Montpelier Surgery

Quality Report

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

Summary of findings

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Summary of findings

Overall summary

Montpelier Surgery provides primary medical services from Monday to Friday for patients living in central Brighton. The practice is open from 8am till 6.30pm Monday to Friday, except on Mondays where the practice remains open till 8pm and Wednesday morning where the practice opens from 7.30am to accommodate those patients who work. The practice is also open every other Saturday. At the time of the inspection the practice had a patient list of 6,400. We were informed the practice was currently not accepting new patients.

The practice is run by two partner GPs. However, at the time of the inspection only one partner was registered with the Care Quality Commission. We were informed that the second GP was in the process of registering and we saw evidence of this. The practice was also supported by two salaried part time GPs, a practice nurse, a healthcare assistant, a team of reception, administrative staff and a practice manager.

On the two days of inspection we spoke with five administrative staff and three clinical staff members. This included the two partner GPs, the practice nurse and the practice manager. We were informed before the inspection date of the 4 June 2014 that a partner GP and practice manager would be unavailable. We therefore interviewed them before the inspection on 21 May 2014. During the inspection of 4 June 2014 we spoke with 11 patients who were visiting the practice on the day. We gained the views of the virtual patient participation group (PPG) via e-mail and asked patients for their views through comment cards left at the practice. We received 24 comment cards and received only two negative comments.

Patients we spoke with told us they felt respected, treated with dignity and were given appropriate information. The results of the Care Quality Commission comment cards showed that patients thought highly of the practice. There was praise for the practice nurse and reception staff. They also told us they had no concerns with getting appointments.

We spoke with a member of the clinical team who was appointed infection control lead. They were responsible for overseeing infection control at the practice and we saw evidence they had recently completed an infection control audit in April 2014. Patients were protected from risks associated with medicines due to there being correct procedures in place. We viewed the practices' policies and procedures and found these to be up to date and appropriate. Staff were aware of safeguarding children and vulnerable adults and knew who to speak with if they had any concerns.

Staff told us although the practice had been through a recent leadership change, they still felt valued and appreciated. Staff received appropriate training and had their performance reviewed at annual appraisals. We saw evidence of team meetings where all staff were able to voice opinions and concerns. We saw these meetings also allowed for the cascade of information and gave opportunities for learning from events within the practice.

The practice had completed a patient survey and had responded to patients' comments. The complaints procedure was on display in the waiting room and we saw evidence that complaints were handled appropriately and in a timely manner.

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 service was safe.

The practice had a safeguarding lead and staff had received recent training in safeguarding children. Staff we spoke with during the inspection were able to explain safeguarding procedures and understood their roles and responsibilities. The practice had fortnightly clinical meetings with the nurse and GPs to discuss different cases and individual patients. The practice had appropriate arrangements in place for the management of medicine. Staff were trained and able to respond to emergencies. Emergency medicines and equipment were in date and easily accessible. The practice had cleaning schedules in place and completed infection control audits. However, we found some carpets in non-clinical areas were worn and frayed. We were informed that maintenance and new projects had been placed on hold due to the practice intentions to move to bigger premises which could also accommodate patients with restricted mobility.

Are services effective?

The service was effective.

We found care and treatment was delivered in line with recognised practice standards and guidelines. We saw evidence that staff were suitably trained and qualified for their roles. Staff told us they had opportunities to request additional training to further develop their skill base. We saw on display in the waiting area, a range of health promotion literature for patients to read. The practice engaged with partner agencies to co-ordinate care to meet patient's needs. For example, we saw evidence that multi-disciplinary team meetings were held with partner agencies such as the palliative care team.

Are services caring?

The service was caring.

Patients we spoke with told us that staff at Montpelier Surgery were helpful, caring and compassionate. Comments left via the Care Quality Commission comment cards also spoke highly of the staff and their attitude towards patients. We spent time in the waiting room and observed staff talking with patients and answering calls. We found staff to be respectful and friendly to their patients. Patients were made aware of the chaperone service available and could request to see a GP of the same sex as themselves. Due to the waiting room and reception area being combined staff told us that maintaining confidentiality could be hard at the reception desk.

Summary of findings

However, staff told us practical ways in which they tried to ensure patient confidentially. This included promoting the use of the computerised booking in system, so patients could book in privately. The practice had worked closely with interpretation services for patients whose first language was not English.

Are services responsive to people's needs?
The service was responsive to patients needs.

Patients could book on-line appointments or book with a receptionist either by person or via the telephone. Appointments were available each day as well as emergency appointments. For emergency appointments patients were not given a timed appointment but were seen after the main practice times. To accommodate those patients who may not be able to attend during working hours, the practice opened earlier on a Wednesday and remained open later on a Monday as well as opening alternate Saturday mornings. We saw there was a complaints procedure on display for patients. We saw evidence that complaints were investigated fully and responded to in a timely manner. The practice ensured they learnt from any concerns raised by patients and therefore took complaints seriously. The practice had a virtual patient participation group (PPG). This means that the group communicated by e-mail and did not attend meetings in person.

Are services well-led?
The service was well-led.

The practice was going through a period of change within the leadership team. We were informed that recently there had been a change in GP partners and key staff had left and been replaced. At the time of the inspection the practice manager was in the process of leaving. Staff informed us that because of structures in place patients had been unaffected and their patient list had remained the same. Staff told us they felt valued and supported by the partners. They told us they were able to speak openly and had received an annual appraisal which they found useful. We saw evidence of minutes from team meetings where information regarding the practice was discussed, as well as patient feedback and training. We saw on display in the waiting room information regarding the patient participation group (PPG). The practice had completed a patient survey and we saw that an action plan had been created from comments received regarding the practice.

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

Older patients were seen annually, or sooner depending on the complexity of their needs, by the nursing team for health checks and to review medicines. Nursing staff were trained and experienced in providing care and treatment for medical conditions affecting older people. This included diabetic reviews, blood tests and blood pressure monitoring.

Flu vaccinations were routinely offered to older patients to help protect them against the virus and associated illness.

We found the practice to be caring in the support it offered to older patients and their carers or families. Staff told us they felt the practice was well-led in relation to improving the provision of the service for patients and their families who were receiving end of life care.

People with long-term conditions

The practice cared for patients with long term conditions including asthma, diabetes, and heart disease. Patients were able to book routine appointments with the practice nurse or a GP for monitoring and treatment of their conditions.

The practice supported patients with long term conditions such as respiratory disease and diabetes by offering screening, treatment and information. Regular clinics were held for patients with long term conditions. Nurses and GPs advised patients, and provided them with information, on the management of their long term condition and signposted them to relevant support organisations.

Mothers, babies, children and young people

The practice had a named GP lead for safeguarding concerns regarding children and vulnerable adults. Practice staff had received training relevant to their role. Staff were required to read the practice's safeguarding policies and procedures and we saw these were readily available. Staff were able to demonstrate what would constitute a safeguarding issue and who to report this to. We saw information regarding the local authority's safeguarding procedures was visible to staff to review.

The practice held child health clinics, and made checks on new babies and provided an immunisation programme.

Summary of findings

The working-age population and those recently retired

The practice opened late one evening and early one morning a week as well as alternate Saturday to provide a more accessible service for patients who were working during the day. Appointments could be booked on line and patients were able to request a GP to call them instead of attending the practice. Patients were also able to use the on-line repeat prescription service. The practice remained open during the lunch period for patients to make appointments or receive test results.

Flu vaccinations were routinely offered to the working age population and those recently retired to help protect them against the virus and associated illness. The practice also offered travel advice and vaccinations.

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

The practice provided relevant care to patients in vulnerable circumstances who may have poor access to primary care.

Translation services were available for patients who did not use English as a first language.

Staff told us patients were treated according to their individual needs and received safe, effective care. Patients told us they were always treated with dignity, respect and kindness.

People experiencing poor mental health

The practice offered relevant care to patients experiencing mental health problems. The practice worked with statutory mental health and social care teams to ensure patients experiencing mental ill health received appropriate support. GPs were able to make direct referrals to these services.

We saw on display in the waiting area, a range of supporting information regarding local support services and clinical staff signposted patients to relevant support organisations.

Summary of findings

What people who use the service say

Patients who used the practice told us Montpelier Surgery met their healthcare needs and that GPs, nurses and administrative staff treated them with respect. They were able to discuss their treatment choices and were able to maintain their privacy and dignity.

They told us they were able to get emergency appointments when needed. Some patients told us they had called that morning and had been able to get an appointment on the same day. Other patients told us they had been waiting one week to see the GP of their choice. One patient told us they had used the on-line booking system.

Patients told us they were able to discuss their medical conditions in a safe environment and had confidence in the GPs and nurses. They told us they felt supported and received good care. A few patients comments they did not feel rushed while talking with staff.

Some of the patients had been registered with the practice for a number of years and told us the practice had supported all of their family members.

Administrative staff were praised as being kind and the nurses as providing exceptional care. Comments we received regarding the GPs included, approachable, caring and sympathetic.

Areas for improvement

Action the service COULD take to improve

- The practice could undertake a health and safety review of the building to ensure the premises are safe for staff and patients.
- The practice could ensure they find a new battery supplier for the portable automated external defibrillator.
- The practice could ensure there is a sustainable long term contingency plan in place whilst recruiting for the practice manager position.
- The practice could ensure that health questionnaires are completed for new members of staff to ensure staff are mentally and physically fit to do the required role.
- The practice could ensure the patient participation group is widely advertised to help maintain patient involvement in the group.

Montpelier Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission Lead Inspector and a GP specialist advisor. The team included an expert by experience. An expert by experience is somebody who has personal experience of using or caring for someone who uses a health, mental health and/or social care service.

Background to Montpelier Surgery

Montpelier Surgery provides primary care for people living in central Brighton. It currently holds a patient list of 6,400 patients. The practice had currently stopped new patients registering due to being unable to accommodate new patients. The practice premises are situated in a conservation area of Brighton and was not custom built. The practice is within the Brighton and Hove Clinical Commissioning Group Area.

The practice did not have disabled access but was able to accommodate those patients with restricted mobility by using ground floor clinical rooms. The ground floor toilet had a step into the room and therefore would be unsuitable for patients using wheelchairs. There was a second patient toilet on the first floor which had baby changing facilities. On the ground floor were three clinical rooms, a reception and combined waiting room and a staff area behind reception. Upstairs were a further two clinical rooms and offices for staff. There was a basement level which was for staff only and consisted of a staff room and kitchen, the practice manager's office and a staff toilet. The practice informed us they were looking for new premises which would be better suited to accommodate their patient's needs, including those who used wheelchairs.

Why we carried out this inspection

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

How we carried out this inspection

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 patients and what good care looks like for them. The population groups are:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problem.

Detailed findings

Before visiting, we reviewed a range of information we hold about the practice. We also asked other organisations, such as local Healthwatch, NHS England and the clinical commissioning group, to share what they knew about the practice.

We carried out a pre-visit due to staff availability on 21 May and an announced visit on 4 June 2014. We spoke with and interviewed the practice manager, two partner GPs, a practice nurse, and administration staff. We also spoke with 11 patients who used the service. We also reviewed 25 Care Quality Commission comment cards, which patients had completed. These had been made available in the reception area of the practice a few weeks before the inspection date. We reviewed the practice's policies and procedures in relation to the provision of services.

Are services safe?

Summary of findings

The practice had a safeguarding lead and staff had received recent training in safeguarding children. Staff we spoke with during the inspection were able to explain safeguarding procedures and understood their roles and responsibilities. The practice had fortnightly clinical meetings with the nurse and GPs to discuss different cases and individual patients. The practice had appropriate arrangements in place for the management of medicine. Staff were trained and able to respond to emergencies. Emergency medicines and equipment were in date and easily accessible. The practice had cleaning schedules in place and completed infection control audits. However, we found some carpets in non-clinical areas were worn and frayed. We were informed that maintenance and new projects had been placed on hold due to the practice intentions to move to bigger premises which could accommodate patients with restricted mobility.

Our findings

Safe patient care

There were clear procedures in place for the reporting of safety incidents or allegations of abuse. Staff we spoke with could describe their role in the reporting process to either senior staff or external agencies. The practice's policies and procedures were available for staff to review. Staff spoken with understood the importance of ensuring these were read and understood, to minimise risks to patients. We noted that policies included infection control, confidentiality and the storage of medicines.

We saw a form the practice had devised for recording information for patients to pass to the reception team when booking follow-up appointments. The practice had implemented this to assist with confidentiality and to reduce any potential scope for confusion for patients by ensuring patients booked the correct follow-up appointment. For example, the form could indicate a fasting blood test needed to be booked in a week's time.

We saw evidence of clinical meetings held fortnightly where discussion could be had on specific cases or patients. GPs and nurses told us they were able to openly discuss patients in a safe environment to ensure patients were receiving safe, effective care.

Learning from incidents

Staff informed us there was an open, honest and transparent working environment. They told us they had plenty of opportunity to discuss any concerns or incidents during team meetings. They told us the meetings allowed for group discussions and learning from incidents. We were given an example of a complaint made by a patient. We saw evidence the complaint was discussed within a team meeting and in response additional training in equality and diversity was given to staff. GPs and nurses also informed us they used critical incidents, never events and allergic reactions as learning points in their discussions.

Safeguarding

We reviewed the practice's policies on safeguarding children and vulnerable adults. These were up to date and relevant. Staff we spoke with were aware of how to access these and were clear about their roles and responsibilities. Staff were able to give examples of signs of abuse and the action they would take in the event of a safeguarding matter. One of the partner GPs was the safeguarding lead

and all staff were aware of who to speak to if they had any concerns. We saw evidence staff had been recently trained on safeguarding and all were confident that senior staff would take any concerns they had seriously.

We saw throughout the practice notices advising staff of actions to take and the names and contact numbers of the relevant bodies, should they need to raise a safeguarding alert.

Staff informed us there was a whistleblowing policy. Staff were clear what the policy was for and told us they would not hesitate to report matters if they felt patients were at risk.

Monitoring safety and responding to risk

The practice had a system for monitoring risk. For example, infection control audits were completed to ensure patients were protected from the risk of infection. We saw the practice had smoke detectors positioned around the practice, which had been serviced in April 2014.

Future plans for the practice including moving to bigger premises which could accommodate patients with restricted mobility. This was recognised due to the growing patient list size and accessibility requirements for their patients.

Sections of the carpet in staff areas were old and frayed, although the risks had been minimised these could lead to a potential trip hazard. We noted behind the reception desk and in an upstairs office potential health and safety issues with the placement of cables. We spoke with one of the partner GPs who told us they would complete a health and safety walk around which would highlight potential hazards.

Medicines management

We spoke with the practice nurse who was the lead for the management of medicines. Their role was to ensure that medicines were stored securely and were in date and ready for use. We saw expiry dates were checked on a regular basis and only appropriate staff had access to them. The practice nurse also checked the temperature of the fridge for vaccines which needed to be stored below a certain temperature and we saw evidence this was recorded on a regular basis.

We spoke to staff regarding prescriptions. We were told patients were unable to request repeat prescriptions via the telephone. Prescription requests needed to be in writing and could be done on-line or in person. Prescriptions required 48 hours notice before patients were able to collect them. This allowed time for the GP to review and authorise the medicines request. We were told the computer systems used by the practice reminded GPs of annual reviews needed for medicines or if medicines prescribed were for a limited time.

Cleanliness and infection control

The practice nurse was the lead for infection control. The practice employed an outside company to clean the practice. We saw evidence of daily, weekly and monthly cleaning schedules which had been signed to evidence it had been completed. The infection control lead had completed an infection control audit in April 2014 of which minor concerns and suggestions had been raised. We were told by the practice manager these were being drawn up into an action plan so they could be addressed. A second audit was planned to check that the concerns had been dealt with in a timely manner.

We saw there were notices above sinks for both patients and staff in hand washing techniques. There were dedicated hand wash basins, which contained liquid soap and paper towels. There was also a supply of alcohol gel available in clinical rooms. Clinical rooms were clean, tidy and free from clutter.

Patients we spoke with had no concerns over the cleanliness of the practice.

Staffing and recruitment

The practice had only recruited two new members of staff since registering with the Care Quality Commission. We reviewed their recruitment files and found these contained the correct information required. This included a full employment history and picture identification checks. Suitable references had been undertaken. We noted in the files reviewed that no health questionnaires had been completed to ensure staff were mentally and physically fit to do the required role.

Staff we spoke with informed us they went through a formal induction period and shadowed another member of staff. They told us and we saw evidence they had received appropriate training for their roles. The GPs and nurses registration with their professional bodies, such as the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC), were also checked by senior management.

Are services safe?

Dealing with Emergencies

We saw that emergency medicines and oxygen were available in a central location at the practice in case of a medical emergency. These were checked by the practice nurse to ensure they were in date and working correctly. We saw evidence that medicines were within their expiry dates. All staff had received training in Basic Life Support (BLS) and we saw training certificates which evidenced this.

The practice had a contingency plan in case of emergencies. The contingency plan mapped out what the practice would do in the case of an adverse event. For example, if there was a major incident or if they were unable to use the building.

Equipment

Patients were protected from unsafe or unsuitable equipment. We saw evidence that equipment was regularly serviced. This included blood pressure monitors, weighing scales and thermometers. We also saw that fire equipment was regular maintained and serviced. Electrical items underwent an annual electrical safety test and the practice had recently taken water samples to check for legionella.

The practice had a portable automated external defibrillator or AED. This device provides an application of electrical therapy, allowing the heart to re-establish an effective rhythm. However, we were informed that although the device could be used, it was showing a low battery and the practice had yet to find a supplier for a new battery.

Are services effective?

(for example, treatment is effective)

Summary of findings

The service was effective.

We found care and treatment was delivered in line with recognised practice standards and guidelines. We saw evidence that staff were suitably trained and qualified for their roles. Staff told us they had opportunities to request additional training to further develop their skill base. We saw on display in the waiting area, a range of health promotion literature for patients to read. The practice engaged with partner agencies to co-ordinate care to meet patient's needs. For example, we saw evidence that multi-disciplinary team meetings were held with partner agencies such as the palliative care team.

Our findings

Promoting best practice

We found care and treatment was delivered in line with recognised practice standards and guidelines. GPs and nurses told us they kept up to date with new guidance, legislation and regulations. For example, National Institute for Health and Care Excellence (NICE) guidelines for long term condition management. The practice ensured GP and nurses were able to have study leave and were involved in clinical meetings and one to one discussions.

The practice used the Quality Outcome Framework (QOF) to measure their performance. QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice in their surgeries. The QOF data for this practice showed that it generally achieved good scores in areas that reflected the effectiveness of care provided. The local clinical commissioning group (CCG) data demonstrated that the practice performed in line with other surgeries and practices within the clinical commissioning group (CCG) area.

Management, monitoring and improving outcomes for people

The practice monitored the delivery of care and treatment to ensure it provided positive outcomes for patients. The practice undertook several audits and used the Quality and Outcomes Framework (QOF) to monitor the service being provided. QOF is a voluntary programme for all GP surgeries in England that detail the practices achievements. This is then financially rewarded annually. Overall the Quality and Outcomes Framework QOF reflected positive outcomes for patients. Both GPs explained to us how they carried out regular audits. We saw evidence of recent audits completed for prescribing, depression and infection control.

The practice manager informed us of a recent audit completed on the number of patients who had gone to Accident and Emergency (A&E) which could have been avoided. It was recognised that one patient needed additional support due to this audit and this was offered to them.

Staffing

Staff told us that one afternoon a month the practice closed for protected learning time (PLT). They told us these

Are services effective?

(for example, treatment is effective)

sessions were used for group learning. We saw evidence that recent sessions had been used for training on information governance, fire safety and manual handling. Staff we spoke with told us they found the sessions informative and could relate them to the practice which they found useful.

We spoke with staff regarding annual appraisals. We were told appraisals had not always taken place but this had been recognised and plans were in place to ensure these happened on an annual basis. Staff we spoke with told us they had received an appraisal this year and we were able to see evidence of this. We saw that appraisals discussed any concerns staff may have, around patient care or practice management, and their own personal development. Staff told us they thought the appraisals were useful and gave them a good opportunity to discuss the changes that had happened in the past year.

We asked staff if regular supervision was given. They informed us due to the small size of the practice, this was done informally. They told us the level of commination between all of the staff members was very good and suited their needs. They told us they could always speak with senior team members and thought they always found time to talk with them.

Working with other services

Staff worked closely with other health and social care providers, to co-ordinate care and meet patient's needs. For example, the practice regularly worked with the palliative care team to discuss the needs of patients and to ensure patient's care was being managed effectively. We saw minutes to meetings which evidenced this.

Staff told us patients were appropriated referred to other services. We were told patients could be referred for counselling or to local clinics, for example the sexual health clinic. Hospital referrals were completed through a local system called Brighton Integrated Care service (BICs). Referral requests are sent to BIC's, who support the patient through the referral process and ensure they receive the right care. We received mixed responses from patients we spoke with about the referral process with BICs. Some told us they had no problems with referrals. Others told us that they had to wait a long time and some appointments had been lost in the system.

Health, promotion and prevention

We saw there were arrangements in place to support patients to live healthier lives. There was a wide range of literature on display in the waiting area for patients to read. For example, relating to smoking cessation, alcohol consumption and sexual health. In the waiting area we saw a visual display screen which showed various local information for patients. We also saw health promotion advice was offered on the practice website.

The practice were able to offer patients a wide range of services and clinics. We spoke with the practice nurse who was able to offer health promotion and preventative care and treatment. For example, child immunisations, blood pressure checks, cervical cancer screening and travel vaccination advice. We noted information regarding this was found on the practices website. The GPs told us they provided annual health checks for patients with learning disabilities or those patients with HIV or AIDS.

Are services caring?

Summary of findings

The service was caring.

Patients we spoke with told us that staff at Montpelier Surgery were helpful, caring and compassionate. Comments left via the Care Quality Commission comment cards also spoke highly of the staff and their attitude towards patients. We spent time in the waiting room and observed staff talking with patients and answering calls. We found staff to be respectful and friendly to their patients. Patients were made aware of the chaperone service available and could request to see a GP of the same sex as themselves. Due to the waiting room and reception area being combined staff told us that maintaining confidentiality could be hard at the reception desk. However, staff told us practical ways in which they tried to ensure patient confidentially. This included promoting the use of the computerised booking in system, so patients could book in privately. The practice had worked closely with translation services for patients whose first language was not English.

Our findings

Respect, dignity, compassion and empathy

Reception staff were observed to be polite and friendly and chatted with patients as they came in. Patients we spoke with commented that staff were kind, helpful and respectful. We reviewed the results of the patient questionnaire completed by the practice for 2013-2014. We saw that 96% of patients felt that GPs treated them with dignity and respect.

We noted a chaperoning service was advertised for patients in the waiting area. A chaperone is a person who can offer support to a patient who may require an intimate examination. We saw that doors to clinical rooms were closed while appointments took place. Clinical rooms contained screens around the consulting couch for examinations, which offered protection for patient's privacy and dignity.

Staff explained that due to the waiting room and reception area being combined it was sometimes hard to maintain patient confidentially. We viewed the practice questionnaire and 14% of patients were unhappy with other patients overhearing them in the reception area. However, the practice had adopted practical measures to help. For example, the practice had installed a computerised booking in system meaning that patients did not need to give their details to reception staff. Patient details were never discussed in the reception area and when required staff could use an empty clinical room if patients wanted to speak privately.

Involvement in decisions and consent

Patients we spoke with and who had left comments via the Care Quality Commission comment cards gave examples where they had been involved in their own care and treatment. Some of their comments included supportive, able to ask questions and thoughtful suggestions.

GPs and nurses explained how they ensured patients were involved in their treatment by ensuring they understood fully their diagnosis. They did this by using models, diagrams or pictures. Leaflets regarding conditions could also be used. Patients were given adequate time during appointments and encouraged to ask questions about diagnosis and treatment. The GPs explained that if a patient's first language was not English, translators could be used. Occasionally family members who could speak

Are services caring?

English would sit in appointments but GPs were able to tell us when this would not be suitable. Two patients we spoke with, whose first language was not English, told us the GPs helped them to understand and did not use technical language.

We reviewed the results of patient questionnaires completed by the practice for 2013-2014. We saw that 85% of patients felt that GPs involved them in decisions made.

Patients were asked for verbal consent before making decisions regarding their care or treatment. GPs and nurses we spoke with explained, for patients who lacked capacity to consent to treatment, that carers/advocates would be involved to ensure what was best for the patient was taken into account.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The service was responsive to patients needs.

Patients could book on-line appointments or book with a receptionist either by person or via the telephone. Appointments were available each day as well as emergency appointments. For emergency appointments patients were not given a timed appointment but were seen after the main practice times. To accommodate those patients who may not be able to attend during working hours, the practice opened earlier on a Wednesday and remained open later on a Monday as well as opening alternate Saturday mornings. We saw there was a complaints procedure on display for patients. We saw evidence that complaints were investigated fully and responded to in a timely manner. The practice ensured they learnt from any concerns raised by patients and therefore took complaints seriously. The practice had a virtual patient participation group (PPG). This means that the group communicated by e-mail and did not attend meetings in person.

Our findings

Responding to and meeting people's needs

Staff informed us that patients were able to request a telephone consultation or be visited at home if required. Patients were also able to make an appointment with either a male or female GP or the GP of the choice. Therefore the practice was attempting to meet patient's individual preferences.

GPs informed us that patients who were terminally ill were offered additional support by the practice. The palliative care, multi-disciplinary care team worked together to ensure they were meeting the patient's needs. We were informed that receptionists were told to put patients and/or carers through to the GP if required and this could include during practice sessions.

The practice had close working relationship with the translation service. They had used patient's registration cards to ensure that the majority of patient's first languages were included in the computerised booking in system. Staff told us the practice had access to a translation service but patients sometimes would bring in family members to translate. GPs and nurses were aware when to use a translator in situations where a family member may not be appropriate.

The majority of patients we spoke with on the day of our visit said they were satisfied with the care and treatment they received from practice staff. The practice had a small virtual patient participation group (PPG). PPGs are groups of active volunteer patients that work in partnership with practice staff and GPs. Senior staff had recognised this needed to be expanded and grow into a group that met to discuss things rather than communicating by e-mail. We saw there was information displayed in the waiting room regarding the PPG and in the practice leaflet. However, patients we spoke with were unaware of the group.

Access to the service

Staff told us they tried to cater for working patients with late night opening, early morning sessions and alternate Saturday openings. They also provided telephone consultations for patients who requested this and did house visits to those patients who could not come in to the practice. Clinics for long term conditions were held by the practice nurse, who had received specialised training to manage these conditions.

Are services responsive to people's needs?

(for example, to feedback?)

Patients we spoke told us they were happy with the appointment system and had always seen a GP on the day if it was an emergency. We reviewed the practice patient survey. We noted a question from the survey resulted in 85% of patients answering they 'could usually or always' get an appointment when needed.

Patients could access appointments in a number of ways. The practice had an on-line booking facility through their website. Patients could speak with a receptionist either in person or via the telephone to make appointments. We were told patients were able to get an appointment within two weeks if they wished to see a particular GP. However, there were appointments available on the day and in an emergency patients could sit and wait to see the GPs after practice times. The practice had early morning and late night opening and was open on alternate Saturday mornings. We were informed that nurse appointments could no longer be booked via the on line system, due to patients not attending appointments booked.

There was limited access to the practice for patients with disabilities or mobility problems. Patients who used wheelchairs or had restricted mobility were able to have appointments in ground floor clinical rooms. However, there were no toilet facilities that patients in wheelchairs could access. The practice was hoping to move to newer premises where access would be improved.

Concerns and complaints

Patients we spoke with had never made a complaint or raised any concerns. The complaints process was on display in the waiting area for patients to read. We spoke with the practice manager who informed us that complaints were investigated fully and ensured that lesson could be learnt from them.

We viewed the complaints policy. Complaints would be responded to with three working days and fully investigated within 10 working days. If the complaint could not be dealt with to the patient's satisfaction they were advised to speak with either Healthwatch Brighton and Hove or The Parliamentary and Health Service Ombudsman. We noted there was a form available for patients to complete. As well as a third-party consent form if the complaint was being made on behalf of another person. We reviewed the last complaint the practice had received. We saw this had been investigated fully and responded to within the designated time frames. We saw staff had discussed the complaint in a team meeting and that additional training had been given to staff to address the complaint raised.

Are services well-led?

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

Summary of findings

The service was well-led

The practice was going through a period of change within the leadership team. We were informed that recently there had been a change in GP partners and key staff had left and been replaced. At the time of the inspection the practice manager was in the process of leaving. Staff informed us that because of structures in place patients had been unaffected and their patient list had remained the same. Staff told us they felt valued and supported by the partners. They told us they were able to speak openly and had received an annual appraisal which they found useful. We saw evidence of minutes from team meetings where information regarding the practice was discussed, as well as patient feedback and training. We saw on display in the waiting room information regarding the patient participation group (PPG). The practice had completed a patient survey and we saw that an action plan had been created from comments received regarding the practice.

Our findings

Leadership and culture

The practice had gone through a period of change. One of the partner GPs had left and another had joined. Key staff members had also left and been replaced. However, there was a clear message from senior staff that the practice's ethos was to continue to provide the best patient care possible. When we talked with staff this was echoed by them. They told us that during this period of change, patients had not been affected and saw it as chance to improve. Staff described the culture of the practice as open and senior staff members listened. They told us they felt valued and worked well as a team.

One of the partner GPs had taken on the role as practice manager, on top of their role existing role, while recruiting for the position. They told us the added responsibility had increased their working commitments to the practice. We asked about the sustainability of one person taking ownership of both full time roles. We were told the practice was actively recruiting for the new position. However, there were no contingency plans in place, as to how this was to be managed differently, if the position was not filled straight away.

Governance arrangements

Staff told us they felt valued by the practice. The practice held regular GP and nurse meetings as well as meetings for administrative staff. GPs and nurses held their own meetings when they needed to share specific guidance related to their roles. We saw minutes from staff meetings held in January and March 2014. Minutes from the January meeting showed that staff had discussed an NHS programme. We saw that detailed information was shared with staff and the requirements for them to be aware of how patients could be supported to opt-out of the programme if they wished.

Policies and procedures were in place to guide staff and were readily accessible. These were updated regularly and staff signed to indicate they had read them. Policies included consent, children safeguarding and vulnerable adults.

Staff were clear about their roles and those of other team members. We saw staff had written job descriptions detailing their duties. We saw on appraisal forms, there was

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an opportunity to review the staff member's job description. Staff we spoke with told us they would ask for their job descriptions to be reviewed, if and when they took on other areas of responsibility.

Staff knew who was responsible for making decisions and who they should approach with issues. We saw staff members had taken on various roles of responsibility within the practice. For example, the practice nurse was the lead for infection control, one of the administration team had taken on the responsibility for recycling and one of the partner GPs was the lead for safeguarding.

Systems to monitor and improve quality and improvement

The practice had appropriate systems for monitoring and improving the quality of care and treatment for patients. The practice regular gathered feedback from its patients and those acting on their behalf. Where concerns or suggestions had been raised we saw that appropriate action had been taken. For example, the patient survey had raised concerns over prescription times. This had been investigated and found the practice was completing repeat prescriptions in the 48 hour time frame required. The delay was with some of the pharmacies who collected the prescriptions on behalf of patients. We saw that an action had been created to work with the patients chosen pharmacies to streamline the delivery of prescriptions.

The practice also completed audits to monitor its own performance and reported incidents, near misses or complaints. Staff had opportunities to discuss concerns or issues either through team meetings or discussions with senior team members. We saw evidence these were discussed at various team meetings and when needed actions taken to improve services.

Patient experience and 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 or make a comment about the services provided.

We saw that the practice responded to issues or concerns raised by patients in a positive way. We looked at the most recent patient satisfaction survey carried out in 2013 and the majority of patients were extremely positive about the service provided by the practice.

Staff engagement and involvement

All of the staff we spoke with told us the team worked well together and felt involved in the day to day running of the practice. They told us that good patient care was the focus of the practice and together they achieved that. They told us they had opportunities to speak to senior team members and were listened to. Staff told us they could suggest ideas for improvement or concerns at their staff meetings or directly to senior staff. Staff had regular team meetings during protected learning time and we saw evidence to confirm these meetings took place. We saw minutes of items discussed and the cascade of information. These showed that everybody was given the opportunity to make comments or suggestions. There was evidence that relevant staff were involved in reviewing incidents in order to learn from them and minimise future risks

Staff told us they did not receive formal supervision but felt that communication between themselves and senior team members were good. They had recently received an annual appraisal which they had found useful. They told us they were able to discuss what had happened in the last year and their future training needs and had objectives set.

Senior team members told us there were plans to ensure that all staff were able to support each other's roles and take on more responsibilities if they wished. Staff we spoke with told us they had the opportunity of expanding their roles.

Learning and improvement

Staff we spoke with told us that training took place on a regular basis. They felt the practice was very good at providing opportunities for continuous learning. We saw evidence that training took place during protected learning time as a team event. Staff received mandatory training for subjects such as basic life support, safeguarding and infection control. Staff told us the practice listened to their training needs and during their appraisals they were asked to think about additional training they may require.

Senior staff members had recognised there was a lack of clinical supervision for staff and had plans to ensure this was re-instated. GPs and nurses staff told us they were able to have study leave and were involved in meetings and one to one discussions regarding patients and the practice.

Identification and management of risk

The practice had a number of policies and procedures in place for the management of risk within the practice. For

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example, we saw polices relating to infection control and clinical waste storage and the safe storage of medicines. Also disruption to the practice had been risk assessed such as continuity of the service in the event of disruption or loss of the premises. We saw policies and procedures were reviewed on a regular basis. Staff told us they were encouraged to speak to senior team members if they felt the policy no longer was up to date or reflected how the practice worked.

The practice regularly received alerts from external sources and we saw evidence these were actioned to ensure patient safety. We were given an example of a medicine alert received regarding the risks of prescribed high dosages of a particular medicine. The practice had completed an audited on patients receiving the medicine. Patients were monitored to ensure their conditions were being managed effectively whilst reducing the particular use of medicine.

The practice conducted yearly patient surveys. We saw that areas of concern raised by patients were addressed and action plans created. Staff told us they were able to openly discuss any issues or concerns they may have and these would be taken seriously by senior staff