

# Dr Adolfo Gracia

## 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 well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

Our previous inspection at Dr Adolfo Gracia on 7 October 2016 found a breach of regulation relating to the well-led delivery of services. The overall rating for the practice was good. Specifically, we found the practice to require improvements for the provision of well-led services. It was good for providing safe, effective, caring and responsive services. Consequently we rated all population groups as good. The previous inspection report can be found by selecting the 'all reports' link for Dr Adolfo Gracia on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 13 July 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 7 October 2016. This report covers our findings in relation to those requirements and improvements made since our last inspection.

We found the practice had made improvements since our last inspection. At our inspection on the 13 July 2017 we found the practice was meeting the regulations that had previously been breached. We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services. Overall the practice is rated as good.

Our key findings were as follows:

- The practice had demonstrated improvements in the governance arrangements. Staff we spoke with on the day of inspection also informed us they had noticed improvements in the last six months.
- The practice had carried out a health and safety risk assessment and introduced regular checks to ensure safety in the premises.
- The practice had carried out five clinical audits in the last six months and an audit plan was in place to carry out future audit cycles.
- The practice had carried out an internal patient satisfaction survey in April 2017.
- The practice had taken steps to develop a virtual patient participation group.
- The practice had taken steps to identify carers to enable them to access the support available via the practice and external agencies. The practice had redesigned a new patient questionnaire to identify carers at the time of new registrations. All staff had attended a relevant training session. Written information was available for carers to ensure they understood the various avenues of support available to them.
- The practice had carried out an audit of the previous carers register and identified most of the carers were incorrectly Read coded, for example, on some occasions parents had been coded as carer just because they were a parent. There were also some

# Summary of findings

patients identified that had historically been a carer but were no longer a carer at the present time (often as person they were caring for had passed away). In both scenarios the patient's status was able to be corrected and updated. We noted as a result of this analysis the practice register of patients who were carers or supported by carers had decreased from 92 (4%) patients to 17 patients (0.6% of the practice patient population list size).

- The practice provided facilities to help patients be involved in decisions about their care and information leaflets were available in easy read format to support patients who may benefit from this, such as patients with visual impairment. Staff were trained to print the relevant material in specific format from online sources if required.
- A hearing induction loop was not available on the day of inspection. However, we saw evidence that an order was placed to purchase a hearing induction loop on 3 July 2017.
- We saw the practice was monitoring childhood immunisation programme and demonstrated

improvement in childhood immunisation rates. For example, childhood immunisation rates for the vaccines given to under two year olds were 90% and childhood immunisation rates for vaccines given to under five year olds were 70%.

The areas where the provider should make improvements are:

- Continue to establish a system of audit cycles and identify processes for clinical improvement.
- Ensure all staff had completed health and safety training.
- Review the system in place to further improve the process of identifying carers to enable them to access the support available via the practice and external agencies.
- Continue to monitor low rates of childhood immunisation rates for under five years old children.

**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 well-led?**

The practice had taken appropriate action and is now rated good for the provision of well-led services.

- At the inspection on 13 July 2017, we found the practice had made improvements in governance monitoring.
- Risks to patients were assessed and there were procedures in place for monitoring and managing health and safety at the premises.
- The practice had carried out clinical audits and an audit plan was in place to carry out future audits to ensure effective monitoring of quality improvement.
- The practice had carried out an internal patient satisfaction survey in April 2017.
- The practice had taken steps to establish a virtual patient participation group and developed a list of 21 patients with email addresses.
- The practice had carried out a thorough analysis of carers register and found most of the patients were incorrectly read coded.

**Good**



# Dr Adolfo Gracia

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector.

## Background to Dr Adolfo Gracia

Dr Adolfo Gracia is based at The Ship Street Surgery in the city centre of Brighton, East Sussex. The practice serves approximately 2,700 patients living in Brighton.

Dr Adolfo Gracia is a single handed GP. He employs a part time female GP (started in December 2016), a practice nurse, a health care assistant, a practice manager and five reception staff.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than the national average number of patients between the ages of 26 and 39. There are lower than average numbers of patients over the age of 65. Income deprivation affecting older people is higher than average. The practice is open from 8.30am until 1pm and from 2pm until 6pm on Monday, Tuesday, Wednesday and Friday and from 8.30am until 1pm on a Thursday. The telephone lines are open from 8am. Extended access is available every Wednesday until 7.30pm for patients who cannot attend during normal working hours. Appointments can be booked over the telephone, on line or in person at the practice. When the practice is closed, patients are advised on how to access the out of hour's service on the practice website, the practice leaflet or by calling the practice. Out of hours calls are handled by a local primary care service.

The practice provides a full range of NHS services and clinics for its patients including asthma, diabetes, cervical smears, childhood immunisations, travel immunisations, family planning and new patient checks.

The practice provides services from the following location:

- 65-67 Ship Street, Brighton, East Sussex BN1 1AE

## Why we carried out this inspection

We carried out a previous comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection took place on 7 October 2016 and we published a report setting out our judgements. These judgements identified one breach of regulation. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

We carried out a follow up focussed inspection on 13 July 2017 to follow up and assess whether the necessary changes had been made, following our inspection in October 2016. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection. We followed up to make sure the necessary changes had been made. We found the practice was meeting all the regulations that had previously been breached.

This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, to look at the overall quality of the service, review the breaches identified and update the ratings provided under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

Prior to the inspection we contacted the Brighton and Hove Clinical Commissioning Group, NHS England area team and the local Healthwatch to seek their feedback about the service provided by Dr Adolfo Gracia. We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

The inspection team carried out an announced focused visit on 13 July 2017. During our visit we:

- Spoke with a principal GP partner, a practice manager and two reception staff.
- We undertook observations of the environment.

This report should be read in conjunction with the previous inspection report of CQC visit on 7 October 2016.

# Are services well-led?

Good 

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

## Our findings

When we inspected the practice in October 2016, we found that there were arrangements to monitor and improve quality and identify risk. However, the practice did not have a structured and regular programme of clinical audit which meant that evidence to demonstrate quality improvement was limited. Also the practice had not conducted a health and safety risk assessment of the premises. The practice had not proactively sought feedback from patients and it did not have a patient participation group (PPG). We asked the provider to take action to address identified concerns with:

- Develop an on-going audit programme that demonstrates continuous improvements to patient care in a range of clinical areas. Ensure there are at least two cycles of a clinical audit.
- Conduct a health and safety risk assessment of the premises.
- Ensure that plans to re-establish the PPG and undertake regular surveys of patient views are implemented.

### Governance arrangements

At the July 2017 inspection, the practice informed us they had taken steps to address the issues, for example:

- Clinical audits were carried out to monitor quality improvement and all relevant staff were involved in improving care and treatment and patient outcomes.
- The practice had carried out five clinical audits in the last six months. However, the provider had not carried out a repeat clinical audit cycle because they did not have sufficient time and capacity to carry out a second cycle to demonstrate the improvements.
- With the appointment of a new part time GP in December 2016, the practice was able to concentrate on further improving the clinical audit programme. We noticed clinical audit cycles were in progress and the practice had an audit plan in place to carry out future audits to continuously monitor quality and to ensure clinical improvements was always effective.
- Findings were used by the practice to improve services. For example, we saw evidence of an audit of transgender patients. The aim of the audit was to identify all patients who had transitioned from female to

male and were currently registered on the clinical system as male but may have female genitalia to ensure they had been invited for cervical screening if this was overdue.

- A health and safety risk assessment had been carried out in November 2016. The practice had addressed all issues identified during the risk assessment.
- The practice manager had undertaken health and safety training and discussed awareness of health and safety issues during the team meeting. We noted that other staff were working towards completing online health and safety training.
- We noted that the practice had introduced daily health and safety checks and we saw the record to confirm this.
- We spoke with two staff during this inspection and they informed us they had seen improvements in the last six months.

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

The practice had collected patients' feedback and engaged patients in the delivery of the service, this was gathered through surveys and complaints received. For example, the practice had carried out an internal patient satisfaction survey in April 2017. Forty five patients had participated in the survey. This represented 1.7% of the practice's patient list. The survey results demonstrated that patients were positive about the standard of service experienced. For example:

- 100% of patients said they were involved in their treatment plan and decision making about their care.
- 98% of patients found it easy to get through to this practice by telephone.
- 90% of patients were satisfied with the appointment system.
- 98% of patients said they found the receptionists at the practice helpful.
- 97% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area.

We saw the NHS friends and family test (FFT) results for last seven months and 98% (based on 270 responses) patients were likely or extremely likely to recommend this practice.

# Are services well-led?

Good 

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

The practice was planning to carry out an external survey in consultation with local Healthwatch in October 2017.

We observed that the practice had taken steps to develop a virtual PPG. However, this work was still in progress. We noted the practice had developed a list of 21 patients with email addresses and the practice informed us they had shared newsletter with the patients by emails.

The practice was not planning face to face meetings with PPG and informed us that they had carried out a consultation in the past and most of the patients preferred email communication.