

Charter Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8
Areas for improvement	8
Outstanding practice	8

Detailed findings from this inspection

Our inspection team	9
Background to Charter Medical Centre	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Charter Medical Centre on 18 September 2015. Overall the practice is rated as good.

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

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- There was a strong culture of learning and development.
- 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.
- The practice had a clear vision. A business plan was in place, which was monitored and regularly reviewed and discussed with all staff.
- High standards were promoted and owned by all practice staff with evidence of team working across all roles.
- The practice was innovative and forward thinking. It had recently employed its own pharmacist and was involved in local projects to improve patient access to care and support.

We saw several areas of outstanding practice including:

Summary of findings

- The practice had responded positively to the need to provide a service to an additional 9500 patients as a result of the closure of a local GP practice. It had worked closely with the clinical commissioning group and the local council to ensure a robust service delivery plan was put in place which included taking on the employment of some former nursing and administrative staff. Systems had been put in place to ensure continuity of care for these patients. It had been proactive in ensuring that staff and patients were communicated with and kept up to date about arrangements which had been put in place to manage the change.
- The practice had a good skill mix which included advanced nurse practitioners who were able to see a broader range of patients than the practice nurses.
- The practice had employed its own pharmacist to provide in-house expertise and advice on medicines management.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for almost all aspects of care. Feedback from patients about their care and treatment was consistently and strongly positive. We observed a patient-centred culture. Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure service improvements where these had been identified. The practice had responded to the closure of a local practice by registering an additional 9500 patients and had put systems in place to ensure continuity of care.

Good



Summary of findings

Patients told us it was easy to get an appointment with a named GP or a GP of their choice, there was continuity of care and urgent appointments available on the same day. 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



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 is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice had advanced nurse practitioners who specialised in providing care to the elderly and people with dementia.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles and specialist knowledge in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medicine needs were being met. For those people with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available on the day for urgent needs. There was also same day access to appointments with a nurse practitioner for minor illnesses. Appointments outside of school hours were also provided. The premises were suitable for children and babies. The practice worked closely with midwives, health visitors and school nurses. Chlamydia screening was available for all patients under the age of 25. The practice provided a young person's sexual health clinic and a SWAY (Sex Worries and You) clinic for young people not necessarily registered at the practice.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for people with a learning disability with a named practice nurse to ensure continuity of care. It offered longer appointments and home visits for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. 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)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). 98% of people experiencing mental health problems registered at the practice had comprehensive care plan documented in their records. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice hosted a GP led substance misuse service. Screening for alcohol consumption was undertaken as part of patient registration with the practice.

Summary of findings

What people who use the service say

The 2014 national GP patient survey results showed the practice was consistently performing above or in line with local and national averages. There were 109 responses and a response rate of 33%.

- 79% find it easy to get through to this surgery by phone compared with a CCG average of 76% and a national average of 73%.
- 91% find the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.
- 77% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 66% and a national average of 60%.
- 87% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 66% and a national average of 66%.
- 89% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.

- 87% describe their experience of making an appointment as good compared with a CCG average of 76% and a national average of 73%.
- 69% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 66% and a national average of 65%.
- 71% feel they don't normally have to wait too long to be seen compared with a CCG average of 59% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 78 comment cards which were all overwhelmingly positive about the standard of care received. Patients described the service they received as excellent. They said that all the staff treated them with care, kindness, dignity and respect. They said that the GPs and nursing staff gave them time and listened.

Areas for improvement

Outstanding practice

We saw several areas of outstanding practice including:

- The practice had responded positively to the need to provide a service to an additional 9500 patients as a result of the closure of a local GP practice. It had worked closely with the clinical commissioning group and the local council to ensure a robust service delivery plan was put in place which included taking on the employment of some former nursing and administrative staff. Systems had been put in place to ensure continuity of care for these patients. It had

been proactive in ensuring that staff and patients were communicated with and kept up to date about arrangements which had been put in place to manage the change.

- The practice had a good skill mix which included advanced nurse practitioners who were able to see a broader range of patients than the practice nurses.
- The practice had employed its own pharmacist to provide in-house expertise and advice on medicines management.

Charter Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and a second inspector.

Background to Charter Medical Centre

The practice provides primary medical services to approximately 25,000 patients living in Hove. There are eight GP partners, five male and three female. The practice employs one salaried GP and has two GP registrars. It also employs three advanced nurse practitioners, five practice nurses, three health care assistants and a phlebotomist. There is one practice manager, two assistant managers, 19 receptionists and 15 practice administrators.

The practice is open from 8am until 6pm with extended hours until 8pm on Tuesdays and Thursdays. It is sometimes open for pre-bookable appointments on Saturday mornings.

The practice provides services to patients under a general medical services contract. Services for patients previously registered at all local practice that had been closed are provided under an alternative provider medical services contract. The practice has opted out of providing Out of Hours services to their own patients. Patients were able to access Out of Hours services through NHS 111.

The practice provides services from the following location:-

88 Davigdor Road

Hove

East Sussex

BN3 1RF

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This 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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including the Brighton and Hove Clinical Commissioning Group, Healthwatch and NHS England to share what they knew.

During our visit we spoke with a range of staff including, the GPs, the practice manager, the practice nursing staff, administrative staff and receptionists. We examined practice management policies and procedures. We also reviewed 78 comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care 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?

Detailed findings

- 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 whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, during a busy baby immunisation clinic an out of date vaccine was administered. As a result a number of actions were implemented as a result of the learning that took place. This included ensuring fridges were not stocked above the recommended 50% full so that stock rotation could be undertaken more easily. A new fridge had been purchased to enable this. Weekly stock rotation and checking of expiry dates was undertaken. Child immunisation appointments were lengthened to 20 minutes in order to reduce pressure on staff and the likelihood of mistakes.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings

when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice was displayed in the waiting room, advising patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role. Not all staff undertaking this role had received a disclosure and barring check (DBS), however the practice had undertaken a risk assessment which identified that these staff would not be left alone with patients. (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and health and safety information was posted on staff noticeboards. The practice had up to date fire risk assessments and regular fire drills were carried out. 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 also 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.
- Appropriate standards of cleanliness and hygiene were followed. 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.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicine audits were carried out with the support of the local clinical commissioning group pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

Are services safe?

- The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. There were up to date sets of PGDs. The nurses and the health care assistants had received appropriate training and been assessed as competent to administer the medicines referred to either under a PGD or in accordance with a PSD from the prescriber.
- Recruitment checks were carried out and the five files we reviewed showed that 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.
- 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 that enough staff were on duty. There were always two GPs on call to provide sufficient medical cover. The practice also held regular clinical capacity review meetings to

ensure that there were enough staff at all times. As a result of taking on additional patients the practice was in the process of recruiting additional practice nursing and medical staff.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a

defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date which included discussion of new guidelines at weekly clinical meetings. The practice had access to guidelines from NICE and from three of its GPs who triaged local referrals and disseminated local and national guidelines to practice staff. The practice used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99% of the total number of points available, with 15.6% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- The percentage of patients with diabetes, on the register, who have a record of a an albumin:creatinine ratio test in the preceding 12 months was 92% compared to a national average of 85%.
- 86% of patients with hypertension having regular blood pressure tests which was better than national average of 83%.
- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record in the preceding 12 months which was better than the national average of 86%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been two clinical audits completed in the last year, both of these were completed audits where the improvements made were implemented and monitored.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result included the better prescribing of medicines to improve gastro protection for patients taking medicines which increased the risk of upper gastrointestinal bleeding.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety, infection control, emergency equipment and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. We saw evidence that the practice had arrangements in place to ensure all staff had an annual appraisal.
- Staff received training that included: safeguarding, fire safety, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules. They had regular protected time for in-house training sessions.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included those with multiple long term

Are services effective?

(for example, treatment is effective)

conditions, mental health problems, people from vulnerable groups, those with end of life care needs or children on the at risk register. We saw evidence that multi-disciplinary team meetings took place on a weekly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. The practice provided a smoking cessation service and a

confidential sexual health service for young people aged 24 and under. It also provided a sexual advice clinic for all young people including those not registered at the practice. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 90%, which was above the CCG and national average of 81% and 82% respectively. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given to under two year olds ranged from 64% to 100% and five year olds from 63% to 67%. Flu vaccination rates for the over 65s were 74%, and at risk groups 55%. These were comparable to the national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that most consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. On the day of the inspection we observed that one consulting room door on the first floor was left ajar during a consultation. This was brought to the attention of the practice manager and was rectified immediately. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 78 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with three members of the patient participation group on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The majority of scores for the practice were above or in line with the average for its satisfaction scores on consultations with doctors and nurses, with the exception of satisfaction with GPs giving patients enough time. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 77% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%

- 85% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 91% patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice actively identified carers and ensured they were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. In particular the practice responded positively to the need to provide services for an additional 9500 patients as a result of the closure of a local GP practice. It had worked closely with the CCG and the local council to ensure a robust service delivery plan was put in place in order to cope with the additional patients and the transfer of employment of some former nursing and administrative staff. There was evidence that the practice staff had worked hard to ensure systems were put in place to ensure continuity of care for these patients. It was proactive in ensuring that staff and patients were communicated with and kept up to date about arrangements being put in place to manage the change.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. The practice responded positively to feedback from its active patient participation group and surveys of patients views. For example;

- The practice offered extended hours on a Tuesday and Thursday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people when required including those with a learning disability or multiple long term conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- In response to patient requests the practice had improved its disabled facilities to include push button operated, automatic front doors. It had also installed a new reception desk with dedicated wheelchair accessible area.
- The practice had implemented a number of improvements to telephone access which included the purchasing of a 24 hour automated booking system.
- The practice ensured patients had access to translation services if required. A number of patient information leaflets were available in different languages.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8.20am until 6pm daily. Extended hours surgeries were offered Tuesday and Thursdays until 8pm and sometimes on a Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 79% patients said they could get through easily to the surgery by phone compared to the CCG average of 76% and national average of 73%.
- 87% patients described their experience of making an appointment as good compared to the CCG average of 76% and national average of 73%.
- 69% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a 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 which included posters and leaflets displayed on notice boards and a summary leaflet available in the waiting area. Staff we spoke with were aware how to advise patients of the process to follow if they wished to make a complaint.

We looked at four complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, and with openness and transparency.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear ethos to deliver high quality care and promote good outcomes for patients. The practice had a clear vision for the future based on continuing to meet the needs of its population, improving its premises and becoming a training hub for practice nurses. For example, it provided placements for undergraduate student nurses. The practice had held a "Vision" meeting for all staff earlier in the year. All the staff we spoke with knew and understood the values and direction of the practice. There was a robust strategy and supporting business plan which was regularly monitored and updated.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There was a robust meeting structure.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. They told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They felt confident in doing so and felt supported if they did. We also noted that team away days

were held every year. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered to patients. The partners organised regular social events for all staff to attend.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, due to a number of complaints and significant events the PPG agreed with the practice that making improvements to the prescription service needed to be a priority in 2014/15. The practice implemented a number of actions as a result which included additional training for staff on the prescription system and increased advertising of and improved instructions to patients on how to use the on line prescription ordering service.

The practice responded positively to the need to take on additional 9500 patients as a result of the closure of a local GP practice. It had worked closely with the clinical commissioning group and the local council to ensure a robust service delivery plan was put in place in order to cope with the additional patients and the transfer of employment of some former nursing and administrative staff. There was evidence that the practice staff had worked hard to ensure systems were put in place to ensure continuity of care for these patients. It was proactive in ensuring that staff and patients were communicated with and kept up to date about arrangements being put in place to manage the change.

The practice had also gathered feedback from staff away days, regular team meetings, appraisals and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Are services well-led?

Good 

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

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice was keen to become a training centre for primary care and provided clinical placements for undergraduate student nurses.

The practice team was forward thinking and was part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was part of the Brighton and Hove Extended Primary Integrated Care collaboration. This was one of twenty collaborations awarded funds to run pilots for one year, as part of the Prime Minister's

Challenge Fund. The pilots aims are to transform primary services and improve the patient experience. The scheme involved GPs working closely with nurse practitioners, pharmacists and voluntary sector community navigators to improve patient access to care and support service.

The practice had a good skill mix which included advanced nurse practitioners who were able to see a broader range of patients than the practice nurses.

The practice had also employed its own pharmacist to provide in-house expertise and advice on medicines management.