The Practice Hangleton Manor

Quality Report

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

Ratings

Overall rating for this service	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Requires improvement
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

The Practice Hangleton Manor was inspected in September 2015 where they were rated inadequate in safe, effective, caring and well-led services. They were rated as good in responsive. As a result the practice was placed into special measures and a warning notice was issued. In February 2016 we carried out a focussed inspection of the areas covered by the warning notice and found that this had not been met. The warning notice was re-issued and was subject to written representations at the time of the announced comprehensive inspection at The Practice Hangleton Manor on 26 April 2016. Overall the practice is rated as inadequate.

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

- The practice was going through a period of uncertainty due to giving notice on their NHS England contract and this had resulted in some staff resigning from their posts at a time when the practice was experiencing difficulties with recruitment.
- There was no clear vision, strategy or business plan. However, The Practice Group/Chilvers and McCrea had developed an exit plan for the end of June following NHS England being given contractual notice. The practice were increasingly dependent on locum staff who were not given additional time to undertake activities such as care planning and attendance at practice meetings, despite taking a clinical lead on a day to day basis.
- The governance systems within the practice did not cover all aspects of clinical activity and not all risks had been properly evaluated and mitigated. For example, monitoring of blood results was undertaken remotely by the lead locum but there were no formal arrangements in place for this and there was no central system evident for how the practice should deal with national guidance and safety alerts.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, locum staff did not have access to the reporting system and were not always involved in discussions and learning from incidents.
- Risks to patients were assessed and well managed, with the exception of those relating to medicines management.

Summary of findings

- Published data showed patient outcomes were low compared to the national average, although we saw that the practice had worked to improve these for 2015/16.
- Patients with conditions such as dementia and those with a learning disability were not routinely receiving annual reviews..
- The practice had worked hard to set up multi-disciplinary meetings for patients at the end of life and those who were vulnerable. However, this had not yet happened and alternative ways to meet other than face to face had not been realised.
- Clinical audits had been carried out, including evidence of a full cycle audit being used to drive improvements to patient outcomes.
- The majority of patients said they were treated with compassion, dignity and respect. However, results from the GP patient survey were low in comparison to local and national figures. For example, in relation to explaining tests and treatments and involvement in care planning.
- The practice demonstrated some good work around the support they offered for carers and had carried out audits of this to ensure they were meeting carer's needs.
- We saw evidence of improved processes around the handling of complaints and acting on feedback from patients. For example, by using audit as a tool to monitor and ensure improvements.
- The practice had significantly changed their appointment system to increase the number of face to face appointments. This had been a concern identified in previous inspections and through negative patient feedback around the previous telephone triage system.

The areas where the provider must make improvements are:

- Monitor and assess risks associated with the current staffing issues to ensure that increased risks are adequately mitigated regarding support for locum staff to ensure that safety is not compromised in relation to limited clinical leadership within the practice.
- Ensure that there is a central system for dissemination of national guidance and safety alerts that provides assurance that this guidance and alerts are being adhered to.
- Ensure that there is a formal system for monitoring of test results and clinical correspondence that is not dependant on an individual locum GP.
- Ensure that privacy and confidentiality are maintained in relation to the handling of telephone calls and patient information at the reception desk.
- Ensure that temperature monitoring of the vaccination fridge is carried out in line with national guidance and the practice policy, that patient group directions are signed by all locum nurses administering them and that competency has been assessed and that prescriptions are securely locked away and adequately tracked within the practice.
- Ensure that emergency medicines and oxygen with appropriate masks are easily accessible to all staff and that there is a system in place to monitor this during a time when the practice is dependent on locum staff.
- Ensure that all patients requiring regular reviews of their health have these available to them, that all patients on a chronic disease register have a care plan in place and that regular multi-disciplinary meetings are held for patients at the end of life and for those who are vulnerable.
- Ensure that information from the national GP patient survey is acted on and used to improve practice and that alongside improvements in care planning patients are involved in planning their care.
- Ensure that the risks associated with the uncertain future of the practice are fully identified, assessed and mitigated and that close monitoring and reporting to the appropriate external bodies is undertaken.

This service was placed in special measures in December 2015. Insufficient improvements have been made and there remains a rating of inadequate for all the population groups, two key questions and overall. Therefore, the practice continues to be in special measures. On 15 July 2016 this practice was closed by the provider.

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?

Inadequate

The practice is rated as inadequate for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong reviews and investigations were carried out and lessons identified. However, locum staff on whom the practice was dependent clinically were not always involved in the review of clinical events and did not have access to the reporting system.
- Key staff involved in the process of analysis of significant events within the practice were non-clinical staff. The practice were in the process of implementing weekly clinical meetings where significant events were discussed, however only one had taken place the week prior to our inspection.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Vaccination fridge temperature logs were not consistently completed. They had been monitored on a daily basis, but not twice daily on three occasions in the weeks prior to our inspection in line with the practice policy.
- Patient group directions had not been signed by a locum nurse.
- Emergency medicines and oxygen with appropriate masks attached were not quickly accessible to staff in an emergency. There were times when the only clinical member of staff on the premises was a locum GP and non-clinical staff could not be expected to identify emergency medicines that were not kept in a designated place within the practice.
- The security and monitoring of prescription pads was insufficient.
- The practice had clear safeguarding processes in place to ensure that requests for information were actioned in a timely manner and staff understood their safeguarding responsibilities.

Are services effective?

Requires improvement

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

- Published data showed patient outcomes were low compared to the national average. For example, the overall QOF score for

Summary of findings

the practice was 76.5% compared to the local score of 93.2% and the national score of 94.7%. However, unverified data from the practice on the day of inspection demonstrated an improved score of 93% in terms of current performance.

- Knowledge of and reference to national guidelines was inconsistent and there was a lack of clarity about how information was shared with the clinical and non-clinical staff from the central support function of The Practice Group/ Chilvers and McCrea.
- There was evidence that audit was driving improvement in patient outcomes although this was not yet fully embedded in terms of a comprehensive system or programme of audit.
- Multidisciplinary working was taking place but was generally informal on a patient by patient basis. However the practice had attempted to set up a more formal process but this had not yet happened due to the lack of availability of health/social professionals from other agencies. The practice had suggested the possibility of a conference call in an email sent to the relevant professionals a week before inspection.
- Care plans were not being developed for patients identified as needing them. In addition there were inconsistent reviews of patients on the chronic disease registers.
- The practice had made improvements in their referral processes around urgent referrals to specialists following a process of audit and a review of significant events relating to this.
- Staff had a good understanding of issues around consent and mental capacity.

Are services caring?

Requires improvement

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

- Data from the national GP patient survey showed patients rated the practice lower than others for almost all aspects of care. For example the practice was rated more than 20% lower than local and national averages in relation to some aspects of GP consultations.
- While patients visiting the reception desk were given the option to speak in private, telephone calls to the practice were answered at the reception desk so the practice could not be assured that patient confidentiality was maintained.
- The majority of patients said they were treated with compassion, dignity and respect and those we spoke with told us they felt listened to and involved in their care.

Summary of findings

- Information for patients about the services was available and the practice had access to interpreters should they need them.
- The practice had worked to identify carers within their patient list and had made use of audits to identify areas of improved support they could provide.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services;

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to address issues with services where these were identified.
- Patients told us they were pleased with changes the practice had made to the appointment system following feedback. This had resulted in a reduction in the number of telephone appointments and an increase in the number of face to face appointments.
- 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 to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had not undertaken regular reviews of patients with a learning disability or those with dementia.
- The GP patient survey results showed that patient satisfaction with practice opening hours was low compared with the national average.

Are services well-led?

Inadequate

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

- The practice did not have a clear vision and strategy and the future of the practice was uncertain.
- There was a leadership structure in place but there were gaps in terms of consistent clinical leadership in the practice due to a reliance on locum GPs and a lack of dedicated time for locums to get involved in the leadership of clinical practice.
- The practice had a number of policies and procedures to govern activity, most of these were in date although the chaperone policy was overdue for review.
- The practice held some regular governance meetings although these did not always involve locum staff.

Summary of findings

- Governance systems within the practice were not always consistently thorough or adequately applied. For example the practice had not assessed or mitigated the risk of managing results and clinical correspondence when they were reliant on a number of locum GPs who were not all picking up this work.
- The practice had made improvements to the way they engaged with patients through the use of surveys, discussing practice issues with the PPG (patient participation group) and the development of a practice newsletter to share information.
- Staff told us they had received regular performance reviews and had clear objectives.

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

Inadequate

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

- The practice did not have a system in place for ensuring regular care plans were in place for patients, including for older people.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were generally lower than average. For example, in heart failure performance. However, the practice was able to demonstrate improvements in all areas for the 2015/16 although this was unpublished data. For example, published data shows that heart failure performance at 65.5% is below national performance at 97.9%. However, practice data shows that current performance in this area is at 100%.
- The practice had increased the number of face to face to face appointments and offered telephone appointments and home visits to those unable to attend the practice.

People with long term conditions

Inadequate

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

- Diabetes performance had improved from the previous year (67.3%) at 78.4%. This was approximately 10% lower than local and national averages although the practice had demonstrated ongoing improvements in the 2015/16. However Unverified data from the practice showed an improvement for the 2015/16 with performance at 85%.
- Longer appointments and home visits were available when needed. However, not all these patients had a named GP, a personalised care plan or structured annual review to check that their health and care needs were being met.
- The practice had worked to develop services for carers, including undertaking audits of uptake of certain services such as health screening and vaccines. The practice had identified 0.7% of the practice list as carers.

Families, children and young people

Inadequate

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

Summary of findings

- Unverified information from the practice showed that childhood immunisation rates for the vaccinations given were comparable to CCG/national averages at between 90% and 96%.
- The practice's uptake for the cervical screening programme was 72% which was comparable to the CCG average of 72.4% and the national average of 82%.

Working age people (including those recently retired and students)

Inadequate

Due to issues identified within the practice the service is rated as inadequate 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.

People whose circumstances may make them vulnerable

Inadequate

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

- The practice had not carried out annual health checks for people with a learning disability, although they had plans in place to carry out health checks and care planning clinics in the near future.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

Summary of findings

- Published data showed that performance in relation to mental health indicators was below local and national averages at 73.8% which was 15.7% below local performance and 19% below national performance. However, unverified data from the practice showed current performance at 94.6%.
- The practice did not have a system of multi-disciplinary team meetings in the case management of people experiencing poor mental health including those with dementia; however they were able to demonstrate good lines of communication with mental health specialist services and accessing support when needed.
- The percentage of patients with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 50% lower than local and national averages.

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 a number of areas. 286 survey forms were distributed and 106 were returned. This represented approximately 6% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 76% 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 76%.
- 64% of patients described the overall experience of this GP practice as good compared to the national average of 85%).
- 41% 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 79%).

Most of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Two of the comment cards made reference to some areas of concern, one specifically relating to inconsistencies with locum GPs and another to issues obtaining a repeat prescription. There was consistent feedback that staff were kind, caring and would often go out of their way to help patients. There were specific positive comments about the practice having reverted back to more face to face appointments.

We spoke with four patients and one relative during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice used the friends and family test and their own patient satisfaction survey to gain feedback from patients. Data from the practice survey showed that 84% of patients were satisfied with the service. Specific action the practice had taken to improve satisfaction included changes to the appointment system, ensuring that regular locum GPs worked within the practice and keeping patients informed of on-going changes and the future of the practice.

The Practice Hangleton Manor

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 Hangleton Manor

The Practice Hangleton Manor offers general medical services to people living and working in the Hangleton area of Brighton and Hove. It is a practice with one male lead locum GP providing six sessions a week and additional locums providing the other four 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 and had an additional two sessions to provide support to the other four Brighton based members of the group. There are approximately 1800 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 a practice nurse, a locum nurse, a healthcare assistant 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 Hangleton Manor

96 Northease Drive

Hove

BN3 8LH

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 marginally higher number of patients over the age of 75 and under the age of 18, compared with the England average. The practice population also has a slightly higher 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 low levels of unemployment and similar numbers in terms of working status or education, compared to the national average.

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 Hangleton Manor had been inspected in September 2015 where they were found to be inadequate in safe, effective, caring and well-led services. They were rated as good in responsive. As a result the practice was placed into special measures and a warning notice was issued. In February 2016 we carried out a focussed inspection of the areas covered by the warning notice and found that this had not been met and the warning notice was re-issued and was subject to written representations at the time of the announced comprehensive inspection at The Practice Hangleton Manor on 26 April 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 26 April 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 12 staff.

We observed staff and patients interaction and spoke with four patients and one relative. We reviewed policies, procedures and operational records such as risk assessments and audits. We reviewed 15 comment cards completed by patients, who shared their views and experiences of the service, in the two weeks prior to our visit.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework (QOF) data, this relates to the most recent published information available to the CQC at that time. However, we have also included unverified data from the practice where improvements have been made.

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was a 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. However, locum staff did not have access to the reporting form although they were still able to complete a report through the assistant practice manager. 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 analysis of significant events. This was led by the support centre of The Practice Group/Chilvers and McCrea. A previous inspection identified that learning from this process was unclear although during this inspection we saw that the practice had clarified this process. However, there was a lack of clinical input into the analysis. . We were told that the practice had implemented a system of weekly clinical meetings where incidents were discussed with involvement of the lead locum, the regional nurse and the GP clinical lead of The Practice Group/Chilvers and McCrea. However we saw these meetings had yet to be adequately embedded into the practice. For example, we saw one set of meeting minutes for a clinical meeting that had been held the week before our inspection and we were given dates of meetings that had been held on a monthly basis prior to that. The lead locum GP told us they had only attended one of these meetings.

We reviewed safety records, incident reports 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, during a previous inspection in September 2015 we identified that incidents relating to delays in two week wait referrals where a patient needed to be seen urgently by a specialist. During this inspection in April 2016 we saw that specific action following issues with two week wait referrals had led to in-depth discussions and audit of referrals to identify areas for improvement.

Overview of safety systems and processes

The practice had clearly defined and embedded some 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 lead locality GP was the lead member of staff for safeguarding. Following issues identified during the inspection in September 2015 relating to the identification of children at risk and sharing information with external agencies we saw that the lead locality GP had made improvements to the system. This included improving processes for sharing information and involving administrative staff in the monitoring of this. 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 nurses were trained to child safeguarding level three.

- 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 who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and

staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- We reviewed four 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.
- However the arrangements for managing medicines, including emergency medicines and vaccines, in the practice (including obtaining, prescribing, recording, handling, storing, security and disposal) were not sufficient to keep patients safe. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The Practice Group/ Chilvers and McCrea had employed a pharmacist who was tasked with monitoring medication reviews and undertaking audits of high risk medicines.
- However, blank prescription forms and pads were not securely stored in an unlocked cupboard behind reception and the systems in place to monitor their use were insufficient as the log of prescription numbers did not correspond with the numbers on the prescription pads we viewed. Prescriptions stored in printers were not stored securely when not in use because neither the printer tray nor the room were locked when not in use and there was no system for these to be locked away at the end of the day. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, these had not all been signed by the locum nurse who was working in the practice.
- We saw that monitoring of the temperature of the vaccination fridge was undertaken regularly, however this was not consistently carried out twice daily in line with the practice protocol. For example, we saw four occasions in April 2016 where the temperature log had not been completed.
- The system for sharing safety alerts with locum staff and taking action as a result was unclear. There was not central system in operation from The Practice Group/ Chilvers and McCrea Ltd.

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 practice which identified local health and safety representatives. The practice had a fire risk assessment in place from December 2014; they carried out regular fire drills, the most recent one in December 2015. 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 all the different staffing groups to ensure enough staff were on duty. However, the practice relied heavily on locum GPs and their remaining practice nurse was due to leave a few weeks after the date of our inspection. This meant that the practice would then be solely dependent on locum GPs and locum nurses. We saw a plan in place to increase the number of locum nurses to ensure nursing or healthcare assistant cover each day. At the time of our inspection there was an employed practice nurse in two days a week and a locum nurse in one day a week. This meant that there were two days with no nursing cover. Staff we spoke with told us this meant that the locum GPs worked with limited support clinically and that there was pressure on nursing staff on the days they were working due to limited availability of nursing appointments over the course of the week.

Arrangements to deal with emergencies and major incidents

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

- 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.

Inadequate

Are services safe?

- 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.
- A first aid kit and accident book were available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks, although these were in a cupboard in the nurse's room near to the oxygen rather than attached to it.
- Emergency medicines were not easily accessible to staff in a secure area of the practice. For example, we saw that adrenaline was available in a box in the nurse's room; however other emergency medicines such as those for treatment of anaphylaxis were not stored together in an easily accessible container. This was an area of high risk as non-clinical staff could not be expected to access the locked cupboard and identify the necessary medicines in an emergency and this was a possible scenario due to the lack of nursing hours within the practice. However, all the medicines we checked were in date and stored securely and the practice ensured that emergency medicines were easily accessible in an emergency container during the course of our inspection in response to our findings.

Requires improvement

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. Practice staff had access to guidelines from NICE.
- However, there was no evidence that these guidelines were followed and there was no central system to update changes in 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 were 76.5% of the total number of points available. This was an improvement on their previous year's results of 59.6%. In addition the practice showed us unpublished QOF data that indicated ongoing improvements in this area where the total percentage was 93%. Exception reporting was 7.7% which was below national and local averages (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Published data from 2014/15 showed:

- Performance for diabetes related indicators at 78.4% which was worse when compared to the national average of 89.2% and the local average of 89.6%. However, unverified data from the practice showed an improvement for the 2015/16with performance at 85%.
- Performance for mental health related indicators at 73.8% was worse when compared to the national average of 92.8% and the local average of 89.5%. However, unverified data from the practice showed an improvement for the 2015/16 with performance at 92%.

Published data showed that an area for further enquiry was in relation to the percentage of patients with chronic obstructive pulmonary disease (COPD) where a review had been undertaken to include an assessment of breathlessness using the Medical Research Council (MRC) dyspnoea scale. Data from the practice on the day of inspection showed an improvement in this area. For example, published data from 2014/15 showed that 41.4% of patients had been reviewed using the MRC scale compared with 79.9% nationally. Unverified data from the practice showed an improvement to 90.4%.

There was evidence of quality improvement including clinical audit.

- There had been clinical audits completed in the last two years, this included audits of two week wait referrals, high risk medicines, carers and the uptake of the influenza vaccine. The two week wait referral audit was a full cycle, completed audit where the improvements made were implemented and monitored and had been undertaken as a result of previous incidents within the practice.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included changes to the two week wait referral process, to include an active follow up and offer of an appointment to all patients referred for urgent specialist input as part of this referral system.

Information about patients' outcomes was used to make improvements and this was reflected in improvements in QOF figures for the practice.

Effective staffing

It was unclear if staff had the skills, knowledge and experience to deliver effective care and treatment because the practice was reliant on locum GPs and a proportion of locum nurses. This reliance on locums was due to increase because of the uncertain future of the practice and issues with recruitment. From 20 May 2016 the practice was due to be solely reliant on locum GPs and locum nurses for day to day clinical input.

- 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.

Requires improvement

Are services effective?

(for example, treatment is effective)

- 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 who had attended training in specific disease areas such as diabetes and asthma.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. However, a locum practice nurse who was working in the practice had not signed all of the patient group directions in use within the practice so knowledge and competence was unclear.
- 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 and supervision. All The Practice Group/Chilvers and McCrea staff had received an appraisal within the last 12 months. The locum GP received support from the lead locality GP of The Practice Group/Chilvers and McCrea. However, the practice's reliance on locum GPs meant that clinical leadership on a day to day basis was unclear.
- 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 not always available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- The lead locum GP told us they monitored correspondence, including medical records and investigation and test results remotely while not working within the practice as the practice did not have a system to monitor this in their absence.
- Care plans were not in place for patients on the practice's chronic disease registers. While we saw that some patients had received some formal reviews, this was not consistent and none of the patient's whose records we reviewed had an up to date care plan in place. We saw plans in place for the practice to hold 'care planning' clinics led by the regional nurse for patients with dementia and those on the learning disability register. However these had not taken place at the time of the inspection, and were planned towards the end of May. The lead locum GP was not given dedicated time to be involved in care planning.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. This was an area where the practice had made improvements following an inspection in September 2015.

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. This was undertaken on an individual patient basis as meetings were not held with other health care professionals on a regular basis. However, we saw evidence that the practice had attempted to set up these meetings through an audit trail of emails with the specialist palliative care nurse and community nurses.

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:

Requires improvement

Are services effective?

(for example, treatment is effective)

- 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. Patients were signposted to the relevant service. The practice had worked to provide support to carers through the use of audit and the identification of services. However, patients with long term conditions had not received care plans and those with dementia and a learning disability had not received annual reviews.
- Smoking cessation and dietary advice was available from a healthcare assistant who also undertook NHS health checks.

The practice's uptake for the cervical screening programme was 72% which was comparable to the CCG average of 72.4% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured that a female sample taker was available. 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. However, it was unclear how the practice planned to ensure that this remained the case with their ongoing staffing issues and move to locum only clinical staff within a few weeks of the inspection.

Published childhood immunisation rates for the vaccines given were lower compared to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 50% to 75% and five year olds from 44% to 56%. However, unverified data for 2015/16 from the practice states that this is now between 90 and 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. However, we were told that as the practice only had a healthcare assistant undertaking health checks within the practice on one afternoon a week only two health checks a week could be carried out. The percentage of the patient population who had taken up a 40-74 health check was 2%. Patients with learning disabilities and those with dementia did not have access to health checks at the time of our inspection.

Requires improvement

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. The practice had taken some action to improve privacy for patients, for example they had put signs in the waiting areas informing patients they could speak to staff privately away from the reception desk. However, during our inspection on 8 September 2015 we identified that the practice switchboard was not located away from the reception desk. There was no shield across the reception desk to keep patient information private therefore telephone conversations held by reception staff could be heard by patients sitting in the waiting area. During this inspection, we saw that the practice had not taken action to change this and that telephone calls were still answered at the reception desk that was open onto the waiting area.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs and we saw signage in the patient waiting area to indicate this.

Most of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Two of the comment cards made reference to some areas of concern, one specifically relating to inconsistencies with locum GPs and another to issues obtaining a repeat prescription. There was consistent feedback that staff were kind, caring and would often go out of their way to help patients. There were specific positive comments about the practice having reverted back to more face to face appointments.

We spoke with one member of the patient participation group (PPG). 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.

However, results from the national GP patient survey showed that while the majority of patients felt they were treated with compassion, dignity and respect the practice results in these areas remained below the local and national averages. For example, the practice was consistently below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 75% 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%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%).
- 80% 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%)
- 63% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local average of 84% and the national average of 85%).
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 90% and the national average of 91%).
- 80% 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 told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responses were mixed in relation to questions about their involvement in planning and making decisions about their care and treatment compared with the national

and local averages in relation to GP consultations. Results were below local and national averages. However, results for nursing consultations were above local and national averages in some areas. For example:

- 66% 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%.
- 56% 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%.
- 90% of patients said the last nurse they saw was good at explaining test and treatments compared to the CCG and national average of 90%.
- 89% 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.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified thirteen patients as carers (0.7% of the practice list) which was low. However, we saw evidence that the practice was working with a local carer's service to improve their care of carers and access to services. In addition we saw that the practice had undertaken a carers audit to identify those carers who had taken up additional services such as vaccines and health screening. There was written information available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the practice contacted them or sent them a sympathy card. The practice had recently reviewed their bereavement practices to ensure that support was available to patients. Practice staff told us that as they were a small practice they decided on a case by case basis who was the most appropriate person to follow up to offer support.

Good

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 a local 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.
- During our inspection in September 2015 we identified issues relating to a high volume of telephone appointments and poor patient satisfaction. During this inspection in April 2016 we saw that the practice had reviewed their appointment system and had undertaken a pilot where they made available a greater number of face to face appointments. As a result the practice had fully adopted this new system of appointments. For example, on the day of our inspection 90% of appointments were face to face. .
- 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available. Online access was available for making appointments and ordering repeat prescriptions.

Access to the service

The practice was open between 8.00am and 6.00pm Monday to Friday. Appointments were from 08.30 am to 11.00 am every morning and 3.00pm to 5.45pm daily. Between 6.00pm and 6.30 pm calls to the surgery were diverted to a mobile phone for emergency appointments only. 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 lower than the national average in relation to the practice opening hours. Results were better than the national average for patients being able to get through by phone.

- 62% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 76% of patients said they could get through easily to the practice by phone compared to the national average of 73%).

People told us on the day of the inspection that they were 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.

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 with information displayed in the waiting area. Staff also told us that any patient expressing dissatisfaction with the service would then be directly signposted to the assistant practice manager or practice manager.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We looked at six 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 complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice had changed the appointment system following negative feedback from patients about the triage system and lack of face to face appointments. The practice had also responded to a complaint about a prescription not being processed efficiently by implementing a system of date stamping prescription requests so that they could track requests more effectively.

Are services well-led?

Inadequate

(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 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. This outlined the structures and procedures in place within the practice. We found that:

- There was a leadership structure with named members of staff in lead roles. For example there was a lead nurse for infection control; the lead locality GP was responsible for safeguarding and supporting the GPs clinically. However, this responsibility was held for four separate practices including Hangleton Manor 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. However, day to day clinical leadership fell to locum GPs and there was a reliance on them to take on this role without the necessary time or infrastructure required. For example, there was no system in place for the checking of test results or clinical correspondence in the absence of the lead locum GP who worked over three days. This had resulted in them checking these when not working within the practice in order to ensure issues were addressed. Therefore there was not a robust system in place to deal with these issues on a daily basis if the Locum GP was unavailable.
- During our inspection in September 2015 we found that governance systems were not consistent across all areas of clinical activity. During our April 2016 inspection we saw that some areas had improved, for example, in relation to sytems for patient recall, improved use of audit and patient survey. However, there were new and some ongoing issues. For example, there was unclear dissemination of MHRA (medicines and healthcare products regulatory agency) and NICE (National Institute for Health and Care Excellence) guidance from the central support function of the group. Care plans were still not being carried out and there was an inconsistent approach to patient reviews, locum GPs had not been given the time to participate in this. In addition locum GPs did not have full access to the electronic patient record system. Multi-disciplinary meetings for vulnerable patients and those at the end of life were still not being held. We saw evidence that the practice had tried to set these up although alternatives to face to face meetings did not appear to have been explored.
- Practice specific policies were implemented and were available to all staff. Most of these had been updated although we saw that the chaperone policy was out of date for review at the time of our inspection. The policy had been due for review in July 2015.
- A comprehensive understanding of the performance of the practice was maintained and we saw evidence of improvement in relation to QOF and patient outcomes.
- We saw evidence that the practice was working towards a programme of continuous clinical and internal audit. They had undertaken one full cycle audit in relation to the referral processes within the practice and as a result the practice had made improvements in this area, including undertaking full cycle audits to measure improvements achieved.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions in relation to areas such as health and safety and infection control. The practice had addressed previous concerns around risk management by addressing problems with a high number of telephone appointments by increasing face to face appointments and implementing new safeguarding and referral management systems.
- However, there were inadequate arrangements in place for the management of risk relating to the future of the practice and issues relating to staffing where there was a high proportion of locum staff providing the clinical care. For example, new issues relating to medicines management, prescription security and the availability of emergency medicines had resulted during a time

Are services well-led?

Inadequate

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

when there were increased numbers of locum staff. There was no evidence that the practice had assessed the risk of this in order that they could anticipate and appropriately manage these concerns.

- 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 leadership structure in place and staff felt supported by management, however there was no formal dedicated clinical lead at practice level.

- 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. However, locum staff were not included in these meetings.
- Clinical meetings had been held on a monthly basis but we were told they had been moved to a weekly meeting the week before our inspection; these were not yet embedded into practice. The locum GP had been part of the meeting held the week before our visit although they told us it was not always possible for them to participate as they were not given dedicated time to attend. The regional nurse and the GP with clinical leadership responsibility for The Practice Group/Chilvers and McCrea also attended these meetings.
- 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

During our inspection in September 2015 we identified that the practice had not proactively sought patients' feedback and engaged them in the delivery of the service. For example, feedback from patients relating to the appointment system had not been acted on and there was little evidence of patient participation in the services. During our inspection in April 2016 we saw that the practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly as part of a local community group and we saw that the issues facing the practice had been discussed by the patient group.
- The practice had carried out patient surveys and had worked with the patient group to make improvements. For example the practice had produced a quarterly newsletter with information for patients, including feedback relation to satisfaction surveys. Specific action included increasing awareness of online services and acting on feedback relating to a referral management system.
- 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

Are services well-led?

Inadequate

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

There was a focus on continuous learning and improvement at all levels within the practice with evidence of staff acting on patient feedback, improving the patient recall system and subsequent 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.