

Matlock Road Surgery

Quality Report

10 Matlock Road
Brighton
East Sussex
BN1 5BF
Tel: 01273 562356

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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

Contents

Summary of this inspection

	Page
Overall summary	3
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10
Good practice	10

Detailed findings from this inspection

Our inspection team	11
Background to Matlock Road Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Findings by main service	13
Action we have told the provider to take	35

Summary of findings

Overall summary

Matlock Road Surgery, had approximately 3000 patients registered at the time of our inspection. The practice mainly catered for people of working age. There was a group of Chinese patients' who were registered at the practice and one of the GPs spoke Cantonese.

The practice is registered to provide the following regulated activities: Diagnostic and screening procedures; Maternity and Midwifery services; and Treatment of disease, disorder or injury.

Patients who used the surgery considered that their health needs were met and they received an efficient and responsive service. They considered that their privacy and dignity were respected. Patients were involved in making decisions about their care and treatment.

The practice had suitable systems in place to identify and monitor risks to patients and took action to minimise risk of harm when needed.

GPs who worked at the surgery used information from audits to learn and actions were taken to improve patient outcomes based on this information.

Staff were supported to carry out their roles and were able to give their views on how the service was provided.

Matlock Road Surgery was well led and staff were clear about the positive ethos of the practice and demonstrated this during our inspection.

For all population groups there were suitable systems in place to identify and report concerns if staff considered a

patient was at risk of being abused. All patients had their care and treatment reviewed to ensure it was effective. All patients were treated with dignity and respect and their privacy and dignity maintained.

For all population groups referrals were made to other health professionals when needed and the practice was well led.

Patients who had long term conditions or were older could have annual health checks and there was monitoring of their condition and information available on health promotion.

Mothers, babies, children and young people there was information on health promotion and vaccination clinics were available to promote and prevent illness. Pregnant women were able to received ante natal and post natal care at the surgery.

The practice offered extended opening hours and telephone consultations for patients who worked or were recently retired.

During our inspection we spoke with six patients. Prior to the inspection we sent out comment cards to the practice for patients to complete, to let us know their views on the service provided. We received 91 comment cards about the practice.

Matlock Road Surgery, is situated at 10 Matlock Road, Brighton, East Sussex BN1 5BF.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

- Learning from significant events was carried out and areas of best practice were shared with staff and other health care professionals.
- The practice had clear guidance on safeguarding vulnerable adults and children and staff were able to describe what they would do if they thought a patient was at risk of harm.
- The provider had suitable risk assessments and infection control processes in place to ensure patients were protected from the risk of harm. There was an emergency plan in case there were interruptions to the service provided, such as adverse weather or power failure.
- Medicines and prescriptions were handled and stored appropriately. There were procedures in place which ensured that checks of expiry dates were made and prescriptions written were able to be tracked.
- Improvements were required in recruitment of new staff members to ensure that satisfactory checks were made prior to the person starting employment.

Are services effective?

- Regular audits of practice were carried out and GPs adhered to best practice protocols to ensure patients received effective treatment.
- Patients told us that they received the care and treatment they needed to meet their needs. When necessary they were referred in a timely manner to hospitals for investigations or further treatment.
- Staff who worked at the practice considered that they were supported to carry out their role and had sufficient equipment available for use.
- The practice worked with other GPs and the CCG to monitor and improve patient outcomes by sharing good practice.
- Patients were provided with information on managing their condition and actions they could take to remain healthy.

Are services caring?

- Patients who used the practice were treated with respect and their privacy and dignity was maintained. Patients considered

Summary of findings

that the doctors and nurse listened to them and they were involved in decision making about care and treatment. Patients thought that they were given sufficient information with which to make a decision.

- When patients were not able to make a decision independently the provider had appropriate procedures in place for gaining consent and ensuring the patients best interests were upheld.
- The practice ensured that information about patients was kept confidential.

Are services responsive to people's needs?

- Patients were able to see a GP of their choice for routine appointments and arrangements were in place for urgent consultations.
- All of the patients we spoke with were happy with access to services and did not raise any concerns, apart from waiting to be seen once they arrived for their appointment. The GPs were aware of this and said they had not received any formal complaints, but they needed to ensure that patients received holistic care, which resulted in late running surgeries.
- Patients were able to access care and treatment from other health professionals who worked with the practice to provide good outcomes.
- Concerns and complaints were thoroughly investigated and changes were made if required.

Are services well-led?

- The practice had a clear vision on how they wanted the practice to develop and improve. This information was shared openly with all staff members of the team. Staff we spoke with considered that the practice leadership was open and supportive and they were supported to carry out their role. All staff who worked at Matlock Road Medical Centre were aware of the ethos of the practice of openness, support and being patient centred. They demonstrated this in their everyday work.
- There was a clear strategy in place for clinical governance arrangements and we found that improvements had been made to patient care as a result of audits.
- Staff told us that they could talk with any of the doctors or the practice manager if they had any ideas for improvement or any concerns and they were listened to and action taken if needed.

Summary of findings

- Training for all staff was in place, the practice manager was in the process of reviewing staff training needs in order to implement a formal training programme to meet staff's needs.
- Suitable systems were in place to monitor and manage risks to patients and staff. This meant that patients' were treated and cared for in a safe environment.

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

- There were suitable procedures in place to identify and report concerns if staff considered a patient was at risk of being abused.
- Patients were able to have an annual health check.
- Patients were treated with respect and their privacy and dignity maintained.
- Referrals were made to other health professionals to provided good outcomes for patients.
- The practice was well led with a clear vision on how they wanted the practice to develop and improve.

People with long-term conditions

- There were suitable procedures in place to identify and report concerns if staff considered a patient was at risk of being abused.
- The practice offered a monitoring programme for those patients' with long term conditions, such as asthma or hypertension (high blood pressure).
- Patients were treated with respect and their privacy and dignity maintained.
- Referrals were made to other health professionals to provided good outcomes for patients.
- The practice was well led with a clear vision on how they wanted the practice to develop and improve.

Mothers, babies, children and young people

- There were suitable procedures in place to identify and report concerns if staff considered a patient was at risk of being abused.
- Antenatal and post natal care was offered by the surgery for pregnant women.
- Child development checks and vaccinations clinics were offered by the practice.
- Patients were treated with respect and their privacy and dignity maintained.
- Referrals were made to other health professionals to provided good outcomes for patients.
- The practice was well led with a clear vision on how they wanted the practice to develop and improve.

Summary of findings

The working-age population and those recently retired

- There were suitable procedures in place to identify and report concerns if staff considered a patient was at risk of being abused.
- Extended opening hours were offered so patients who had to work were able to access care and treatment at a time suitable for them.
- Vaccinations for travel and illnesses such as Hepatitis B were offered by the practice.
- Patients' aged 40 to 74 years old were able to have a health check if they wanted one.
- Patients were treated with respect and their privacy and dignity maintained.
- Referrals were made to other health professionals to provided good outcomes for patients.
- The practice was well led with a clear vision on how they wanted the practice to develop and improve.

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

- There were suitable procedures in place to identify and report concerns if staff considered a patient was at risk of being abused.
- Care and treatment was reviewed to ensure it was effective.
- Information was available for groups which could support patients' with their condition.
- Patients were treated with respect and their privacy and dignity maintained.
- Referrals were made to other health professionals to provided good outcomes for patients.
- The practice was well led with a clear vision on how they wanted the practice to develop and improve.

People experiencing poor mental health

- There were suitable procedures in place to identify and report concerns if staff considered a patient was at risk of being abused.
- Care and treatment was reviewed to ensure it was effective.
- Patients were treated with respect and their privacy and dignity maintained.
- Referrals were made to other health professionals to provided good outcomes for patients.
- The practice was well led with a clear vision on how they wanted the practice to develop and improve.

Summary of findings

Summary of findings

What people who use the service say

During our inspection we spoke with six patients. Prior to the inspection we sent out comment cards to the practice for patients to complete, to let us know their views on the service provided. We received 91 comment cards about the practice.

All the patients we spoke with were complimentary about the practice. They all considered that they had sufficient time when they saw their GP and considered their needs were met. Some people said they had to wait a couple of days for a routine appointment, but all said if it was an emergency they would be seen that day. Patients also told us that their appointments did not always run on time, but usually this did not bother them.

We reviewed the comments received from the 91 patients who used the practice. Words used to describe the service provision ranged from good to excellent, with a

significant number rating the surgery as excellent. All patients who responded considered that the GPs and nurse were attentive, considerate and treated them with respect. Patients told us their privacy was respected.

Ten patients commented that there were some difficulties in getting a routine appointment within a few days, but all said that in an emergency they were seen promptly.

We noted that six of the comment cards had been completed by patients who were also health care professionals and all were positive about the service provided.

Patients described all staff who worked at the surgery as knowing them personally and addressing them by their preferred name. Many of the patients had been registered with the surgery for over ten years and would not consider moving anywhere else for their care.

Areas for improvement

Action the service **MUST** take to improve

- The practice must ensure that sharps bins which contain used needles are kept in a room which can be locked when unattended.
- The practice must carry out risk assessments for staff that do not have disclosure and barring services checks in place.

Good practice

- The practice offered extended opening hours for patients' who were working or had other responsibilities.
- The practice shared information with other GP practices in their area to promote learning and improvements.

Matlock Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP and the team included a second CQC inspector and a practice manager:

Background to Matlock Road Surgery

Matlock Road Surgery is situated in a residential area of Brighton and Hove. The practice serves approximately 3,000 patients. The majority of patients registered are of working age. There are two GPs, one practice manager, one assistant practice manager and reception and administration staff who work in the practice. A number of Chinese patients are registered with the practice and one of the GPs speaks Cantonese.

The surgery is open from Monday to Friday from 8.30am to 6.00pm, with an hour's break at 1pm to 2pm, when the surgery is closed. Urgent telephone calls are taken during this period otherwise patients' are directed to use the 111 service. The practice offers an early evening session on Wednesdays from 6.00pm to 8.00pm for patients' who work. The practice is unable to take telephone calls during extended hours surgeries. Out of hours patients are directed to use the NHS 111 service in an emergency.

Routine appointments can be made via the telephone and the surgery is planning to develop a website so on-line bookings can be made. The GPs carry out telephone consultations in the morning for 45 minutes and arrange for patients to come and see them if needed that day. Routine appointments are allocated by reception staff and the remainder by the GPs. Home visits are carried out.

Matlock Road Surgery is situated at 10 Matlock Road, Brighton, East Sussex. BN1 5BF.

Why we carried out this inspection

We inspected this out-of-hours 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

Before visiting we reviewed a range of information we hold about the service and asked other organisations to share what they knew about the service. We carried out an announced visit on 30 May 2014. During our visit we spoke with a range of staff including both of the GP partners, the practice manager, nursing staff, secretaries and receptionists. We spoke with patients who used the service. We 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, 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?

The inspection team always looks at the following six population areas at each inspection:

Detailed findings

- 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.

Are services safe?

Summary of findings

- Learning from significant events was carried out and areas of best practice were shared with staff and other health care professionals.
- The practice had clear guidance on safeguarding vulnerable adults and children and staff were able to describe what they would do if they thought a patient was at risk of harm.
- The provider had suitable risk assessments and infection control processes in place to ensure patients' were protected from the risk of harm. There was an emergency plan in case there were interruptions to the service provided, such as adverse weather or power failure.
- Medicines and prescriptions were handled and stored appropriately. There were procedures in place which ensured that checks of expiry dates were made and prescriptions written were able to be tracked.
- Improvements were required in recruitment of new staff members to ensure that satisfactory checks were made prior to the person starting employment.

Our findings

Safe Patient Care

The practice routinely reviewed any significant events and incidents and we found that actions and reviews were undertaken if needed and these were well documented. For example, the GPs told us they met at least twice a week to discuss clinical audits and any incidents that had occurred. They also shared information with other GP practices in their area to promote learning and improvements.

Learning from Incidents

Learning points from significant events and incidents were cascaded to all staff via regular meetings. The staff team told us that as they were quite small information was quickly disseminated to relevant people. Actions needed were monitored to ensure improvements had been made.

Safeguarding

The practice had a lead GP for safeguarding children and adults. There was information displayed in the administration area of agencies to contact, for example, the local authority, if there were any concerns identified. This information also included details of how to whistle blow if needed. Staff we spoke with were able to describe the actions they would take if they had any concerns about the safety of an adult or child, including notifying the local authority. They added that if they had an immediate concern they could speak with the lead GP even if the GP was busy with appointments. The training schedule showed that all staff had received safeguarding training in May 2012. There was no indication of when this training was due to be refreshed to ensure all staff were up to date with current guidance. The practice had made one safeguarding alert in the past year, but had not informed CQC. This meant that there were potential risks to patients' safety if staff were not aware of what best practice was.

Monitoring Safety & Responding to Risk

The practice had risk assessments in place to ensure the health and safety of patients, visitors and staff members. A daily risk assessment of the premises was carried out and covered areas such as checking fire exits were clear of obstruction; toilets and sinks were clean and had sufficient liquid soap and paper towels. We found that when needed actions were taken to rectify any shortfalls, this was recorded. We saw that fire exits were clear and free from obstruction.

Are services safe?

Fire safety had been carried out for all staff in July 2013, this included a fire drill. Other training provided included health and safety, working alone and infection control.

The practice manager and GPs dealt with safety alerts received from agencies such as the Medicines and Healthcare products Regulatory Agency. They told us that when needed action was taken to ensure the safety of patients'. One GP gave us an example of a medicines alert where a batch of medicines was recalled, they said that they did a check of all patients on that medicine and made appropriate changes.

Medicines Management

We looked at arrangements for handling medicines within the practice. We found there was guidance available for staff to refer to when administering vaccinations, inhalers to assist breathing and emergency medicines such as adrenaline, used when a patient experienced a severe allergic reaction. This meant that risk to patients when receiving these medicines was reduced.

We looked at the storage facilities for medicines in the practice. There was a dedicated fridge which was used for medicines that required cold storage and suitable lockable cupboards for medicines that were stored at room temperature. The fridge temperature was checked on a daily basis to ensure it was working effectively. Records we looked at confirmed this.

The practice had a detailed policy for ensuring that all prescriptions were tracked to minimise the risk of fraud and misuse. The practice had been recording the batch numbers of prescriptions, but was not carrying this out at the time of our inspection. We discussed this with the practice manager who said this would be actioned. Reception staff told us that when a GP carried out a home visit the number of blank hand written prescription forms given to GPs was recorded prior to them making the home visit. This ensured that there was a clear audit trail.

Cleanliness & Infection Control

Patients were treated in an environment which protected them against the risks of infection.

The practice had policies on infection control which covered areas such as handling blood samples, dealing with spillages and waste management. The policy did not refer to The Health and Social Care Act 2008 Code of practice on the prevention and control of infections and related guidance. However, we found that the policies the

practice had covered all the areas set out in the code in sufficient detail. There was a nominated person responsible for infection control practice within the practice.

We spoke with the practice nurse who was responsible for infection control practices within the surgery. They told us that training had been given to all staff and infection control procedures were monitored. An infection control audit had been carried out in July 2013. Areas for improvement that were identified were addressed appropriately. Another audit was planned for July 2014. The training schedule showed that infection control training had taken place in July 2013 and a recent hand washing audit had been carried out in the practice.

We saw that the practice was visibly clean however some areas required tidying up, but these were not accessed by patients. There were sufficient supplies of personal protective clothing, such as gloves and aprons available for staff to use. We saw that hand cleansing gel was available on reception and by sinks in the practice.

Toys available in the surgery for children were checked daily and cleaned on a weekly basis or when needed.

Appropriate tests had been carried out on the water systems to monitor for Legionella (a bacteria found in water which can cause harm to patients') and was seen to be satisfactory.

The practice had suitable arrangements in place for disposal of clinical and general waste. Records we looked at confirmed this.

Staffing & Recruitment

The practice employed two GPs, one practice manager, one assistant practice manager, a part time practice nurse; one administrator and five reception staff. The majority of staff worked part time. The GPs covered appointments by undertaking a two week rolling schedule. All of the staff we spoke with said that they considered they had a good, supportive and flexible team. One GP said that they considered they were accessible for staff to talk to if they had any concerns and the other GP said that they thought their staff felt valued and appreciated. This was confirmed by four staff members we spoke with.

We looked at four staff files. Each person had a job description and there was clear information on their role and responsibilities. We found that some checks on

Are services safe?

people's suitability to work had been made, but this was not consistent. All files did not have proof of the person's identity including a recent photograph. These people were employed prior to April 2013 when the regulations came into force for GP practices.

Where Disclosure and Barring Service checks were made, it was not always demonstrated why a check had not been undertaken by use of a risk assessment. For example, if the person was a qualified nurse or doctor. New employees recruited since April 2013, are required to have satisfactory checks carried out as detailed in the regulations. We discussed this with the practice manager and the GP who is the registered manager for the service. They told us staff turnover was low in the practice, but they will incorporate this into their recruitment processes.

We saw records which confirmed that all staff who worked in the surgery were offered vaccination against Hepatitis B, a blood borne infection.

Dealing with Emergencies

The practice had comprehensive policies and procedures in place for dealing with emergency situations, such as

adverse weather, equipment failure and staff shortage. For example, if a fridge used to store vaccines was not working then they had arrangements with a GP practice nearby to store the vaccines. There was also information on who to contact to obtain advice on use of the vaccines if the fridge was not operational for a long period of time. In addition alternative sites had been identified for potential use if the surgery became unavailable for any reason. Risks to providing services because of power and utility failure had been considered, as had interruption of access to both clinical and paper records.

Equipment

The practice had suitable arrangements in place to ensure equipment was maintained and safe to use. We saw records which showed that portable appliance testing had been carried out regularly and there were no actions to take. Other checks which had been carried out to ensure that equipment was safe to use included monthly checks on emergency medicines and the defibrillator for emergency use. We found that the emergency medicines and sharps bins were kept in a room which could not be locked.

Are services effective?

(for example, treatment is effective)

Summary of findings

- Regular audits of practice were carried out and GPs adhered to best practice protocols to ensure patients received effective treatment.
- Patients told us that they received the care and treatment they needed to meet their needs. When necessary they were referred in a timely manner to hospitals for investigations or further treatment.
- Staff who worked at the practice considered that they were supported to carry out their role and had sufficient equipment available for use.
- The practice worked with other GPs and the CCG to monitor and improve patient outcomes by sharing good practice.
- Patients were provided with information on managing their condition and actions they could take to remain healthy.

Our findings

Promoting Best Practice

The GPs at Matlock Road Surgery told us about the arrangement they had in place for undertaking clinical audits, to monitor the effectiveness of care and treatment. They said they used information from General Practice Outcome Standards and the Quality Outcomes Framework which were completed yearly for the Clinical Commissioning Group (CCG). Areas which had been identified as requiring improvement and we were aware of were prescribing of statins (medicines used to reduce cholesterol level in blood, to minimise the risk of strokes) and two incidents of where the urgent referral time for cancer of two weeks was breached. The GPs told us that they had reviewed all patients' who were prescribed statins and made ensure that these medicines were being prescribed appropriately for the patient's current condition. This was documented. With reference to missing the two week referral time, systems had been changed to ensure that the referral noted that the patient was identified as requiring an urgent appointment.

One GP had carried out an audit of patients who were on medicines for their heart condition and as a result of this 90% of patients' reviewed were on the correct medication. We saw records which confirmed this.

Both GPs told us that they had protocols in place for prescribing medicines such as antibiotics, which were agreed with the CCG and also used by other practices within the area. We also found that all referrals were made via the Brighton Integrated Care Service (BICS). This is a management system whereby referrals for secondary care are managed in one place. Patients had the opportunity to choose where they would like to be treated through this system.

Management, monitoring and improving outcomes for people

Patients told us that they were well looked after and received excellent care and treatment. Examples given included timely referrals to hospitals and clinics for further treatment of surgery. Matlock Road Surgery received a quarterly report on their referral patterns from BICS, to enable them to review the appropriateness of each referral. One GP said that there were local agreed protocols in place for patients who required a consultation or treatment with a dermatologist (skin doctor) or for orthopaedics.

Are services effective?

(for example, treatment is effective)

We saw that the nursing team and the GP worked with other health professionals to provide appropriate care for patients. For example, end of life care where specific handover forms were used to provide information to out of hour's providers and provision of 'just in case' medicines. These are medicines which are used at the end of life to relieve symptoms, such as pain and sickness.

Staffing

Staff considered they had sufficient equipment to carry out their role and were supported to remain current in their practice. All staff told us there was good communication between the nurses and doctors, and regular formal and informal meetings were held to discuss patient care to ensure it was effective.

Working with other services

The practice had regular meetings with other GPs and the CCG about working effectively with each other and sharing good practice. Other areas covered included audits of readmissions to hospital and mental health provision. For example work had been undertaken on reviewing frequent

attenders at accident and emergency. The practice undertook case reviews with those patients' and appointments had been made for the patient to see the GP for advice and self-management of their condition.

Health Promotion & Prevention

We saw leaflets displayed in the waiting area on health promotion. These covered areas such as Integrated Care Services, memory loss and living with a long term condition. There was also information for younger adults; in particular we saw details of drop in centre for patients' aged 18-25 years old who needed support to refrain from taking illegal drugs; meningitis awareness and Life Coaching Skills for 13-25 year old patients.

The practice nurse told us about their work with patients who had respiratory (breathing) conditions and alcohol and smoking cessation sessions they held. They said that, when needed, longer appointment times were booked so they had sufficient time to support and educate patients about their condition and manage it effectively.

Are services caring?

Summary of findings

- Patients who used the practice were treated with respect and their privacy and dignity was maintained. Patients considered that the doctors and nurse listened to them and they were involved in decision making about care and treatment. Patients thought that they were given sufficient information with which to make a decision.
- When patients were not able to make a decision independently the provider had appropriate procedures in place for gaining consent and ensuring the patients best interests were upheld.
- The practice ensured that information about patients was kept confidential.

Our findings

Respect, Dignity, Compassion & Empathy

Patients who used Matlock Road Surgery were treated with compassion and empathy. They told us their privacy and dignity was respected at all times.

We spoke with four patients on the day of our inspection. We reviewed a total of 91 comment cards, which were sent to the surgery prior to our visit. All of the patients we spoke with said that the care and treatment they received met their needs and they were treated with respect. This was also confirmed by comments received via the comment cards. Other comments received via comment cards, included the professional manner of all staff; helpful reception staff; and the efficiency of the service provided.

One of the GPs told us the values of the practice were to treat patients as individuals and tailor treatment to their needs. This was confirmed by patients we spoke with.

All of the patients we spoke with said that doctors and nursing staff were good and listened to their concerns and they did not feel rushed during their appointments. All patients considered that reception staff were respectful. We observed how staff interacted with patients who were attending the surgery and with telephone callers. We noted that reception staff greeted people politely by their name and ensured the patient's confidentiality was respected. We saw the GP allowed time for patients to walk to their room if they had limited mobility.

Staff told us they had received training on chaperoning patients. We saw that the chaperone policy was not clearly visible to patients who visited the practice. This was relocated to the reception desk during our visit, so it was more prominent. Patients we spoke with knew about the chaperone service, but had had no cause to use it.

Involvement in decisions and consent

Patients were involved in making decisions about their care and treatment. All four of the patients we spoke with considered they were given sufficient information when they needed it to make a decision about their treatment. We noted on one of the comment cards that a parent said their child enjoyed visiting the doctors and was involved in talking about their care.

Both GPs and the practice manager said that there was a high population of Chinese people living in their catchment

Are services caring?

area. Those that were registered with the practice expressed a preference to see the GP who spoke Cantonese. They said that if this GP was not available then more often than not the patient would wait until an appointment became available. They added that a telephone translation service was available for them to use if needed.

We spoke with one GP about the Mental Capacity Act 2005. They said they had received training in this and were able to describe the process to use if a patient had difficulty in understanding the information given to them. They were able to describe the use of pictures or visual aids to aid understanding. The practice nurse told us that when they

carried out vaccinations they would go through information leaflets available with the patient to highlight areas they should be aware of during the procedure and after care of the injection site.

Practice leaflets were available for patients and these clearly detailed what services the practice offered. The leaflet also included information about confidentiality and who information could be shared with as part of their treatment. The leaflet also gave patients advice to ask the doctor to write down anything they did not understand and that a patient could take a friend or relative with them for support at their appointment.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

- Patients were able to see a GP of their choice for routine appointments and arrangements were in place for urgent consultations.
- All of the patients we spoke with were happy with access to services and did not raise any concerns, apart from waiting to be seen once they arrived for their appointment. The GPs were aware of this and said they had not received any formal complaints, but they needed to ensure that patients received holistic care, which resulted in late running surgeries.
- Patients were able to access care and treatment from other health professionals who worked with the practice to provide good outcomes.
- Concerns and complaints were thoroughly investigated and changes were made if required.

Our findings

Responding to and meeting people's needs

Patients told us they were able to book appointments in advance with the GP of their choice. All patients we spoke with, or had completed a comment card were satisfied that they could see a doctor or nurse in an emergency situation, even if it was not their named GP. They all commented that they were always seen in an emergency. The two GPs and practice manager we spoke with told us that they would always see patients with urgent conditions.

The practice offered extended opening hours for patients who were working or had other responsibilities which meant they were not able to access the practice during normal opening hours. For example, there was a pre booked appointment session on Wednesday evenings. We found that there was a duty doctor system operational in the mornings to see urgent cases. These appointments were made by GP after a telephone consultation with a patient. GPs also undertook telephone consultations for those patients' who did not wish or need to attend the surgery.

Routine blood tests and other investigations were collated daily by administrative staff and a list prepared for the relevant GP. The GP was then responsible for either telephoning or writing to the patient concerned with the outcome and whether any further treatment was necessary. This usually occurred after 2pm.

We observed one receptionist taking a telephone call from a patient who was anxious about their blood result in the morning. The receptionist reassured the patient that they would get a GP to call them back as soon as possible to discuss the result. This information was logged on the computer system so the GP would contact the patient. This demonstrated a flexible and responsive approach to a concern a patient had.

Access to the service

Two patients raised concerns when they spoke with us or via the comment card about the length of time they waited once they have arrived for their appointment. They said they sometimes had to wait for up to half an hour. The GPs told us they knew patients sometimes waited to be seen, but were committed to providing a service for patients and ensuring needs were met. They said they had not received any formal complaints about this issue, as the majority of

Are services responsive to people's needs?

(for example, to feedback?)

patients were happy to wait. This was confirmed by patients we spoke with, who said although they might have to wait, that was their only concern, as the treatment was excellent.

The practice made referrals to other health professionals via Brighton Integrated Care Service. Patients said that they were referred quickly and further treatment was offered in a timely manner.

Concerns & Complaints

The practice had an effective complaints procedure, which clearly set out what actions the practice would take if concerns were received. There was information on how to make a complaint displayed in the waiting room.

The practice had received one complaint in the past 12 months. This was investigated and action taken to ensure the patient was satisfied with the outcome. Patients we spoke to considered they had no reason to complain, but would approach the GPs or practice managers with any concerns. The comments we received showed that patients did not feel the need to make a complaint about the service provided and were more than satisfied with the overall care and treatment they received.

Are services well-led?

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

Summary of findings

- The practice had a clear vision on how they wanted the practice to develop and improve. This information was shared openly with all staff members of the team. Staff we spoke with considered that the practice leadership was open and supportive and they were supported to carry out their role. All staff who worked at Matlock Road Medical Centre were aware of the ethos of the practice of openness, support and being patient centred. They demonstrated this in their everyday work.
- There was a clear strategy in place for clinical governance arrangements and we found that improvements had been made to patient care as a result of audits.
- Staff told us that they could talk with any of the doctors or the practice manager if they had any ideas for improvement or any concerns and they were listened to and action taken if needed.
- Training for all staff was in place, the practice manager was in the process of reviewing staff training needs in order to implement a formal training programme to meet staff's needs.
- Suitable systems were in place to monitor and manage risks to patients' and staff. This meant that patients' were treated and cared for in a safe environment.

Our findings

Leadership & Culture

Reception and administration staff said that there was a strong leadership culture demonstrated by the GPs and practice manager. They described the culture in the service as being open and supportive. They considered they were well looked after and if this was not the case, it would be evident as the team was small. Communication was effective and staff were continually kept informed about the running of the practice.

When asked about the vision and values of the practice one GP told us that it was focussed on meeting patients' needs and it would continue that way. The GP told us that they shared all decisions and staff were able to approach them if they needed to. All staff we spoke with confirmed this. Both GPs considered that all the staff in the practice worked well as a team and they valued their input. This was evident from our observations on the day of inspection. Staff had clear guidance on their roles and were able to describe what they were responsible for in the practice.

Governance Arrangements

One GP we spoke with told us that information was received from the Out of Hours provider and the relevant GP for the patient, received this information daily via email. We saw that patient's test results were coordinated by the administration team, along with any repeat prescription requests. There were systems in place to alert GPs if there were any concerns with test results or repeat prescriptions. The member of staff responsible for this told us and we saw this process in action. Information we held showed the practice completed prescription requests within three working days. One GP said that the majority were completed within two working days.

Systems to monitor and improve quality & improvement

The practice used information from their Quality Outcome framework (QOF) survey to monitor and improve quality. One example a GP spoke with us about was the over prescribing of statins (a medicine used to lower blood cholesterol to minimise the risk of stroke). The GPs told us that they had reviewed all patients' who were prescribed statins and made ensure that these medicines were being prescribed appropriately for the patient's current condition. This was documented.

Are services well-led?

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

Another GP told us about reviewing attendance at the accident and emergency department (A&E). They said they reviewed these figures on a regular basis and if a patient was attending the A&E frequently they would invite them in for an appointment to see if their condition could be better managed. The GP gave an example of a patient with a mental health condition who was often quite anxious and required reassurance.

GPs told us they met with the Clinical Commissioning Group and other GP practices within the area to discuss plans for the future and how health care provision would be managed by all GPs. They said they were considering becoming part of a federation (this is where GPs work with each other to provide specific services to groups of patients, across a wider area), but would retain their independence and identity.

Patient Experience & Involvement

The practice had an active virtual Patient Participation Group (PPG) which was organised via emails and consisted of 43 members.

Patients we spoke with and comments received showed that if they had any concerns they were able to speak with a member of staff and action would be taken. All of the respondents did not have any concerns about the way the practice was run. We saw there was a suggestion box situated in the waiting area which could only be accessed by the practice manager. One member of staff said that the practice manager would share any suggestions or comments with them; they added that when they received compliments verbally they informed the practice manager and GPs.

Staff engagement & Involvement

Staff we spoke with said that they would share any ideas for improvement with the practice manager or the GPs. They added that they considered they were listened to, supported and valued. The practice manager and GPs we spoke with said that staff would discuss any concerns with them. They said they valued the staff team and knew the importance of supporting them in their roles.

Staff meetings were held every three months. We saw records which confirmed this. Staff told us any immediate concerns or information they needed to know was always relayed in a timely manner.

Reception staff told us they had regular meetings and they were able to propose items for the agenda. They showed us a handover notebook which is kept at the reception desk and used for messages or information from external sources, which require sharing across the team.

Learning & Improvement

Staff we spoke with said they were able to access training to keep up to date. The practice's training programme demonstrated that training had been provided on areas such as, basic life support and fire safety training. The practice manager who had been in post for only ten weeks said that one of their priorities was to review all members of staff's training needs and develop personal training plans. There was an effective system in place to ensure all staff received an appraisal each year.

The GPs we spoke with confirmed they had opportunity to update their practice. The nurse told us they had protected training days in order to fulfil their registration requirements and had received an appraisal within the past twelve months. They had also had the opportunity to undertake training in child immunisations, smoking cessation and diabetes care.

Staff told us that the GPs and practice manager were approachable and they were able to discuss concerns they had over patient treatments.

Identification & Management of Risk

The practice had arrangements in place to identify and manage risk. Analysis had been undertaken of sudden deaths which had occurred. Information from these reviews had been shared in practice meetings. Multi-disciplinary meetings were held regularly and records showed they were well structured and included an item on significant events. We noted from records provided by the practice that following an annual prescription meeting prescribing of generic medicines had increased by 7% and the practice was 2% below the expected budget for prescribing when compared with other GPs.

Older people

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

Summary of findings

- There were suitable procedures in place to identify and report concerns if staff considered a patient was at risk of being abused.
- Patients were able to have an annual health check.
- Patients were treated with respect and their privacy and dignity maintained.
- Referrals were made to other health professionals to provided good outcomes for patients.
- The practice was well led with a clear vision on how they wanted the practice to develop and improve.

Our findings

Safe

The practice had policies and procedures in place for staff to follow if they suspected children or vulnerable adults were at risk of harm. These clearly stated who to report any concerns to and actions that should be taken. Staff were able to describe what they would do if they thought a patient was at risk of harm or witnessed any concerning incidents. This meant that patients were protected from the risk of abuse.

Effective

Regular audits of practice were carried out and GPs adhered to best practice protocols to ensure patients received effective treatment. For example an audit was undertaken of patients on heart medicines and the practice identified that 25% of the patients were not on effective treatment. Changes were made which resulted in 90% of the patients' being placed on a more effective treatment.

Patients were able to have annual health checks. This meant that their condition could be regularly reviewed and changes made to treatment if needed.

Caring

Patients who used the practice were treated with respect and their privacy and dignity was maintained. Patients considered that the doctors and nurse listened to them and they were involved in decision making about care and treatment. Patients thought that they were given sufficient information with which to make a decision.

Responsive

Patients were able to access care and treatment from other health professionals who worked with the practice to provide good outcomes.

Well led

The practice had a clear vision on how they wanted the practice to develop and improve. This information was shared openly with all staff members of the team. Staff we spoke with considered that the practice leadership was open and supportive and they were supported to carry out

Older people

their role. All staff who worked at Matlock Road Medical Centre were aware of the ethos of the practice of openness, support and being patient centred. They demonstrated this in their everyday work.

People with long term conditions

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

Summary of findings

- There were suitable procedures in place to identify and report concerns if staff considered a patient was at risk of being abused.
- The practice offered a monitoring programme for those patients' with long term conditions, such as asthma or hypertension. (high blood pressure)
- Patients were treated with respect and their privacy and dignity maintained.
- Referrals were made to other health professionals to provided good outcomes for patients.
- The practice was well led with a clear vision on how they wanted the practice to develop and improve.

Our findings

Safe

The practice had policies and procedures in place for staff to follow if they suspected children or vulnerable adults were at risk of harm. These clearly stated who to report any concerns to and actions that should be taken. Staff were able to describe what they would do if they thought a patient was at risk of harm or witnessed any concerning incidents. This meant that patients' were protected from the risk of abuse.

Effective

Regular audits of practice were carried out and GPs adhered to best practice protocols to ensure patients received effective treatment.

Regular monitoring was offered to patients to assist them in the management of their condition, with the aim of keeping in good health. These will included those with:

- Coronary heart disease
- Stroke
- Hypertension
- Asthma and chronic respiratory disease
- Diabetes

Caring

Patients who used the practice were treated with respect and their privacy and dignity was maintained. Patients considered that the doctors and nurse listened to them and they were involved in decision making about care and treatment. Patients thought that they were given sufficient information with which to make a decision.

Responsive

Patients were able to access care and treatment from other health professionals who worked with the practice to provide good outcomes.

People with long term conditions

Well led

The practice had a clear vision on how they wanted the practice to develop and improve. This information was shared openly with all staff members of the team. Staff we spoke with considered that the practice leadership was

open and supportive and they were supported to carry out their role. All staff who worked at Matlock Road Medical Centre were aware of the ethos of the practice of openness, support and being patient centred. They demonstrated this in their everyday work.

Mothers, babies, children and young people

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

Summary of findings

- There were suitable procedures in place to identify and report concerns if staff considered a patient was at risk of being abused.
- Antenatal and post natal care was offered by the surgery for pregnant women.
- Child development checks and vaccinations clinics were offered by the practice.
- Patients were treated with respect and their privacy and dignity maintained.
- Referrals were made to other health professionals to provided good outcomes for patients.
- The practice was well led with a clear vision on how they wanted the practice to develop and improve.

Our findings

Safe

The practice had policies and procedures in place for staff to follow if they suspected children or vulnerable adults were at risk of harm. These clearly stated who to report any concerns to and actions that should be taken. Staff were able to describe what they would do if they thought a patient was at risk of harm or witnessed any concerning incidents. This meant that patients' were protected from the risk of abuse.

Effective

Regular audits of practice were carried out and GPs adhered to best practice protocols to ensure patients' received effective treatment.

Child development checks were offered at six weeks of age, at the same time as post natal checks. Appointments could be made with health visitors to carry out development checks for children aged two to two and half years old, if a parent requested this. This meant that the health and welfare of children was monitored and treatment could be offered if needed.

Parents with young children were able to have them vaccinated against illnesses such as measles, mumps and rubella. This meant that young children could be protected against illness.

Caring

Patients who used the practice were treated with respect and their privacy and dignity was maintained. Patients considered that the doctors and nurse listened to them and they were involved in decision making about care and treatment. Patients thought that they were given sufficient information with which to make a decision.

Responsive

Patients were able to access care and treatment from other health professionals who worked with the practice to provide good outcomes.

Mothers, babies, children and young people

Antenatal care was carried out at the practice and this was shared with the GP and a midwife. Pregnant women could opt to have midwife centred care or shared care with a hospital consultant. This meant a pregnant woman could choose where they wanted to receive treatment whilst pregnant.

Well led

The practice had a clear vision on how they wanted the practice to develop and improve. This information was

shared openly with all staff members of the team. Staff we spoke with considered that the practice leadership was open and supportive and they were supported to carry out their role. All staff who worked at Matlock Road Medical Centre were aware of the ethos of the practice of openness, support and being patient centred. They demonstrated this in their everyday work.

Working age people (and those recently retired)

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

Summary of findings

- There were suitable procedures in place to identify and report concerns if staff considered a patient was at risk of being abused.
- Extended opening hours were offered so patients who had to work were able to access care and treatment at a time suitable for them.
- Vaccinations for travel and illnesses such as Hepatitis B were offered by the practice.
- Patients aged 40 to 74 years old were able to have a health check if they wanted one.
- Patients were treated with respect and their privacy and dignity maintained.
- Referrals were made to other health professionals to provided good outcomes for patients.
- The practice was well led with a clear vision on how they wanted the practice to develop and improve.

Our findings

Safe

The practice had policies and procedures in place for staff to follow if they suspected children or vulnerable adults were at risk of harm. These clearly stated who to report any concerns to and actions that should be taken. Staff were able to describe what they would do if they thought a patient was at risk of harm or witnessed any concerning incidents. This meant that patients were protected from the risk of abuse.

Effective

Regular audits of practice were carried out and GPs adhered to best practice protocols to ensure patients received effective treatment.

Adult immunisations were offered by the practice these included vaccinations against Hepatitis B and travel vaccinations. This meant that patients were protected against the risk of illness.

All patients between the ages to 40 to 74 years old could have a health check if they wanted. This meant their health and wellbeing could be monitored and treatment offered if needed.

The practice offered extended opening hours for patients who were working or had other responsibilities which meant they were not able to access the practice during normal opening hours. For example, there was a pre booked appointment session on Wednesday evenings. We found that there was a duty doctor system operational in the mornings to see urgent cases. These appointments were made by GP after a telephone consultation with a patient. GPs also undertook telephone consultations for those patients' who did not wish or need to attend the surgery.

Caring

Patients who used the practice were treated with respect and their privacy and dignity was maintained. Patients

Working age people (and those recently retired)

considered that the doctors and nurse listened to them and they were involved in decision making about care and treatment. Patients thought that they were given sufficient information with which to make a decision.

Responsive

Patients were able to access care and treatment from other health professionals who worked with the practice to provide good outcomes.

Well led

The practice had a clear vision on how they wanted the practice to develop and improve. This information was shared openly with all staff members of the team. Staff we spoke with considered that the practice leadership was open and supportive and they were supported to carry out their role. All staff who worked at Matlock Road Medical Centre were aware of the ethos of the practice of openness, support and being patient centred. They demonstrated this in their everyday work.

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

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

Summary of findings

- There were suitable procedures in place to identify and report concerns if staff considered a patient was at risk of being abused.
- Care and treatment was reviewed to ensure it was effective.
- Information was available for groups which could support patients' with their condition.
- Patients were treated with respect and their privacy and dignity maintained.
- Referrals were made to other health professionals to provided good outcomes for patients'.
- The practice was well led with a clear vision on how they wanted the practice to develop and improve.

Our findings

Safe

The practice had policies and procedures in place for staff to follow if they suspected children or vulnerable adults were at risk of harm. These clearly stated who to report any concerns to and actions that should be taken. Staff were able to describe what they would do if they thought a patient was at risk of harm or witnessed any concerning incidents. This meant that patients' were protected from the risk of abuse.

Effective

Regular audits of practice were carried out and GPs adhered to best practice protocols to ensure patients received effective treatment.

We saw leaflets displayed in the waiting area on health promotion. There was information for younger adults; in particular we saw details of drop in centre for patients aged 18-25 years old who needed support to refrain from taking illegal drugs; meningitis awareness and Life Coaching Skills for 13-25 year old patients.

Caring

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Responsive

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their role. All staff who worked at Matlock Road Medical Centre were aware of the ethos of the practice of openness, support and being patient centred. They demonstrated this in their everyday work.

People experiencing poor mental health

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

Summary of findings

- There were suitable procedures in place to identify and report concerns if staff considered a patient was at risk of being abused.
- Care and treatment was reviewed to ensure it was effective.
- Patients were treated with respect and their privacy and dignity maintained.
- Referrals were made to other health professionals to provided good outcomes for patients.
- The practice was well led with a clear vision on how they wanted the practice to develop and improve.

Our findings

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Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 21 HSCA (Regulated Activities) Regulations 2010 Requirements relating to workers.</p> <p>The registered provider did not operate effective recruitment procedures to ensure suitable people were employed for the purposes of carrying on regulated activities as suitable checks were not consistently carried out and there were no risk assessments in place for why some staff had not had a DBS check. Regulation 21 (a) (b)</p>
Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 21 HSCA (Regulated Activities) Regulations 2010 Requirements relating to workers.</p> <p>The registered provider did not operate effective recruitment procedures to ensure suitable people were employed for the purposes of carrying on regulated activities as suitable checks were not consistently carried out and there were no risk assessments in place for why some staff had not had a DBS check. Regulation 21 (a) (b)</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (Regulated Activities) regulations 2010 Cleanliness and infection control.</p> <p>The registered provider did not ensure as far as practicably possible that service users and others were not protected against identifiable risks of acquiring an infection, as sharps bins were not safely stored and were accessible to service users using the practice when a clinician was not in the clinical room.</p> <p>Regulation 12 (1) (a) (c) 2 (a) (c) (ii) (iii)</p>

This section is primarily information for the provider

Compliance actions

Regulated activity

Diagnostic and screening procedures

Regulation

Regulation 12 HSCA (Regulated Activities) regulations 2010 Cleanliness and infection control.

The registered provider did not ensure as far as practicably possible that service users and others were not protected against identifiable risks of acquiring an infection, as sharps bins were not safely stored and were accessible to service users using the practice when a clinician was not in the clinical room.

Regulation 12 (1) (a) (c) 2 (a) (c) (ii) (iii)