

Matlock Road Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Matlock Road Surgery on 20 October 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. There was a strong focus upon providing a caring service at all levels within the practice.
- Although risks to patients who used services were assessed, some systems and processes to address

risks were not implemented well enough to ensure patients and staff were kept safe. For example in relation to emergency equipment, monitoring of medicines fridge temperatures and the clinical environment.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- Information about services and how to complain was available and easy to understand.

The areas where the provider must make improvements are:

- Implement policies and procedures to ensure medicines are safely stored and monitored.
- Ensure sharps bins are sited safely in order to minimise the risks to staff, patients and visitors to the practice.

Summary of findings

- Ensure there are clear and formal arrangements in place for the management of medical emergencies and for the assessment, monitoring and minimising of associated risks.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to ensure patients were safeguarded from abuse.
- Although risks to patients who used services were assessed, some systems and processes to address risks were not implemented well enough to ensure patients and staff were kept safe. For example, there was a lack of clear processes surrounding the management of medical emergencies. The practice did not have a supply of oxygen to enable them to respond to medical emergencies and had not undertaken a formal risk assessment to support this decision.
- The siting of sharps bins within the clinical room of the practice presented potential safety risks to staff and patients.
- The practice had not ensured they used a consistent approach to ensure medicines and vaccines were stored within the correct temperature ranges.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data showed that patients rated the practice higher than others for several aspects of care.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We observed a strong patient-centred culture within the practice.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available 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 evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. 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 was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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 worked closely with community teams to offer proactive, personalised care to meet the needs of the older people in its population. Older patients with complex care needs, for example, dementia and end of life care and those at risk of hospital admission, all had personalised care plans that were shared with local organisations to facilitate the continuity of care. The practice was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff held a key role 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 patients with the most complex needs, the named GP 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. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors. 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 good for all standard childhood immunisations. A flexible appointment system was offered to promote access to childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81.21%, which was comparable to the national average of 81.89%.

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. Daily telephone consultations and extended hours appointments on one evening each week ensured that working age people could access the care they needed. 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 homeless people and those with a learning disability. It offered longer appointments and carried out annual health checks for patients with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice ensured timely referral to urgent response services to ensure the changing needs of vulnerable patients were met. These included a community rapid response team and a roving GP service. Vulnerable patients were also provided with information 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). The practice had identified a lead GP to coordinate the care of patients with serious mental illness. They worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice provided patients with support to access various support groups and additional services. They worked closely with a specialist psychiatric nurse to provide support to patients within the practice. Patients experiencing depression and anxiety were encouraged by the practice to access support from a local community mental health rapid response service. Advanced care planning was carried out for patients with

Summary of findings

dementia. There were systems in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

Patients told us they were very satisfied overall with the practice. Comments cards had been left by the Care Quality Commission (CQC) before the inspection to enable patients to record their views of the practice. We received 102 comment cards which contained positive comments about the practice. We also spoke with six patients on the day of the inspection which included members of the Patient Participation Group (PPG).

Patients told us that they were respected, well cared for and treated with compassion. Patients described the excellent service they received from the practice which often exceeded their expectations. Patients told us they were given advice about their care and treatment which they understood and which met their needs. They described the GPs and nurses as highly supportive and caring and told us they always had enough time to discuss their medical concerns. Several patients described the high levels of support and care they received in managing multiple and complex long term conditions.

We reviewed recent GP national survey data available for the practice on patient satisfaction. The national GP

patient survey results published in July 2015 showed the practice exceeded the local and national averages. There were 112 responses which represented a response rate of 44%.

- 93% found it easy to get through to this practice by phone compared with a CCG average of 76% and a national average of 73%.
- 89% found the receptionists at this practice helpful compared with a CCG average of 89% and a national average of 87%.
- 88% described their experience of making an appointment as good, with a CCG average of 76% and a national average of 73%.
- 95% were able to get an appointment to see or speak to someone the last time they tried, with a CCG average of 88% and a national average of 85%.
- 94% of patients described their overall experience of the practice as good, with a CCG average of 85% and a national average of 85%.
- 90% of patients said would recommend the practice to someone new to the area, with a CCG average of 78% and a national average of 78%.

Areas for improvement

Action the service MUST take to improve

- Implement policies and procedures to ensure medicines are safely stored and monitored.
- Ensure sharps bins are sited safely in order to minimise the risks to staff, patients and visitors to the practice.
- Ensure there are clear and formal arrangements in place for the management of medical emergencies and for the assessment, monitoring and minimising of associated risks.

Matlock Road Surgery

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 and a practice manager specialist advisor.

Background to Matlock Road Surgery

Matlock Road Surgery offers general medical services to approximately 3,000 registered patients within a residential area of Brighton and Hove. The practice had recently worked closely with other local practices in order to accommodate additional patients following the closure of a nearby practice. As a result, the practice list size had been capped at the time of our inspection in order to ensure the practice was able to manage and identify a maximum number of registered patients.

The practice delivers services to a higher number of patients under the age of 18 years when compared with the national average. The practice provides services to patients over the age of 65 years and patients over the age of 85 years, in numbers which mirror the national averages for those age groups. Care is provided to patients living in nearby residential facilities and a local hospice. Data available to the Care Quality Commission (CQC) shows the number of registered patients suffering income deprivation is below the national average.

Care and treatment is delivered by two GP partners. One of the GPs is female and one is male. The practice employs

one practice nurse and utilises the services of one locum practice nurse. GPs and nurses are supported by the practice manager, an assistant practice manager and a team of reception and administration staff.

The practice was subject to a previous inspection on 30 May 2014. At this inspection we found that the practice was not meeting some of the legal requirements and regulations associated with the Health and Social Care Act 2008. We found that appropriate recruitment checks on staff had not been undertaken prior to their employment and that the practice had not ensured the safe storage of sharps bins. Following our inspection on 30 May 2014, the practice sent us an action plan detailing what they would do to meet the regulations. The practice did not receive a rating for its services following this inspection.

The practice is a GP training practice and supports undergraduates and new registrar doctors in training.

The practice is open between 8.30am and 6.00pm Monday to Friday. Extended hours appointments are offered on alternate Tuesday and Wednesday evenings until 7.30pm.

Services are provided from:

10 Matlock Road, Brighton, East Sussex, BN1 5BF.

The practice has opted out of providing out of hours services to its own patients and uses the services of a local out of hours service, IC24.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme and following our inspection on 30 May 2014, to confirm that the provider now met the regulations.

Detailed findings

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 October 2015. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and family members
- Reviewed the personal care or treatment records of patients.
- Reviewed 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?
- 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)

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.

Are services safe?

Our findings

Safe track record and learning

We saw that the practice was able to demonstrate how they maintained patient safety. The practice used a range of information to identify risks and improve patient safety. For example, reported incidents, significant events and national patient safety alerts, as well as comments and complaints received from patients and staff. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. They were aware of what constituted a significant event and who to report these to.

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 within the practice. For example, following one incident the practice had reviewed and revised its guidelines for staff regarding the use of email and distribution lists. Staff had received training in relation to the new guidelines and in order to ensure learning from the incident. National patient safety alerts were dealt with by the practice manager and the GP partners. They were circulated to staff as necessary. We looked at recent alerts and saw that they had been dealt with in accordance with the instructions within the alert. We saw evidence that alerts were discussed at meetings.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults 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. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role. However, reception and administrative staff who acted as chaperones had not been subject to a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice manager told us they had undertaken a formal risk assessment to support this decision and the practice policy specified that staff acting as chaperones were not left alone with patients.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address some improvements identified as a result.
- At our last inspection in May 2014 we found the practice had not ensured the safe storage of sharps bins. Sharps bins which contained used needles had been kept in a clinical room which could not be locked when unattended. At this inspection we noted that a coded lock had been fitted to the door. However, we found that the clinical room was highly cluttered and presented risks to both staff and patients. Sharps bins which were in use were not sited safely. We found that one sharps bin was stored on the floor of the room whilst another was balanced on a low level ledge which divided the room into clinical and administrative areas. Both bins presented a high risk of being knocked over and causing injury if their contents were spilled. A third sharps bin was stored on a work surface directly below a wall mounted unit. This provided staff with only a few centimetres of space to insert used sharps items and presented a risk of injury. The need to ensure sharps bins were securely wall-mounted had been identified within an infection control audit dated July 2015 but no action had been taken in this regard.
- The majority of arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).

Are services safe?

However, we noted that the practice had recently revised their processes for monitoring the temperatures of fridges used to store medicines and vaccines. Practice staff recorded the actual temperature of the fridges at the time of recording but had not monitored and recorded the temperature range of the fridge within the previous 24 hours as required. This meant that the practice could not be sure that those medicines were safe for use and patients may have been at risk of harm when vaccines had been administered to them. Immediately following our inspection the practice provided evidence to demonstrate that they had recorded the monitoring of fridge temperatures as a significant event and had held an urgent meeting to discuss actions required and revisions to their processes.

- The practice implemented a protocol for repeat prescribing which was in line with national guidance. The protocol complied with the legal framework and covered all required areas. For example, how staff who generate prescriptions were trained and how changes to patients' repeat medicines were managed. Reviews were undertaken for patients on repeat medicines. All prescriptions were reviewed and signed by a GP before they were given to the patient.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed personnel files and found 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.

Monitoring risks to patients

Although risks to patients who used services were assessed, some systems and processes to address risks were not implemented well enough to ensure patients and staff were kept safe. For example with regards to the safe siting of sharps bins and the monitoring of medicines fridge temperatures. However, other risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment had been checked in September 2015 to ensure the equipment was safe to use. Clinical equipment had been checked and calibrated in September 2015 to ensure it was working properly. We saw that the latest health and safety risk assessment had been carried out in August 2015. Health and safety information was readily available to staff. The practice had assessed the risks associated with exposure to legionella bacteria which is found in some water supplies.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There were processes in place to ensure that enough staff were on duty. We saw, for example, that the practice utilised the services of one locum nurse to ensure cover when needed for the practice nurse they employed. The practice also had a buddy arrangement with another nearby practice to provide additional support in the event of nurse absence.
- We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. For patients with long term conditions and those with complex needs there were processes to ensure these patients were seen in a timely manner. Staff told us that these patients could be urgently referred to a GP and offered longer appointments when necessary.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies and major incidents. However, procedures for dealing with medical emergencies were unclear and inconsistently understood by staff.

- 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 but did not have a supply of oxygen. The practice had not carried out a risk assessment to

Are services safe?

identify the risks associated with managing emergencies which required access to oxygen. Staff provided differing information in this regard. Practice nurses told us that an oxygen supply could be accessed from a dental practice which was located next door to the practice. However, the GP partners had no knowledge of this arrangement. One GP partner told us they felt a supply of oxygen was unnecessary due to the close proximity of the practice to an ambulance station. They told us the ambulance station was a ten minute drive away from the practice. The practice had pulse oximeters available which enabled them to assess breathless patients within the practice, such as those

experiencing an acute asthma attack. However, the practice was unable to demonstrate how they would respond to such an emergency without a supply of oxygen. There was 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 assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' 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 used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.9% of the total number of points available, with 2.9% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed:

- Performance for diabetes related indicators were better than the national average. For example, 84.85% of patients with diabetes had a blood pressure reading in the preceding 12 months of 140/80mmHg or less, compared with a national average of 78.53%; the percentage of patients with diabetes whose last measured cholesterol was 5 mmol/l or less was 86.67% compared with a national average of 81.6%.
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average. For example, 90.88% of patients with hypertension had a blood pressure reading measured in the preceding 9 months of 150/90mmHg or less, compared with a national average of 83.11%.
- Performance for mental health related indicators was better than the national average. For example, 91.67% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with

a national average of 86.04% and the percentage of those patients who had a record of their alcohol consumption in the preceding 12 months was 100% compared with a national average of 88.61%.

- The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 83% compared with a national average of 83.83%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. 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, the practice had carried out a completed audit cycle to review the prescribing of a particular antidepressant medicine following a safety alert relating to an increased risk of electrical abnormalities of the heart. The practice had carried out a review of all patients prescribed the medicine to ensure they had undergone appropriate investigation prior to receiving the medicine. The practice had implemented and identified improvements to prescribing practices as a result of the completed audit cycle.

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, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. The practice nurse told us that the practice was highly supportive of ongoing training and continuous professional development.
- 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 ongoing support

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice was a GP training practice and supported undergraduates and new registrar doctors in training. One GP partner had received a 'Best Teacher Award' from Brighton and Sussex Medical School.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people 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 ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis. Care plans were routinely and robustly reviewed and updated. We saw evidence of close liaison with other agencies, families and carers in reviewing and planning care and in decision making processes, particularly for patients receiving end of life care. The practice worked to Gold Standards Framework when co-ordinating patients' end of life care.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

The practice identified patients who may be in need of extra support. 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 nurse was a smoking cessation advisor and had recently undertaken updated training to support this role.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 81.21%, which was comparable to the national average of 81.88%. 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 were slightly lower than CCG and national averages. For example, childhood immunisation rates for the MMR vaccinations given to under two year olds was 73.7% with the national average being 85%.

Flu vaccination rates for patients aged 65 and over were 69.33% which was comparable with the national average of 73.24%. Flu vaccination rates for patients in the defined clinical risk groups were 47.06%, compared with a national average of 52.29%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

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 a strong patient-centred culture within the practice. Members of staff were courteous and helpful to patients both attending the reception desk and on the telephone and 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 consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. The reception desk and waiting area were in one room. Reception staff informed us that it was policy not to discuss patients at the desk and to ensure that paperwork was not left on display. They also told us that if a patient wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We reviewed GP national survey data for July 2015 available for the practice on patient satisfaction. The evidence from the survey showed patients were highly satisfied with how they were treated and this was with compassion, dignity and respect. The practice exceeded local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 96% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 94% 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%.
- 97% 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%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

We received 102 patient CQC comment cards. All were positive about the service experienced. Patients said they

felt the practice offered a good service and GPs and nurses were helpful, caring and treated them with dignity and respect. We also spoke with six patients on the day of our inspection. They also told us they were very 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.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results far exceeded local and national averages. For example:

- 95% 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%.
- 95% 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%.

The practice participated in the avoidance of unplanned hospital admissions scheme. There were regular meetings to discuss patients on the scheme and care plans were regularly reviewed with the patients. We saw that care plans were in place for those patients with long term conditions, those most at risk, patients with learning disabilities and those with mental health conditions.

We noted that the practice's QOF performance of 92% was above the national average for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a documented comprehensive care plan on file, agreed between individuals, their family and/or carers as appropriate, with the national average being 86%.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

The results of the national GP survey showed that 94% of patients said the last GP they saw or spoke to was good at treating them with care and concern and that 97% of patients said the nurses were also good at treating them with care and concern. The patients we spoke with on the day of our inspection and the comment cards we received told us that they thought that staff responded compassionately when they needed help and provided support when required.

The practice held a register of patients who were carers and new carers were encouraged to register with the practice. The practice computer system then alerted GPs and nurses

if a patient was also a carer. We saw written information was available for carers to ensure they understood the various avenues of support available to them. Notices in the patient waiting room and patient website signposted patients to a number of support groups and organisations. We saw examples of how the practice had provided help to carers including where to find additional support and how to access available funding.

Families who had suffered bereavement were routinely supported by their named GP who telephoned family members offering their sympathy and ongoing support and providing advice on how to access support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours appointments one evening each week for working patients who could not attend during normal opening hours.
- The practice ensured that all patients received a telephone consultation on the day one was requested.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and other patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- One GP partner within the practice was able to speak Cantonese. As a result, the practice provided care to a high number of patients from the local Chinese community. Staff also told us that translation services were available for patients who did not have English as a first language.
- The practice provided high levels of support for patients receiving end of life care and their families. The practice nurse had recently undertaken extensive training to support patients in end of life care.
- The practice worked closely with local residential facilities to provide care and support to young patients and adults with learning disabilities.
- The practice had identified a lead GP to coordinate the care of patients with serious mental illness. They worked closely with a specialist psychiatric nurse to provide support to those patients within the practice.
- Patients experiencing depression and anxiety were supported by the practice to access support from a local community mental health rapid response service.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Extended hours surgeries were offered on alternate Tuesday and Wednesday evenings until 7.30pm. There were online facilities for patients to book

appointments. In addition to pre-bookable appointments urgent appointments were also available for people that needed them. The practice provided a GP triage system for patients who requested an urgent appointment. The GP partners told us that all patients requesting a telephone consultation with their GP would receive a call on the same day. Patients we spoke with and the large number of comment cards we reviewed indicated that patients were able to access appointments when they needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable with or above local and national averages:

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 93% patients said they could get through easily to the surgery by phone compared to the CCG average of 76% and national average of 73%.
- 88% patients described their experience of making an appointment as good compared to the CCG average of 76% and national average of 73%.
- 95% patients said they were able to get an appointment or speak to someone the last time they tried compared to the CCG average of 88% and national average of 85%.

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. The practice manager was the designated responsible person who handled complaints within the practice.

We saw that information was available to help patients understand the complaints system on the practice's website and via a complaints leaflet held at reception. A suggestion box was available within the patient waiting area which invited patients to provide feedback on the service provided, including complaints. None of the patients we spoke with told us that they had ever made a complaint.

We looked at the complaints received by the practice within the last 12 months and found these were all discussed, reviewed and learning points noted. We saw these were handled and dealt with in a timely way. We noted that lessons learned from individual complaints had

Are services responsive to people's needs? (for example, to feedback?)

been acted upon. The practice held regular meetings where complaints were discussed and relevant learning was disseminated to staff. We saw evidence of actions taken in response to complaints raised.

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 vision to deliver high quality care and promote good outcomes for patients. We found details of the aims and objectives and values in their statement of purpose. The practice aims and objectives included to provide high quality, safe, professional services, to be a learning organisation which continually improves and to work in partnership with patients, their families and carers involving them in decision making about their treatment and care.

The two GP partners told us they were a highly stable and long standing partnership with a commitment to performing their role with a passion. They told us they were committed to ensuring that this culture was reflected across all levels of the practice team. We spoke with eight members of staff and they all knew and understood the practice values and knew what their responsibilities were in relation to these. Staff spoke very positively about the practice and were motivated to succeed.

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.

Leadership, openness and transparency

The practice had identified leads for key roles within the practice. These included governance, safeguarding, mental health and infection control. 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 took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

There was a clear leadership structure in place and staff felt supported by management. Staff told us that regular team meetings were held and minutes were available to read if staff could not attend for any reason. All staff had the opportunity to contribute to suggestions for the agenda prior to the meeting. Topics such as significant events, training and changes to practice policies were discussed. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported.

The GP partners told us that they met twice weekly to discuss all patients they had seen in the intervening period. The partners told us that this was of high importance to them in ensuring they were kept up to date with regards to every patient visiting the practice. The practice nurse told us they also met with the GP partners on a weekly basis to discuss each patient they had seen.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. It had gathered feedback from patients through its virtual patient participation group (PPG) and through surveys and complaints received. The virtual participation group received regular information from the practice via email or letter. They were encouraged to work with the practice to provide their views on the services provided and to support service improvements. Details of the PPG, the practice's correspondence with them and patients survey results were available on the practice website.

We saw that the practice had developed an action plan in response to the results of the most recent patient survey in March 2015. For example, the practice had taken steps to ensure improved information sharing with patients around appointment booking processes. Online appointment bookings and repeat prescription requests had been introduced.

Are services well-led?

Good 

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

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. For example, one staff member had identified the need for additional staff support on one particular evening during the week. This suggestion was reviewed and supported by the partners. We saw that the practice manager had implemented a process whereby staff were encouraged to identify concerns or areas for

improvement by posting their ideas on a board entitled 'Where is the pain'. Improvements had been made to the telephone system and to correspondence processing and scanning processes as a result.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and worked closely with the local cluster group of practices to provide proactive care.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the registered provider had not always ensured that effective systems were in place to assess the risks to the health and safety of service users of receiving care or treatment and had not always done all that was reasonably practicable to mitigate such risks.</p> <p>We found that the registered provider had not ensured the proper and safe management of medicines.</p> <p>This was in breach of regulation 12 (1) (2) (a) (b) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>