that they received a very personal service and spoke of GPs who genuinely cared about them.

Areas for improvement

Action the service COULD take to improve

The recruitment records of the practice did not contain full information to demonstrate the steps taken by the practice to ensure staff were suitable to employ when potential issues were raised during the recruitment process.

The location and use of sharps boxes had not been risk assessed to safeguard staff.

The records we saw showed that the frequency of laundering line privacy curtains was not strictly adhered to. We also noted that staff took the curtains home to clean and the risk of cross infection had not been assessed.

The practice does not provide a structured supervision programme for staff to ensure support is provided effectively to meet their learning and development needs.

School House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector and included a GP specialist advisor and a second CQC inspector, a practice manager and an expert by experience. An expert by experience is somebody who has personal experience of using or caring for someone who uses a health, mental health and/or social care service.

Background to School House Surgery

School House Surgery is located in Brighton. The practice provides a range of primary medical services to approximately 4,376 patients. Patients are supported by two partner GPs, two nurses and a practice management team and administration staff. There is a branch surgery attached to this practice called Church Surgery. The practice is a member of the local Brighton and Hove Clinical Commissioning Group (CCG). The practice manager is a member of the CCG local management group and represents practice managers at their meetings.

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 our inspection we carried out an analysis of information we hold and received about the practice. This did not highlight any significant areas of risk. As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us. We interviewed staff in the practice. This included the lead GP, the practice manager who was also the registered manager and staff who work in the reception and administration team. We spoke with the two practice nurses on the telephone following our visit as they were unavailable on the day.

We spoke with seven patients. We reviewed 19 comment cards completed by patients. As part of this inspection we observed the interaction between staff in the reception area and patients visiting the practice. We also observed the staff handling calls from patients.

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

Detailed findings

- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems

Are services safe?

Summary of findings

The practice was safe. The practice had systems in place to monitor and review the delivery of services to patients. Incidents and significant events were reviewed and learnt from. The practice had effective safeguarding procedures in place to protect patients. The practice had taken steps to ensure that patients received care and treatment in a practice that was clean and infection risks were minimised.

Our findings

Safe Patient Care

The practice monitored and reviewed the care and treatment of patients. For example, we saw audits of the infection control, significant incidents, complaints and incidents. Practice meetings reviewed these areas and actions taken were appropriate to ensure safe care and treatment of patients.

Staff that we spoke with understood their responsibilities when reporting incidents and concerns about the care and treatment of patients. Incidents were recorded and reviewed at practice meetings. Staff were aware of risks and the steps to minimise these risks. These areas included infection control, safeguarding children and adults and the safe management of medicines.

Learning from Incidents

The practice monitored all incidents and significant events to ensure they understood the events and the actions they took at the time. We saw minutes of meetings that explored incidents and significant events, they had recorded what they had learnt from these events. Staff spoke of an open and supportive practice where issues were discussed and any concerns shared with the GP partners and the practice manager.

The practice manager told us how they followed up incidents and significant events with staff to ensure they had the support required to carry out their roles safely.

Safeguarding

The practice had a clear policy on safeguarding children and adults. We saw information, including posters to signpost staff to the correct contact details for safeguarding teams. The practice had a safeguarding lead and staff we spoke with knew who they were. Staff demonstrated a sound knowledge of the safeguarding policy and procedures. Staff were able to identify signs of abuse and talked us through how they would report concerns.

We saw evidence that staff had received training in safeguarding children and adults. This was reviewed regularly in practice meetings. Staff had information on whistle-blowing. They told us they were confident that the practice would listen to their concerns and they knew who to contact if they felt their concerns were not responded to.

Are services safe?

Monitoring Safety and Responding to Risk

The practice manager told us that they monitored the staff levels and deployment of staff during the practices opening hours to ensure safe levels of staff were maintained. For example the practice manager plans leave and absences to ensure cover is provided by existing staff or from their pool of locum GPs. The two nurses we spoke with told us that they felt the practice had the right level of staffing and resources to meet the patient and practice needs.

The practice had procedures in place to manage emergency situations. We saw documentary evidence to confirm that the practice carried out risk assessment of procedures carried out at the practice.

Medicines Management

Medicines were stored safely and securely. We saw records to confirm that medicines held in stock and for emergency use were regularly checked to ensure they were within their expiry dates. Vaccines and other medicines requiring cold storage were held in an appropriate medicine fridge. This fridge was not used for any other purpose. We saw a record to confirm that the temperatures were monitored daily.

We looked at the audit records for medicines held in the practice. We noted that a number of different formats had been used and older types of audits were all held in the same folder. This made checking for the most up to date record difficult. This meant that patients could be placed at risk if the correct records were not used.

Cleanliness & Infection Control

We found the practice had effective systems in place to reduce the risk and spread of infection. We were told that one of the practice nurses for the service was the infection control lead. We noted that there were records available, including an infection control policy and an audit of infection control. We spoke with the lead nurse and they were able to explain the steps taken to ensure the service was meeting infection control standards.

Records we saw included a list of actions based on changes to infection control guidance and identified practices that required improvement. For example, the recent replacement of floor coverings in the clinical room to minimise cross infection risks.

We saw hand sanitizers located throughout the premises and hand washing guidance posters. Patients who used the service told us they had no concerns about the cleanliness of the practice. Patients said the surgery was always clean.

We looked at the consultation room and treatment room during our inspection. The rooms were free from clutter and in a good state of repair. The clinical area had linen privacy curtains. We were told that these were laundered every six months. On the day of our inspection we could not verify that this had taken place. However, additional information was sent to us following the visit. We spoke with the infection control lead for the practice who acknowledged that the dates shown indicated that there had been a delay in cleaning the curtain. This meant the curtain was not attended to as per the practice procedure. We were told that staff took the curtains home to clean. We found that the risk of cross infection had not been assessed for this activity.

Cleaning schedules were in place; a checklist was completed to show that tasks had been completed. The staff told us that the clinical room was cleaned down at the end of the day. Examination couches and if needed lamps were wiped down between patients.

The location and use of sharps boxes had not been risk assessed to safeguard staff. The boxes were stored on a counter top under a cupboard in the nurse's treatment room which, if used in that location presented a risk to clinical staff. Whilst the clinicians we spoke with told us that they moved these to a more suitable location when being used those actions were not documented as part of the practice's policies and procedures.

Staffing & Recruitment

Appropriate checks were undertaken before staff began work. We looked at a sample of four staff records and found that the practice's recruitment policy had been followed. For example, we found that all of them contained appropriate references. We noted that criminal records checks had been obtained through the Disclosure and Barring Service (DBS) and proof of identity included photographic ID.

We also saw that the practice had checked the status of each staff member in relation to their professional

Are services safe?

registrations and ability to carry out the work they were employed to undertake. We saw evidence that the practice also undertook a series of checks on locum GPs to ensure their suitability to work.

We also saw that the practice had risk assessed and documented which employees required a criminal records check via the Disclosure and Barring Service (DBS).

We noted that the practice had ensured appropriate information had been obtained in respect of each member of staff prior to employment. However the practice had not always ensured decisions to employ staff and any risk assessment undertaken during that process had been recorded. This in particular was important when information was provided about an individual that needed further exploration to decide if they were suitable to work in the practice.

New staff undertook an induction and worked alongside more experienced colleagues to develop their knowledge of the practice. Staff we spoke with confirmed this. They told us they found the time spent shadowing or working alongside their colleagues to have been invaluable.

Dealing with Emergencies

There were arrangements in place to deal with foreseeable emergencies. We saw that there was emergency equipment and medication available for emergency use. The members of staff we spoke with knew where the equipment or emergency medicine supply was located. The practice did not hold oxygen for use in an emergency. The practice manager told us that they had reviewed the purchase of oxygen and an automated external defibrillator (AED). An AED is a portable device that checks the heart rhythm. If needed, it can send an electric shock to the heart to try to restore a normal rhythm. The practice had assessed the risk and decided not to supply these items as they were close to hospital emergency services.

The practice staff were trained in basic life support. The records we saw confirmed this.

The practice had procedures in place to manage emergency situations including contingency plans for systems failure and the need to relocate services.

Equipment

We saw evidence that the practice monitored equipment used in the practice to ensure these items were safe for use. For example, we saw that the emergency equipment was checked regularly and electrical equipment had been safety tested.

Practice staff told us that they were provided with all the equipment they required to carry out their role safely and effectively. This included personal protective equipment (PPE). We checked the clinical area of the practice and found this equipment to be in place.

Are services effective?

(for example, treatment is effective)

Summary of findings

The practice was effective. The practice ensured that all staff received appropriate professional development. Care and treatment was provided following the most up to date guidance. Clinical audits were used to effectively assess GP and nursing staff performance.

Our findings

Promoting Best Practice

We found care and treatment was delivered in line with recognised practice standards and guidelines. For example, we spoke with two practice nurses who both referred to the use of online research and recognised national bodies such as the National Institute for Health and Care Excellence (NICE) guidelines, Royal College of Nursing (RCN) and the NHS.

The practice had protocols in place when dealing with infection control and medical emergencies. The nurses were able to refer to clinical guidelines from the above bodies on managing theses areas of practice.

The clinical staff were able to describe the principals of the Mental Capacity Act (MCA)2005 and used set questions to conduct an appropriate assessment. Clinical staff also explained how if patients were unable to consent to care or treatment, they would involve carers to ensure decisions were made in the 'best interest' of the patient.

Management, monitoring and improving outcomes for people

The practice manager told us there were regular multidisciplinary meetings held at the practice. These meetings were attended by the Integrated Primary Care Team and the Palliative Care team. They told us these meeting discussed patients who needed extra or specialist support.

Nursing staff told us that they attended network meetings with colleagues and these were opportunities to share best practice with the goal of improving outcomes for patients.

Staffing

We were told by the GP and the practice manager that they support staff to maintain and develop their skills to deliver safe and appropriate care and treatment to patients. This was confirmed by staff who told us that they were supported to attend training to meet the practice needs and their own development needs. We saw a training and development plan that confirmed staff had regular training. Each staff member had an annual appraisal and from this a learning plan was developed.

Are services effective?

(for example, treatment is effective)

Staff with practice leads had received additional training to carry out these roles. For example, safeguarding and infection control. Regular team meetings took place and allowed for staff discussion and sharing of information.

Staff told us that they had the right amount of staff to carry out their roles safely and effectively. They told us that they were able to discuss staffing requirements and request changes to ensure they had time for administration duties and lead practice responsibilities. We saw that staff had been given time to attend training and development and professional practice forums.

Working with other services

The practice had regular meetings with other professionals across the clinical commissioning group CCG. These included safeguarding meetings, palliative care and integrated care teams. We were told by the practice manager that they worked well with other disciplines to support patient care. They gave examples of liaison with district nurses and occupational therapists to support older patients. They also gave an example of working with a local care home, nursing team and the relatives of a patient to ensure the patient's needs were met.

Health Promotion & Prevention

We saw a wide range of information on health promotion literature available to patients in the reception and waiting room. This included leaflets and posters providing information on smoking cessation, healthy eating and sexual health. This information was also supported with pictures and symbols to assist patients. The staff we spoke with told us that as part of consultations, patients were encouraged to be aware of their health and to take action to improve and maintain it. This included providing advice to patients on the effects of their life choices on their health and well-being.

The practice had on-going health screening programmes in areas such as asthma, hypertension and diabetes. Staff told us that patients were offered advice on health improvement as part of these consultations.

Staff told us about the links with the CCG providing advice and support with patient groups. Patients with a learning disability had an annual health check and the practice team worked with carers and family where appropriate, to develop the individual's health action plan.

Are services caring?

Summary of findings

The practice was caring. All the patients we spoke with during our inspection and the comments we received were very complimentary about School House Surgery. Staff were kind, caring and supportive. We observed patients being treated with dignity and respect.

Our findings

Respect, Dignity, Compassion & Empathy

We spent time observing the interactions between patients and staff in reception. Patients were spoken to in a polite and supportive way. Patients questions were handled well and staff addressed patients appropriately. Patients told us that staff were very friendly and respectful.

Staff told us a room was available that could be used for patients who wished to discuss confidential issues. Patients told us that GPs, nurses and reception staff were kind and caring. They commented on the supportive approach of staff. Patients felt they were treated very well.

Privacy was important to the practice. Privacy screens were in place in consulting room and in the clinical room. Music was played in the reception area to mask conversations taking place at the desk from patients in the adjacent. Information was available on how the practice maintains the security of patient information.

Involvement in decisions and consent

The feedback from patients included that they felt involved in planning and making decisions about their care and treatment. GPs and nurses communicated well and took time to explain things during consultations and treatment.

The staff we spoke with demonstrated that they understood the rights of individuals to make decisions and the need to consent to treatment was important. Staff had received training in the Mental Capacity Act 2005. Staff we spoke with understood their role and explained how they would refer any concerns about an individual's ability to understand the treatment choices being offered and consent to treatment to their GP.

We saw information used by nurses to assist with explaining health and welfare options to patients who had communication difficulties. For example, we spoke with a practice nurse who told us they made use of easy read information, pictures and large print documents to support patients. The practice had a comprehensive chaperone policy and staff had been trained to carry out this role. Translation services were also available.

As part of this inspection we asked patients who used the service to complete comment cards regarding the care and treatment they had received. We received 19 completed

Are services caring?

cards. All of the comments regarding care and treatment were positive and demonstrated that people were satisfied with the care they had received. Patients told us that anything they were unsure of was explained thoroughly by their GP. Patients said they never felt rushed and consultations met their needs.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The practice was responsive to patients' needs. There was an open culture within the organisation and a clear complaints policy. Patient suggestions for improving the service were acted upon.

Our findings

Responding to and meeting patients' needs

The lead GP and practice manager told us that services to patients were designed and considered in relation to the local population need. The practice had developed local arrangements with support services for patients with health conditions, in areas such dementia and palliative care. The practice used the gold standards framework (GSF). The GSF sets out to enable frontline staff to provide a gold standard of care for people nearing the end of life. GSF improves the quality, coordination and organisation of care leading to better patient outcomes in line with their needs and preferences. We saw that regular meetings were held with specialist palliative care nurses and the integrated primary care team.

The practice worked with other disciplines to ensure patients' needs were met. For example regular meetings were held with multidisciplinary teams to discuss and coordinate care and treatment.

The practice made use of translators. We were told that this service is used on a very regular basis. The practice had a detailed chaperone policy and staff were trained chaperones to assist patient's access to consultations and treatment. The practice website contained translation facilities to meet the needs of patients whose first language is not English.

The practice had carried out a dementia awareness project. The staff team had been training as part of this project. As a result the staff had made some changes to the environment to make it more welcoming for patients. This included calming and welcoming colours in the waiting room and pictures.

Access to the service

There was a range of appointments available to patients every day between the hours of 8.30am and 6pm. This included urgent and routine appointments, telephone consultations and appointments with the practice nurses. The GP and practice manager told us they kept the opening hours and access to appointments under review.

One patient who provided feedback on the comments cards told us that they had found it 'occasionally' difficult to get an appointment but this had not been an issue recently. The patients we spoke with and the comment

Are services responsive to people's needs?

(for example, to feedback?)

cards we received indicated that patients had access to the surgery that met their needs. Patients said that when an appointment was not immediately available they were able to speak with a GP or a nurse for advice.

The practice was accessible to patients with limited or restricted mobility. The entrance had ramped access, doors were wider and disabled toilet facilities were available. The most recent patient survey 3% of respondents said it was not very easy to access the surgery. This had initiated a review of the main doors with a view to installation of automatic doors. This development was waiting for agreement with the landlord and funding.

The practice worked with Brighton and Hove Integrated Care Service (BICS). BICS sets out to improve patient experiences by working innovatively and collaboratively with GPs, clinicians and other health partners. This service enabled care to be provided closer to home by developing tailored, patient-focused services and had led to the development of integrated community based services that better meet patient needs.

Concerns & Complaints

Patients had their comments and complaints listened to and acted on. The practice had a complaints policy and procedure. This was displayed on the notice board in the waiting area and in a patient information leaflet. The practice website requested that patients contact the practice manager if they wish to make a complaint however an online form was available for patients to make a comment or suggestion. A patient information leaflet was also available in the practice and a written complaints policy was available on request.

The staff we spoke with were aware of the complaints procedure and told us how they would support a patient wishing to make a comment or complaint.

People's complaints were fully investigated and resolved, where possible, to their satisfaction. We looked at the complaints records and found information to be documented. The practice had investigated the concerns raised by patients or their representative and responded in accordance with their complaints policy. We also reviewed the complaints log and found learning and action points were discussed at practice meetings.

The practice manager told us they monitor and ensure that the actions were completed in a timely manner

We looked at correspondence letters sent to complainants as the final outcome of the investigation. These letters did not always inform patients of the next steps they could take if they were not satisfied with the response of the practice. For example the Parliamentary and Health Service Ombudsman, the body that complaints about a GP practice can be escalated to.

Are services well-led?

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

Summary of findings

The practice was well led. Staff were clear about their areas of responsibility and they had clear job roles. The GP partners and practice management had formed a strong and visible leadership team. Systems were in place to manage risk and monitor the quality of the service.

Our findings

Leadership & Culture

All of the staff spoke of a practice that was inclusive, supportive and open. We saw evidence of clear and supportive communication within the practice. Regular meetings took place within the practice and staff told us they found them to be valuable. Staff felt supported to develop their skills and knowledge. We were told by staff that they were able to contribute to the running of the practice and that the practice manager was available when they needed to discuss any concerns or improvements that could be made to the service.

Governance Arrangements

We spoke with the lead GP and the practice manager regarding governance arrangements. They were able to demonstrate that the practice used a number of audits, feedback from patients, information provided from external bodies such as the clinical commissioning group (CCG), and NHS England, and benchmarking information. The practice manager told us that taking part in local forums, receiving feedback from colleagues helped to develop the practice. They told us these sources of information helped them to minimise risks to care, treatment quality and develop approaches to change practice. Regular meetings took place to discuss risk management, performance management and training. We saw written and electronic records which evidenced this.

Systems to monitor and improve quality & improvement

We spoke with the lead GP, two nurses and the practice manager. They all had a sound understanding for the need to monitor the quality of the services provided to patients. The practice manager provided evidence of documented audits in areas such as infection control, medicine management, treatment of patients with long term conditions and complaints. We saw action plans and learning outcomes noted from these audits. Staff with lead roles within the practice had received training in these areas to ensure best practice was maintained in the surgery. Concerns were raised and discussed with the team. We saw evidence of this within the meeting minutes and significant event analysis.

Are services well-led?

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

The practice manager and lead GP discussed how they monitored all of these audits including bench-marking programmes used by the service. The practice staff were clear on their roles and responsibilities.

Patient Experience & Involvement

The practice had actively sought the views of patients. We saw information on the practice website and at the surgery to encourage patients to take part in the patient participation group (PPG) or make a comment about the services provided. We looked at the outcomes of the latest survey and the action plan developed as a result. This included a method to check if the service had improved by utilising patient's feedback.

The practice manager told us that they had found it difficult to recruit to the patient participation group (PPG) and a number of campaigns had been completed to improve engagement across the patient group. For example GPs and practice nurses had asked patients during consultations and information leaflets and application forms were given out at the reception desk. The practice advertised their details via the Young Men's Christian Association (YMCA) in order to target students and the wider population

Patients we received feedback from felt they were listened too and involved their care and treatment. Patients felt they could speak with their GP or practice staff if they had any concerns. The practice was welcoming and staff found to be approachable.

Staff engagement & Involvement

Staff told us that they were involved in the running of the service through regular practice meetings. They felt that they were listened to and supported to make a contribution. Nurses with particular leads in the practice told us that they were able to make comments, suggest changes and take part in developing the service. A recent dementia awareness project conducted in the practice involved all members of staff had the opportunity to take part and make suggestions about practice improvement.

All staff told us they did not have supervision however, they felt supported in their role. They told us that communication was good, they had regular meetings and the GPs and practice manager were very approachable. Annual appraisals took place for all staff and the records we saw confirmed this. Staff told us that these were important and a useful meeting to plan for the year ahead. We noted that, when required, additional support meetings had been set up for individual members of staff. We saw records to confirm this.

Learning and improvement

We were told by the practice manager that they used the comments received from the patient survey to help improve the practice. For example, the practice was looking into improved access to the building via automatic doors. The improvements to the practice reception and waiting areas following a dementia awareness project is an example of the practice making changes to improve the patients experience at the practice.

Identification & Management of Risk

At this inspection we saw policies and procedures for the management of risk within the practice. These were reviewed on a regular basis. Staff told us that alerts from external sources such as medical device alerts, were received and acted upon. We saw evidence to confirm that steps were taken to ensure patients were not placed at risk.

Regular audits of infection control, equipment and medicines took place to ensure patient safety. We saw that the practice had health and safety risk assessments in place and plans were in place to reduce the risk to staff and patients.

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 worked proactively with other services to meet the needs of this group of patients. Staff were knowledgeable of patient needs and the risks.

Our findings

Safe

Staff were able to demonstrate they understood the risks for this group of patients. They told us about multidisciplinary meetings being held to ensure people had appropriate care and treatment. The practice met with the local integrated care team, palliative care team and other disciplines to ensure patients' needs were met through a co-ordinated approach.

Staff were aware of the vulnerability of older patients and were able to explain how they would support individuals with concerns. This included supporting patients who felt they were at risk from non-attendance at appointments and liaising with other services when a patient was found to be at risk due to their deteriorating mobility at home.

Caring

Patients told us they had been with the practice for many years and found the staff to be caring and kind. The practice has been working to develop services for older people with dementia supporting the individual and their families appropriately. The practice worked in collaboration with multi-disciplinary agencies in the delivery of care and treatment. Practice meetings were held to discuss proactive approaches to meeting the needs of an aging community.

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 supported by the practice. The practice monitored long term conditions across the practice population and took steps to meet the needs of their patients. Patients were provided with information and guidance on health choices.

Our findings

Effective

Patients with long term conditions were supported to manage their health and treatment. We were told by the lead GP and other staff members that treatment and care planning was in place for patients with long term conditions. Conditions such as diabetes and asthma were monitored and plans were developed with patients to promote independence and choice. We were told that information to help them manage their condition was discussed between the GP or nurse and the patient.

Screening tools were used to monitor patients and staff had received training in the treatment and management of conditions such as diabetes, heart disease and lung/ breathing conditions (asthma /chronic obstructive pulmonary disease (COPD).

Health information leaflets were available in the practice and further information on treatment options and support groups could be provided by GPs and nursing staff.

Responsive

We received positive comments from patients with long term conditions on the steps staff had taken to ensure referrals for treatment were made and followed up in a timely way. They told us that the outcomes of tests and referrals were always shared promptly.

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 works with other health care organisations to improve the health and wellbeing of their younger population.

The practice had chaperone and safeguarding vulnerable children policies in place to support the needs of young patients in the practice.

Our findings

Safe

The practice had robust safeguarding vulnerable children policies and procedures in place. The practice had a safeguarding lead and staff were clear on their responsibilities when concerned about children.

There were systems in place in the practice to identify children at risk or families with concerns. A list of identified individuals was reviewed and discussed at regular meetings. The staff monitored attendance at the practice and any non-attendance was followed up. Staff were clear on how to recognise signs of abuse and what actions they needed to take.

Caring

Vulnerable patients or anyone who required support during their consultations with a clinician could be supported by trained chaperones, in line with their local policy.

Patients told us that their experience of the surgery as a parent and taking their children for appointments was positive. Two patients commented that they found their GP to be very good with children.

Effective

The practice had procedures in place to ensure the close monitoring of children, young patients and families living in disadvantaged circumstances. This included 'looked after' children and young carers. Extra support was offered to those families as required. We saw information leaflets were available for pregnant and new parents, signposting them to support and advice services.

The practice website contains detailed information on pregnancy including a video and advice for expectant mothers.

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 was taking steps to improve access to appointments for patients of working age.

Our findings

Responsive

The practice had responded to the feedback from patients and extended its opening hours to provide additional appointments on Monday and Tuesday evenings. Access to appointments across the day was provided by a variety of clinicians to maximise the availability. This included on the day appointments and telephone consultations. Online facilities were also available to book appointments and order repeat prescriptions.

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

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

Summary of findings

The practice had systems in place to support patients in vulnerable circumstances. This ensured patients had access to care and treatment.

Our findings

Effective

Patients with a learning disability were well supported by staff in the practice. This included using pictorial communication methods during consultations and treatments with the practice nurse. Links had been made with advisors from the clinical commissioning group (CCG) to ensure the practice staff were providing the most effective service for patients with communication difficulties.

The practice had information, both in the practice and online, to support carers. This signposted them to support groups and there was a helpful video online from NHS choices.

Responsive

Patients whose first language was not English were supported by the practice. Patients and staff could arrange support from a local translation service. Patients were also offered longer appointments if their needs were complex. This meant that the GP or nurse had more time to identify the concerns and provide suitable support and treatment and communication was not a barrier to receiving good care.

The practice had developed good working relationships with the community nursing team, who provided additional support for patients who found it difficult to attend the practice. The practice staff told us that an interpretation service was also available for typed correspondence.

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

The practice provides services for patients with mental health problems. They worked collaboratively with the integrated health care services and the Brighton and Hove Clinical Commissioning Group (CCG) to improve services for patients with mental health conditions.

Our findings

Effective

The practice had an established relationship with local mental health services, integrated care team and the community mental health team. Patients experiencing poor mental health were supported through this multidisciplinary team approach.

Responsive

The practice worked with Brighton and Hove Integrated Care Service (BICS). BICS sets out to improve patient experiences by working innovatively and collaboratively with GPs, clinicians and other health partners. This service enables care to be provided closer to home by developing tailored, patient-focused services and has led to the development of integrated community based services that better meet patient needs. We were told that BICS provide a service to patients with mental health needs including depression and anxiety.