

Benfield Valley Healthcare Hub

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?	Requires improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people's needs?	Good		
Are services well-led?	Good		

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Benfield Valley Healthcare Hub on 23 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Risks to patients were not always assessed and well managed. For example the health and safety of the building and infection control.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice had been unable to recruit to vacant GP posts which meant that staffing levels were sometimes insufficient to meet the demands of the population. This had led to cancelled patient appointments.
- The practice had implemented innovative measures to try and increase GP capacity. This included the recent appointment of additional GPs, a practice based pharmacist and a contract with an independent health care provider for a GP telephone consultation service.
- Results from the national GP survey showed patient satisfaction was lower than average in a number of areas. For example, patients did not always feel they were involved in their care and decisions about their treatment. There were lower than average levels of satisfaction in relation to being able to speak with or see the GP they preferred.
- Information about services and how to complain was available.
- There was a leadership structure and staff felt supported by management.

Summary of findings

- The practice sought the views of patients through the local health forum. There was evidence that these had been acted on.

The areas where the provider must make improvements are:-

- Implement systems for assessing, monitoring and acting on risks in relation to the health and safety of patients, staff and visitors.
- Take action to address identified concerns with infection prevention and control.
- Improve the security of blank prescription stationery.

The areas where the provider should make improvements are:-

- Continue to take action in order to address areas where lower levels of patient satisfaction have been identified.

- Ensure that plans to ensure all staff have an annual appraisal are successfully implemented.
- Keep higher than average exception reporting rates for the quality and outcomes framework under review and ensure action is taken to reduce rates where clinically appropriate.
- Build on the work undertaken so far to identify carers within the practice in order to increase the number of carers known to the practice and help ensure they receive appropriate support.
- Ensure that risk assessments accurately identify staff who are likely to be left alone with patients and that appropriate recruitment checks are undertaken.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was a system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were not always assessed and well managed. For example, in relation to fire, health and safety risk assessments and infection control.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly at or above the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Not all staff had up to date appraisals and personal development plans, although plans were in place to rectify this.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care.
- Feedback from the national GP survey showed lower than average levels of satisfaction with GP involving them in decisions about their care, listening to them and treating them with care and concern.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice was part of the local Extended Primary Integrated Care (Epic) pilot to improve access to care and support services.
- Results from the national GP survey showed that only 63% of patients said they the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 78% and the national average of 76%.
- However, the practice had implemented a number of measures to improve patient access which included the appointment of an additional GP and a practice based pharmacist. It also had a contract within independent provider to provide additional GP telephone consultations.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The arrangements for governance were in place.
- Systems for identifying, capturing and managing issues and risks were not always effective.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice sought feedback from staff and patients, which it acted on. The local health forum for patient feedback and involvement was active.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

- The practice worked with other practices and health and social care providers in the locality to identify patients at risk of avoidable, unplanned admission to hospital to ensure that they had a plan of care in place in order to prevent this.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification was 94% compared to the clinical commissioning group (CCG) average of 87% and the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- There were personalised care plans in place for patients with diabetes and chronic lung disease.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed was 77% compared to the CCG average of 81% and the national average of 82%.
- Appointments were available outside of school hours.

Good



Summary of findings

- The practice was able to work closely with midwives, who were based in the same premises.
- The practice employed a nurse practitioner with a special interest in women's health who ran weekly clinics for contraception and sexual health.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible.
- Appointments were available in the evenings and at weekends via an extended hour's service which was shared with three neighbouring practices. This included a comprehensive contraception, women's health and sexual health service in the evening.
- The practice had recently implemented an electronic prescribing system which enabled people to obtain medication from a pharmacist close to their place of work.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice identified patients living in vulnerable circumstances including homeless people, and those with a learning disability.
- The practice provided care to young male patients who were being provided with accommodation and support by a national Christian organisation.
- The practice worked closely with local drug and alcohol services to support patients struggling with substance misuse.
- The practice hosted a 'community navigator' who supported vulnerable patients with accessing various support groups and voluntary organisations.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The percentage of patients with a severe and enduring mental health problem who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (04/2014 to 03/2015) was 79% compared to the CCG average of 83% and the national average of 88%.
- The practice was able to refer patients to memory assessment services based in the same premises. The specialist nurses who ran this service provided the GPs with easy access to advice and guidance as required.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had invested in making its premises at the Portslade County Clinic location more 'dementia friendly', for example having contrasting colours for doors and door frames.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below local and national averages. Three hundred and eighteen survey forms were distributed and 106 were returned. This represented 2% of the practice's patient list.

- 72% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 75% and the national average of 73%.
- 63% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 78% and the national average of 76%.
- 65% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.

- 53% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards. Four of the comments received were positive about the care they received from the doctors and nurses, describing them as caring and helpful. One patient commented that they had had to wait thirty to forty minutes to be seen for their appointment. Another commented that they found it difficult to get an appointment with a GP and would like to be able to book appointments ahead rather than just on the day.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvements are:-

- Implement systems for assessing, monitoring and acting on risks in relation to the health and safety of patients, staff and visitors.
- Take action to address identified concerns with infection prevention and control.
- Improve the security of blank prescription stationery.

Action the service SHOULD take to improve

The areas where the provider should make improvements are:-

- Continue to take action in order to address areas where lower levels of patient satisfaction have been identified.

- Ensure that plans to ensure all staff have an annual appraisal are successfully implemented.
- Keep higher than average exception reporting rates for the quality and outcomes framework under review and ensure action is taken to reduce rates where clinically appropriate.
- Build on the work undertaken so far to identify carers within the practice in order to increase the number of carers known to the practice and help ensure they receive appropriate support.
- Ensure that risk assessments accurately identify staff who are likely to be left alone with patients and that appropriate recruitment checks are undertaken.

Benfield Valley Healthcare Hub

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

Background to Benfield Valley Healthcare Hub

The Benfield Valley Healthcare Hub is situated in the Portslade and Hove areas of Brighton. It is based at two locations The Portslade County Clinic and Burwash Medical Centre. It provides general medical services to approximately 5,500 patients.

There are three GP partners, two non-clinical partners and four salaried GPs. There are two nurse practitioners, one practice nurse and two health care assistants. There is one pharmacist. There is a practice manager and a team of secretarial, administrative and reception staff.

The practice has a contract with Brighton and Hove Integrated Care Services (a not-for-profit social enterprise and primary care organisation) for the provision of some of its back office functions including human resource management, finance, health and safety and the provision of some of its policies and procedures. It also has a contract with an independent provider of health and social care for the provision of GP telephone consultation services.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average number of

patients between the ages of 0 and 18. It has a lower than average population over the age of 85. There is a much higher level of income deprivation affecting both children and older people when compared to the national average.

The Benfield Valley Healthcare Hub is open at the Portslade County Clinic site from 8.30am until 12.30pm and 2pm until 6pm Monday to Friday. There is extended access on Tuesday evenings between 6.30pm and 7.15pm. The Burwash Road Surgery is open from 2pm until 5.30pm on a Monday, Tuesday Wednesday and Friday and from 9am to 12.30pm on a Thursday. All GP appointments are triaged which means that when a patient telephones the practice, the receptionist takes their telephone number and the GP or nurse practitioner calls them back. The patient speaks directly with a GP or a nurse practitioner who assesses their clinical need and either deals with it on the telephone or, if necessary, makes an appointment for the patient to be seen that day. Telephone triage appointments can be booked over the telephone, on line or in person at the surgery. Patients are provided with information on how to access the out of hour's service on the practice website or by calling the practice. The out of hour's service is provided by Integrated Care 24 Limited.

The practice provides a number of services and clinics for its patients including smoking cessation, cervical screening, childhood vaccines and immunisations, family planning and minor surgery.

The practice provides services from the following locations:-

Portslade County Clinic

Old Shoreham Road

Portslade

Detailed findings

Brighton

East Sussex

BN41 1XR

Burwash Medical Centre

14 Burwash Road

Hove

East Sussex

BN3 8GQ

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 June 2016. During our visit we:

- Spoke with a range of staff which included the GPs, the nurse practitioner, a practice nurse, the practice manager, a non-clinical partner and the administrative and reception staff.

- We spoke with two patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

The practice had a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents by email or by completing a recording form available on the practice's computer system.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information and were provided with a written or verbal apology.
- The practice carried out an analysis of the significant events.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared. For example, we saw that in response to an incident relating to the misfiling of correspondence requiring action, the practice had implemented a more rigorous procedure to ensure that clinicians were sent an electronic task to also highlight that action was required.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role however, not all of them had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a

person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Whilst the practice had undertaken a risk assessment that identified that the risk of these staff being left alone with patients was low, some of these staff told us that they did sometimes meet with patients on their own, for example if they needed to discuss something confidential away from the reception area. We spoke with the practice manager about this and they told us that DBS checks would be undertaken for these staff as a result.

- The nurse practitioner was the infection control clinical lead supported by the healthcare assistant who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place and staff had received up to date training. Annual infection control audits were undertaken; however it was not clear how and whether improvements identified were being addressed. We also saw that effective arrangements for the correct storage and disposal of sharps containers were not in place. In one of the consulting rooms the dates on the sharps boxes indicated that they had not been collected and disposed of within the recommended three months after first use. For example one of the sharps containers was dated as being in first use in March 2015 and another in October 2012. This meant that infection control risks had not been adequately identified or addressed.
- There were arrangements in place for managing medicines, including emergency medicines and vaccines, (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored, however the practice did not have systems in place to monitor their use. For example, there was no record of receipt of the pads for handwritten prescriptions or any record to show when they had been taken for use by the GPs. There was no record kept of the distribution of pre-printed prescription form stock within the practice including the

Are services safe?

serial numbers, where, when and to whom the prescriptions had been distributed. This meant that the practice did not have comprehensive systems in place to prevent theft and misuse of blank prescriptions.

- One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were not adequately assessed and well managed.

- The practice did not have effective procedures for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. However, it was noted that the fire risk assessment undertaken in April 2016 of the Burwash Medical Centre drew attention to the fact that all areas requiring action identified at the last fire risk assessment in 2013 were still current including those that should have been dealt with immediately. Previous and current fire risk assessment action plans for both sites were incomplete and there was no evidence to show how and by whom the actions identified were being addressed. This included exposed mains electrical equipment and defective installations. This meant that there were risks to patient and staff safety. After the inspection the practice sent us up to date action plans which identified work that had been completed as well as work that was in progress to address the risks.
- There was no evidence to show that all electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had risk assessments in place to monitor the control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, records showed that the health and safety check lists for the premises were not being undertaken according to the frequency the practice had identified as being necessary.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. However, we found that due to difficulties recruiting GPs the practice had relied heavily on locum staff over the last year. There had been occasions when locums had cancelled at short notice and appointments had to be cancelled. We also found that because the practice was only able to staff the Burwash Medical Centre site with one GP, if that GP was called away for an emergency, it had been necessary to close the site at short notice. This meant that patients' needs were not always been met.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available. Exception reporting was significantly higher than the CCG or national averages for indicators relating to the management of people with severe and enduring mental health problems. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice told us that they were aware of this and that exception reporting rates were regularly reviewed. The exception reporting rates for mental health had been high due to a high number of patients being recorded as in remission, also, some were being cared for in hospital and some had made an informed decision to decline an annual review. The practice had worked closely with local support organisations and mental health services to encourage patients to engage with their care and exception reporting rates for 2015/2016 already showed a significant reduction.

Data from 2014/2015 also showed good performance in the following areas:

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 94% compared to the CCG average of 87% and the national average of 88%.

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness in the preceding 12 months (04/2014 to 03/2015) was 91% compared to the CCG average of 89% and the national average of 90%.
- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (04/2014 to 03/2015) was 97% compared to the CCG average of 93% and the national average of 94%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring that 100% female patients who were prescribed emergency hormonal contraception had at least once in the last year received information from the practice about the long acting reversible methods of contraception at the time or within one month of the prescription. This was above the quality and outcomes framework standard for this indicator of 90%.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All clinical staff had received an appraisal within the last 12 months, however appraisals had not been undertaken for the administrative and reception staff. The practice told us that they were in the process of implementing training for supervisory staff so that they could undertake appraisals for their staff. They told us that they planned to ensure that all staff received an annual appraisal over the next year to coincide with the anniversary of the start date of their employment.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and protected time for in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given to under two year olds ranged from 62% to 91% and five year olds from 65% to 68%. There was no information available on the CCG average for childhood immunisations.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Four out of the six patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt staff were helpful, caring and supportive.

We spoke with two patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded positively when they needed help and provided support when required.

Results from the national GP patient survey showed patients did not always feel they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with nurses. However, satisfaction with GPs was mainly below average. For example:

- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

However,

- 76% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.

- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 72% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 85%.

The practice told us that this was because they merged with Burwash Medical Centre two years ago and that two long serving GPs had retired. Over the last two years they had been unable to recruit additional GPs and had relied heavily on locum staff. This meant that in the short term the number of GP appointments available had been reduced and that patients had not always received continuity of care with their preferred GP. This had led to reduced patient satisfaction. The practice had recently appointed additional GPs and anticipated that patient satisfaction would improve as a result. It had also implemented a number of measures to increase GP capacity. This included the agreement of a contract with an independent provider for additional GP telephone consultations. We also saw evidence that plans were in place to introduce video consultations with GPs so that patient access could be improved. The practice had also recently appointed a pharmacist who could also see patients for specific conditions. This also provided additional capacity and relieved pressure on GP appointments.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients did not always respond positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 70% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.

Are services caring?

- 66% of patients said the last GP they saw was good at involving them in decisions about their care compared to CCG average of 80% and the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

The practice explained that the low levels of satisfaction were again due to changes in GP staffing, the merger with Burwash Medical Centre, the difficulties recruiting to vacant GP posts and heavy reliance on locum GPs. The practice had implemented a number of measures to increase GP capacity as described above.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 52 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice was part of the local Extended Primary Integrated Care (EPIC) pilot to improve access to care and support services. As part of this project the practice hosted a volunteer who was employed who worked as a 'community navigator', helping patients with complex needs to access the various community resources that were available. The practice had also been part of another EPIC pilot which meant they temporarily benefitted from having a primary care pharmacist join the team. As a result of this they had recruited their own pharmacist to the team who could see patients for certain conditions, independently prescribe and provide in-house expertise and advice on medicines management to staff.

- Appointments were available on a Tuesday evening at Portslade County Clinic from 6.30pm to 7.15pm to meet the needs of patients who worked during the day. The practice also provided an extended hour's service in partnership with three neighbouring practices which enabled patients to access services from 6pm to 8pm Monday to Friday and on Saturdays from 8am until 2pm at different locations within the area.
- There were longer appointments available for patients with a learning disability and those with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.
- The practice had invested in making its premises at the Portslade County Clinic location more 'dementia friendly', for example by having contrasting colours for doors and door frames.

Access to the service

The Benfield Valley Healthcare Hub was open at the Portslade County Clinic site from 8.30am until 12.30pm and 2pm until 6pm Monday to Friday. There was extended access on Tuesday evenings between 6.30pm and 7.15pm. The Burwash Medical Centre was open from 2pm until 5.30pm on a Monday, Tuesday Wednesday and Friday and from 9am to 12.30pm on a Thursday. All GP appointments were triaged which meant that when a patient telephoned the practice, the receptionist took their telephone number and the GP or nurse practitioner called them back. The patient spoke directly with a GP or a nurse practitioner who assessed their clinical need and either dealt with it on the telephone or, if necessary, made an appointment for the patient to be seen that day. Telephone triage appointments could be booked over the telephone, on line or in person at the surgery. Patients were provided with information on how to access the out of hour's service on the practice website or by calling the practice.

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

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 78%.
- 72% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.

However,

- Only 63% of patients said they the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 78% and the national average of 76%.
- Only 8% of patients said that they always or almost always see or speak to the GP they prefer compared to the CCG average of 41% and the national average of 36%.

The practice told us that this was because they had experienced significant difficulties recruiting the number of GPs they required. They had had vacancies for salaried GPs for over a year. However, they had recently recruited additional GPs which would lead to improved access to appointments and continuity of care. They had also agreed a contract with an independent provider of health care to provide additional GP telephone consultations. We also

Are services responsive to people's needs?

(for example, to feedback?)

saw evidence that plans were in place to provide video consultations so that patient access to GPs could be improved. The practice had also recently appointed a pharmacist who could also see patients for specific conditions. This also provided additional capacity and relieved pressure on GP appointments.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example there was a complaints leaflet for patients at the reception and on the practice's website. We saw that there was a complaints poster on the notice board in the waiting area.

We looked at four complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, in response to complaints about the telephone triage system, patients with complex needs or language difficulties were identified and provided with the ability to bypass the system and book face to face appointments directly with a GP or nurse.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear set of values and principles based on delivering high quality, compassionate care to patients. It had a business plan which included a set of objectives for the year ahead.

Governance arrangements

There was a governance framework in place with structures and procedures in place. These ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Clinical audit was used to monitor the quality of care in specific areas and to make improvements.
- An understanding of the performance of the practice was maintained

However,

- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not robust. For example in relation to fire, the health and safety of the building, infection control and medicines management.

Leadership and culture

The partners told us they prioritised safe, high quality and compassionate care in order to help people live better lives. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The partners encouraged a culture of openness and honesty. The practice had a system in place to ensure that when things went wrong with care and treatment people affected were provided reasonable support, truthful information and a verbal and written apology.

There was a leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any

issues at team meetings and felt confident and supported in doing so. We noted the whole team met together every three months as part of their protected learning time.

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice told us it valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through a local health forum which facilitated feedback and involvement from patients from four local practices. The health forum met quarterly and fed back and supported practices with proposals for improvement. For example, the health forum had recently supported the practice with a bid to NHS England to improve physical access at the Portslade County Clinic site for older patients and those with mobility problems.
- The practice had undertaken a patient survey of satisfaction with the telephone consultation service provided by the independent provider of health care which showed high levels of satisfaction with that element of service provision. The practice also analysed friends and family test feedback which identified that only 40% of respondents were likely or extremely likely to recommend the service. They told us that as a result of patient feedback they were looking at more innovative ways to improve service provision including the introduction of video consultations with GPs. They had recently recruited an additional GP and a practice based pharmacist which was also in response to the need to improve the level of service provision and provide more continuity of care.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example they told us that they had been involved in discussion about the implementation

Are services well-led?

Good 

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

of the new appointment system and that they had been able to input their ideas on how to make it work more effectively. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the local 'proactive care' project which involved working with other health and social care providers in the locality to identify patients at risk of avoidable, unplanned admission to hospital and ensure they had a plan of care in place in order to prevent this. The practice was part of the local Extended Primary Integrated Care (EPIC) pilot to improve access to care and support services. As part of this project the practice hosted a

volunteer who was employed who worked as a 'community navigator', helping patients with complex needs to access the various community resources that were available. The practice had also been part of another EPIC pilot which meant they temporarily benefitted from having a primary care pharmacist join the team. As a result of this they had recruited their own pharmacist to the team who could see patients for certain conditions, independently prescribe and provide in-house expertise and advice on medicines management to staff.

The practice had also embraced innovative ways of working to improve its capacity for example through a contact with an independent care provider to provide additional GP telephone consultations. It was also working with them to introduce video consultations.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients and staff.</p> <p>The provider did not have arrangements in place to ensure all electrical equipment was safe for use.</p> <p>The provider did not have proper arrangements in place for the safe management of medicines in relation to the security of blank prescription stationery.</p> <p>The provider did not have effective arrangements in place for the prevention and control of infection.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	