Warmdene Surgery

Quality Report

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Date of inspection visit: 21 May 2014
Date of publication: 14/11/2014

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

Summary of findings

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Summary of findings

Overall summary

At this inspection we visited Warmdene Surgery at the County Oak Medical Centre off Cardene Road Brighton. This is a purpose built practice which is shared with another primary medical services provider. The practice provides a range of services for patients, which include clinics to manage long term conditions, family planning and child health.

We spoke with the lead GP who is also the registered manager, the practice manager, GP partners, nurses, health care workers and patients who use the practice. We also received feedback from patients in response to our comment cards left at the surgery.

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

The practice was actively involved with the clinical commissioning group (CCG). A GP partner was on the board of the clinical commissioning group (CCG) and the practice engaged with patients through a virtual patient participation group (PPG) influencing and shaping services to meet patient needs. The PPG is a group of active volunteer patients that work in partnership with practice staff and GPs.

Systems were in place to safeguard children and vulnerable adults. Patients were safeguarded by a structured recruitment and vetting practice.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

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

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

Are services caring?
The practice was caring. All the patients we spoke with during our inspection and the comments we received were very complimentary about Warmdene Surgery. Staff were kind, caring and supportive. We observed patients being treated with dignity and respect. Staff were able to demonstrate how they built positive relationships with patients who used the practice, in order to provide individual care and treatment.

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

Are services well-led?
The practice was well led. Staff were clear about their areas of responsibility and they had clear job roles. The GP partners and practice management had formed a strong and visible leadership team. Systems were in place to manage risk and monitor the quality of the practice. However, the practice did not have a quality assurance and governance structure in place to ensure the vision, values and development of the practice was set out.

Summary of findings

The six population groups and what we found

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

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

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

Mothers, babies, children and young people
The practice works with other health care organisations to improve the health and wellbeing of their younger population. The practice had chaperone and safeguarding vulnerable children policies in place to support the needs of young people in the practice.

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

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

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

Summary of findings

What people who use the service say

Patients of Warmdene Surgery spoke positively about their care and treatment. We spoke with six patients and received feedback from patients through comment cards left for us at the surgery. Patients told us that they were treated with kindness and staff had a caring approach. Of the 31 comment cards left at the practice, three patients commented that it is difficult to get appointments on the day.

Patients said that the practice was clean, accessible and welcoming. They all spoke highly of the staff team. They felt their privacy and dignity was protected and staff listened to them.

A survey carried out by the practice returned very positive comments and feedback from patients and the Patient Participation Group (PPG). 100% of respondents said they trusted the nurses at the practice and 99% said they trusted the GPs.

Areas for improvement

Action the service COULD take to improve

The practice does not have a quality assurance policy or procedure to bring together their audits and reviews. This meant the practice had not set out their aims and objectives and the methods they would use to evaluate their progress and respond to feedback from patients and other stakeholders.

Whilst the practice had taken steps to ensure they had robust recruitment practices these were not underpinned by policy. The success and safety of the recruitment procedure relied on the information held by the practice manager. Therefore there was a risk of an inconsistent approach if the manager was unavailable to lead this process.

Warmdene Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a **CQC Lead Inspector** and a **GP** and the team included a second CQC inspector.

Background to Warmdene Surgery

Warmdene Surgery is located in Brighton. The practice is a purpose built building which is shared by another primary care provider. A local pharmacy is situated at the front of the building.

The practice provides a range of primary medical services to approximately 10,000 patients. Patients are supported by a number of GPs, nurses, health care assistants, a practice management team and administration staff. The practice is a member of the local Brighton and Hove Clinical Commissioning Group (CCG). One GP from the practice is a member of the CCG board.

Why we carried out this inspection

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

How we carried out this inspection

Before our inspection we carried out an analysis of the information we had gathered about the practice. This did not highlight any significant areas of risk. As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us. We interviewed staff in the practice. This included the lead GP who was also the registered manager, the practice manager, partner GPs practice nurses, a healthcare assistant and staff who work in the reception and administration team. We spoke with six patients and a representative of the PPG. We reviewed 31 comment cards completed by patients. As part of this inspection we observed the interaction between staff in the reception area and patients visiting the practice. We also observed the staff handling calls from patients.

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

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

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

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired

Detailed findings

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

Are services safe?

Summary of findings

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

Our findings

Safe Patient Care

The practice monitored and reviewed the care and treatment of patients. For example, a recent audit of minor surgery carried out at the ophthalmology clinic, had found that there had been no related post-operative infections in the last six years.

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

We saw evidence that the practice had reviewed incidents that had taken place at the surgery where the practice's emergency procedures had been initiated.

Learning from Incidents

The practice monitored all incidents and significant events to ensure they understand the events and the actions they took at the time. We saw minutes of meetings that explored incidents and significant events, and they recorded what they had learnt from these events. We saw action plans had been developed as a result of the review of incidents. Staff spoke of an open culture where issues were discussed and any concerns shared with the GP partners and the practice manager.

Safeguarding

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

Staff received training and support to ensure their practice was up to date. We saw evidence that staff had received training in safeguarding children and adults. This was reviewed regularly in practice meetings.

Monitoring Safety and Responding to Risk

Are services safe?

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

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

Medicines Management

Medicines were stored safely and securely. We saw records to confirm that medicines held in stock and for emergency use were regularly checked to ensure they were up to date. Vaccines and other medicines requiring cold storage were held in appropriate medicine fridges. These fridges were not used for any other purpose and their temperatures were monitored daily. The practice manager told us that following recent updated guidance they were purchasing cold bags to maintain the cold chain.

Cleanliness & Infection Control

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

Records we saw included a list of actions based on changes to infection control guidance and identified practices that required improvement. For example, a programme to change waste outlets in clinical areas and repairs and replacement of floor coverings to minimise cross infection risks.

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

We looked at the consultation rooms and treatment rooms during our inspection. The rooms were free from clutter and in a good state of repair. Consultation rooms and clinical areas had disposable privacy screens and these were replaced on a six month cycle.

Cleaning schedules were in place. A checklist was completed to show that tasks had been completed. All clinical rooms, we were told were cleaned down at the end of the day. Examination couches and if needed lamps were wiped down between patients.

Staffing & Recruitment

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

We also saw that the practice had checked the status of each staff member in relation to their professional registrations and ability to carry out the work they were employed to undertake. We saw evidence that locum GPs also undertook a series of checks to ensure their suitability to work.

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

Dealing with Emergencies

There were arrangements in place to deal with foreseeable emergencies. We saw that there was emergency equipment and medicines available for emergency use. The members of staff we spoke with knew where the equipment and emergency medicines were located. The practice held an automated external defibrillator (AED). An AED is a portable device that checks the heart rhythm.

The practice had trained all staff in basic life support and the use of the AED. We also observed that there was future in house training using scenarios and role play to cover resuscitation and anaphylaxis for all staff including all administration staff in September 2014.

Are services safe?

We saw evidence that the practice had reviewed incidents that had taken place in the surgery where the practice's emergency procedures had been initiated.

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

Equipment

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

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

We noted that the patient check in console was broken on the day of our visit. The practice manager told us that they had taken steps to replace this facility.

Are services effective?

(for example, treatment is effective)

Summary of findings

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

Our findings

Promoting Best Practice

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

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

The GP and nursing staff were able to describe the principals of the Mental Capacity Act (MCA) 2005. They also explained how if patients were unable to consent to care or treatment, they would involve carers to ensure decisions were made in the 'best interest' of the patient.

Management, monitoring and improving outcomes for people

The practice manager and lead GP told us there were regular multidisciplinary meetings held at the practice. These meetings were attended by the Integrated Primary Care Team and the Palliative Care team. They told us these meeting discussed patients who needed extra or specialist support. The manager also referred to benchmarking tools provided by NHS England to assess their performance against similar practices to improve outcomes for patients.

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

Staffing

We were told by the practice manager that they support staff to maintain and develop their skills to deliver safe and appropriate care and treatment to patients. This was confirmed by staff who told us that they were supported to attend training to meet the practice needs and their own development needs. We saw a training and development plan that confirmed staff had regular training. Each staff member had an annual appraisal and from this a learning plan was developed. Staff with practice leads had received additional training to carry out these roles. For example, safeguarding, diabetes and infection control.

Are services effective?

(for example, treatment is effective)

Regular team meetings took place and allowed for staff discussion and sharing of information.

Staff told us that they had sufficient numbers to carry out their roles safely and effectively. They told us that they were able to discuss staffing requirements and negotiate changes to ensure they had time for administration duties and lead practice areas.

The practice had recently increased the administration staff in the mornings to improve the call handling and response to patients.

Working with other services

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

Health Promotion & Prevention

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

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

We saw information provided to patients with a learning disability on healthy life choices, clubs providing support for people and literature using easy read symbols to promote patient engagement and understanding. We spoke with a member of staff who took the lead for monitoring the needs of patients with a learning disability. Patients had an annual health check and the practice team worked with carers and family where appropriate, to develop the individual's health action plan. The lead GP and practice manager told us that they extend these appointments to ensure enough time is provided to meet the patient's needs.

Are services caring?

Summary of findings

Overall the practice was caring. All the patients we spoke with during our inspection and the comments we received were very complimentary about Warmdene Surgery. Staff were kind, caring and supportive. We observed patients being treated with dignity and respect. Staff were able to demonstrate how they built positive relationships with patients who used the service in order to provide individual care and treatment.

Our findings

Respect, Dignity, Compassion & Empathy

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

The practice had a room next to the reception area which staff told us could be used for patients who wished to discuss confidential issues. We noted a small sign on the reception side panel which indicated the use of this room. However, it was positioned in an area that would not be spotted easily by patients.

Patients told us that GPs, nurses and reception staff were kind and caring. They commented on the supportive approach of staff. Patients felt they were in good hands. The last survey carried out by the practice recorded that 99% of patients felt they were treated with dignity and respect.

Involvement in decisions and consent

The practice has a virtual patient participation group (PPG). We met with a representative from this group on the day of the inspection. They spoke positively about the relationship patients had with staff from the practice. The feedback from patients included they felt involved in planning and making decisions about their care and treatment. GPs and nurses communicated well and took time to explain things during consultations and treatment.

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

We saw information used by nurses to assist with explaining health and welfare options to patients who had communication difficulties. For example, we spoke with a practice nurse who told us they made use of easy read information, pictures and large print documents to support patients with a learning disability. The practice had access

Are services caring?

to translation and chaperone services to support patients. The practice had taken steps to involve patients, who for language or cultural beliefs may have found it difficult to get involved in making decisions for themselves.

As part of this inspection we asked patients who used the service to complete comment cards regarding the care and treatment they had received. We received twenty-one completed cards. All of the comments regarding care and treatment were positive and demonstrated that people were satisfied with the care they had received. Four patients who had completed a comments card told us they felt the only issue with the practice was with appointments and the difficulty at times to get an appointment on the day.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

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

Our findings

Responding to and meeting people's needs

The lead GP and practice manager told us that services to patients were designed and considered in relation to the local population need. The practice had developed local arrangements with support services for patients with health conditions, in areas such as mental health. Links had been made with support groups for patients with dementia, learning disabilities and young mothers and carers. The practice worked with other healthcare professionals to ensure patients' needs were met. For example regular meetings were held with multi-disciplinary teams to discuss and coordinate care and treatment.

We saw information to demonstrate that the practice was taking steps to improve access. They had extended opening hours, increased the number of staff handling calls in the morning and introduced online appointment booking.

The practice made use of translators and trained chaperones to assist patient's access to consultations and treatment. We were told that there was regular use of translation services.

Access to the service

There was a range of appointments available to patients every day between the hours of 8.30am and 6.30pm. This included urgent and routine appointments, telephone consultations and appointments with the practice nurses or healthcare assistant. The practice provided extended hours appointments to patients on Monday and Tuesday evenings until 8pm to respond to the needs of working patients, these could be booked in advance. The GP and practice manager told us they kept the opening hours and access to appointments under review.

The most recent patient survey carried out by the practice in March 2014 recorded that 85% of 261 patients who responded got to see or speak with a GP on the day.

The practice was accessible to patients with limited or restricted mobility. The entrance had level access with automatic doors, a lift was available, doors were wider and toilet facilities that were suitable for disabled people to use were available.

Are services responsive to people's needs?

(for example, to feedback?)

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

Concerns & Complaints

Patients had their comments and complaints listened to and acted on. The practice had a complaints policy and procedure. This was displayed on the notice board in the waiting area, in a patient information leaflet and on the practice website. A downloadable patient information leaflet was also on the website. The staff we spoke with were aware of the complaints procedure and told us how they would support a patient wishing to make a comment or complaint.

Patients' complaints were fully investigated and resolved, where possible, to their satisfaction. We looked at the complaints records and found information to be documented well. The practice had investigated the concerns raised by patients or their representative and responded in accordance with their complaints policy. We also reviewed the complaints log and found learning and action points were discussed at practice meetings. The practice manager had a system to ensure the actions were completed in a timely manner.

Are services well-led?

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

Summary of findings

The practice was well led. Staff were clear about their areas of responsibility and they had clear job roles. The GP partners and practice management had formed a strong and visible leadership team.

Systems were in place to manage risk and monitor the quality of the service however the practice did not have a quality assurance and governance structure in place to ensure the vision, values and development of the practice was set out.

Our findings

Leadership & Culture

All of the staff, both GPs and nursing staff, the practice manager and administrative staff spoke of a practice that was inclusive, transparent and open. We saw evidence of clear and supportive communication within the practice. Staff felt supported to develop their skills and knowledge. We were told by staff that they were able to contribute to the running of the practice and that the management team had an open door approach.

Governance Arrangements

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

Systems to monitor and improve quality & improvement

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

The practice manager and lead GP discussed how they monitored all of these audits including bench-marking programmes used by the service. They recognised while examining all of these individual processes that they did not have a quality assurance policy to bring all of these

Are services well-led?

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

individual aspects together. The practice did not have formalised mission or practice statements. They did not have a quality assurance policy. The lack of a clear policy to bring all of the audits and information together meant that the practice was at risk of an inconsistent approach to responding to changes in the performance of the practice.

Patient Experience & Involvement

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

The patient participation group (PPG) representative told us how the practice strived to involve patients from all sections of the community to make a contribution to developing the practice. The March 2014 patient survey recorded that 99% of patients trusted their GP and 100% trusted the nursing staff. This survey also recorded that 89% of patients felt their GP was good or very good at involving them in decisions about their care and treatment. Of the remaining 11% most (10%) responded that the experience was neither good nor bad.

Staff engagement & Involvement

Staff told us that they were involved in the running of the service through regular practice meetings. They felt that they were listened to and supported to make a contribution. Nurses with particular leads in the practice told us that they were able to make comments, suggest changes and take part in developing the service.

Staff told us they did not have supervision however, they did not feel that that support was lacking in the service. They told us that communication was good, they had regular meetings and the senior staff were approachable. Annual appraisals took place for all staff and the records we saw confirmed this. Staff told us that these were important and a useful meeting to plan for the year ahead.

The practice manager told us that additional one to one meetings would be arranged for if staff requested them or if there were concerns or support needs identified.

Learning and improvement

We were told by the practice manager that they used the comments received from the patient survey, individual suggestion forms left at the practice and direct feedback from the patient participation group members to help improve the practice. For example, the practice increased the number of staff answering the telephones and increased online appointment booking in response to patient feedback.

Identification & Management of Risk

We saw policies and procedures for the management of risk within the practice. These were reviewed on a regular basis. Staff told us that alerts from external sources such as faulty medical devices were received and acted upon. We saw evidence to confirm that steps were taken to ensure patients were not placed at risk. The practice also took action when faulty equipment was discovered.

Regular audits of infection control, equipment and medicines took place to ensure patient safety. We saw that the practice had health and safety risk assessments in place and an external company had been commissioned to undertake this assessment. Plans were in place to reduce the risk to staff and patients.

Older people

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

Summary of findings

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

Our findings

Safe

Staff were able to demonstrate they understood the risks for this group of patients. They told us about multi-disciplinary meetings being held to ensure people had appropriate care and treatment. The patient participation group (PPG) representative told us that the practice worked closely with other agencies to ensure patients received holistic support.

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

Caring

Patients told us they had been with the practice for many years and found the staff to be caring and kind. Feedback from the patient participation group (PPG) representative told us that the practice responds well to the needs of older people with dementia supporting the individual and their families appropriately. The practice worked in collaboration with multi-disciplinary agencies in the delivery of care and treatment. Practice meetings were held to discuss proactive approaches to meeting the needs of an aging community.

People with long term conditions

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

Summary of findings

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

Our findings

Effective

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

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

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

Responsive

We received positive comments from patients with long term conditions on the steps staff had taken to ensure referrals for treatment were made and followed up in a timely way.

Mothers, babies, children and young people

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

Summary of findings

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

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

Our findings

Safe

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

There were systems in place in the practice to identify children at risk or families with concerns. A list of identified individuals was reviewed and discussed at regular meetings. The staff monitored attendance at the practice and any non-attendance was followed up.

Caring

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

Effective

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

Working age people (and those recently retired)

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

Summary of findings

The practice was taking steps to improve access to appointments for people of working age.

Our findings

Responsive

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

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

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

Summary of findings

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

Our findings

Effective

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

Responsive

Patients whose first language was not English were supported by the practice. Patients and staff could arrange support from a local translation service. Patients were also offered longer appointments. For example, appointments with patients with a learning disability automatically were set at 30 minutes. This meant that the GP or nurse had more time to identify the concerns and provide suitable support and treatment and communication was not a barrier to receiving good care.

The practice had developed good working relationships with the community nursing team, who provided additional support for patients who found it difficult to attend the practice. Patients told us that the practice were aware of their disability and responded well. For example, a patient who was deaf communicated using their computer as they would not be able to use the phone. We were told that the GP would come to greet them in the waiting room as they could not hear the announcements. The practice staff told us that a translation service was also available for typed correspondence.

People experiencing poor mental health

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

Summary of findings

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

Our findings

Effective

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

Responsive

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

Staff told us that had tailored service for people to ensure they maintained their contact with the surgery including a named GP contact who they could speak with over the phone if required.