

Brighton Station Health Centre

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



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 Brighton Station Health Centre on 29 September 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice was inadequate for well led services and requires improvement for providing safe, effective, caring and responsive services. It also required improvement for providing services for the six population groups.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However information about safety was not consistently recorded, monitored, appropriately reviewed and addressed. There was no evidence of learning and communication with staff.

- Although some audits had been carried out, we saw no evidence that clinical audits were driving improvement in performance to improve patient outcomes.
- Systems, processes and policies in place to manage and monitor risks to patients, staff and visitors were not in place.
- The practice's extended opening hours enabled patients to access appointments and in a way and at a time that suited them.
- The practice actively encouraged its patients to live healthier lives. It provided health and well-being checks to registered patients and encouraged them to attend for a range of health checks.
- Patient feedback from the national GP survey showed good levels of satisfaction with getting through on the phone, the receptionists, the opening hours and the extent to which the nurses involved patients in their care and treated them with care and concern.

Summary of findings

- The results of the national GP survey showed patients were less satisfied with their ability to see their preferred GP, GPs being good at involving them in their care and GPs treating them with care and concern.
- The premises were clean and hygienic.
- Patient feedback showed that the majority felt they had to wait too long to be seen.
- Due to difficulties recruiting medical staff the practice there had been occasions when there had been insufficient medical cover and reliance on locum staff. This had an impact on patients having to wait to be seen and lack of continuity of care.
- Staff had completed a number of on-line training courses and we saw examples of where the practice supported the maintenance and development of professional skills. For example the development of the health care assistant role in the sexual health service.
- Not all staff undertaking medical chaperone duties had received training to equip them with the skills and knowledge required for the role.
- Information about services and how to complain was not easily available. There was limited evidence to show that lessons from complaints were acted upon and shared.
- Recruitment arrangements included all the necessary employment checks for all staff.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. For example it was part of the of the Brighton and Hove Extended Primary Integrated Care collaboration which aimed to improve patient access to care and support services.

We saw one area of outstanding practice:-

- The sexual health service provided patients with an accessible, discreet and confidential service. The clinic was open every day from 8am to 7pm and patients could either walk in or pre-book an appointment. The service offered on-site microscopy and was able to give same day results to its patients. One member of staff had won a national award which recognised the work that had been undertaken to implement sexual health services and projects designed to help reduce the number of sexually transmitted illnesses (STIs) in Brighton by improving detection rates. The service worked in

partnership with a local youth organisation to encourage and promote access for 14 -19 year olds to sexual health services. The service was proactive in undertaking sexual health screening and achieved very high rates of chlamydia screening as part of the National Chlamydia Screening Programme. All patients who were registered with the centre's GP practice were also offered a HIV test on registration to help improve detection rates. Patient surveys undertaken in the sexual health service demonstrated high levels of satisfaction with the opening hours and waiting times.

The areas where the practice must make improvements are:

- Ensure an ongoing programme of clinical audit is developed and undertaken and that audit cycles are completed and that the learning is shared.
- Ensure there are formal governance arrangements in place and staff are aware how these operate.
- Ensure information about safety is consistently recorded, monitored, addressed and appropriately shared and reviewed to ensure that lessons have been learnt.
- Ensure systems, processes and policies are put in place to manage and monitor risks to patients, staff and visitors.
- Ensure action plans are developed and implemented in response to feedback from staff and patients that address specific areas of concern including low levels of satisfaction in relation to consultations with doctors including GPs treating patients with care and concern, giving patients enough time, involving patients in decisions and explaining test results.
- Ensure patients know how to complain and that complaints are thoroughly investigated and acted upon, that the lessons learned are shared with staff and other stakeholders and that records are kept to demonstrate this.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff are employed in order to provide a safe and effective service to patients.
- Ensure staff undertake a comprehensive induction and have an annual appraisal which is recorded.
- Ensure all staff who undertake chaperone duties have received appropriate training.

Summary of findings

In addition the practice should:

- Ensure action plans are put in place to address the areas identified for improvement from audits of infection control.
- Put arrangements in place that allow staff to routinely work and meet with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment.

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 as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. Data showed patient outcomes were mostly in line with the local and national average. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing mental capacity and promoting good health. However, there was limited evidence of completed clinical audit cycles or that clinical audit was driving improvement in performance to improve patient outcomes. Not all staff had received training appropriate to their roles, for example, not all staff undertaking medical chaperone duties had received training to equip them with the skills and knowledge required for the role. Not all staff had received an annual appraisal. Multidisciplinary working was limited and took place on an informal basis only.

Requires improvement



Are services caring?

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made. Data showed that patients rated the practice lower than others for some aspects of care. The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.

Requires improvement



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day. The practice was equipped to treat patients and meet their needs.

Requires improvement



Summary of findings

Information about how to complain in a format they could understand was not easily available to patients. There was no evidence that learning from complaints had been shared with staff and that improvements had been implemented.

Are services well-led?

The practice is rated as inadequate for being well-led. It had a clear vision and strategy which staff were aware of but no detailed plans to achieve the vision, values and strategy. There was a leadership structure in place and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. However issues of quality, performance and risk were not consistently covered in the meetings and systems to monitor and improve quality and identify risk were not effective. There was minimal evidence of learning and reflective practice and only one clinical audit had been undertaken over the last year. Engagement with people who use services, staff or the public had been limited, and it was not always clear whether patient feedback had been acted upon. The practice did not have an active patient participation group (PPG). Not all staff had received inductions, or had regular performance reviews.

Inadequate



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 was rated as requires improvement for safe, effective, caring, responsive and inadequate for well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. Only 1% of patients registered at the practice were over the age of 65. Nationally reported data showed that outcomes for patients were mostly good for conditions commonly found in older people. The practice was responsive to the needs of older people, and offered home visits when required. The provider was part of a directly enhanced scheme which identified the most vulnerable 2% of the practice population and ensured that these patients had a care co-ordinator and a care plan to help avoid admission to hospital.

Requires improvement



People with long term conditions

The practice was rated as requires improvement for safe, effective, caring, responsive and inadequate for well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check that their health and medication needs were being met.

Requires improvement



Families, children and young people

The practice was rated as requires improvement for safe, effective, caring, responsive and inadequate for well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Staff described how children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice provided a dedicated sexual health service and provided a comprehensive family planning service. The practice worked closely with local youth organisations to encourage and promote access to sexual health services.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The practice was rated as requires improvement for safe, effective, caring, responsive and inadequate for well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice served a largely working age population, and student population the needs of which had been identified. The practice had ensured the services it offered to ensure these were accessible, flexible and offered continuity of care. Services and appointments were available outside working hours to ensure good access and the practice was open from 8am to 8pm 7 days a week. 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.

Requires improvement



People whose circumstances may make them vulnerable

The practice was rated as requires improvement for safe, effective, caring, responsive and inadequate for well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. It offered annual health checks for people with a learning disability. It offered extended appointments to patients it had identified as being vulnerable and particularly vulnerable patients had individualised care plans.

Staff were aware of how to identify patients that may be vulnerable and supported them in accessing 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice was rated as requires improvement for safe, effective, caring, responsive and inadequate for well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. People experiencing poor mental health were given an annual physical health check. The practice referred people experiencing poor mental health to the local mental health service practice. However it was noted that multi-disciplinary working in the case management of these patients was limited. It told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on and were familiar with the Mental Capacity Act 2005.

Requires improvement



Summary of findings

What people who use the service say

The 2014 national GP patient survey results published in January showed mixed performance for the practice compared to the local and national averages. There were 50 responses and a response rate of 11%.

- 87% find it easy to get through to this surgery by phone compared with a CCG average of 76% and a national average of 73%.
- 91% find the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.
- 36% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 66% and a national average of 60%.
- 88% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 88% and a national average of 85%.
- 85% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 81% describe their experience of making an appointment as good compared with a CCG average of 76% and a national average of 73%.
- 58% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 66% and a national average of 65%.
- 45% feel they don't normally have to wait too long to be seen compared with a CCG average of 59% and a national average of 58%.

We also looked at the results from March to August 2015 of the practice's own monthly patient surveys of satisfaction with their overall experience, the opening hours and appointment availability. The results showed that most patients rated their overall experience as excellent and that most were happy with the opening hours and appointment availability.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 10 comment cards which were all positive

about the standard of care received. Patients said that staff were friendly, helpful and efficient. They said that they were treated with dignity and respect and that the premises were clean and hygienic.

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Summary of findings

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Areas for improvement

Action the service **MUST** take to improve

Action the practice **MUST** take to improve:

- Ensure an on-going programme of clinical audit is developed and undertaken and that audit cycles are completed and that the learning is shared.
- Ensure there are formal governance arrangements in place and staff are aware how these operate.
- Ensure information about safety is consistently recorded, monitored, addressed and appropriately shared and reviewed to ensure that lessons have been learnt.
- Ensure systems, processes and policies are put in place to manage and monitor risks to patients, staff and visitors.
- Ensure action plans are developed and implemented in response to feedback from staff and patients that address specific areas of concern including low levels of satisfaction in relation to consultations with doctors including GPs treating patients with care and concern, giving patients enough time, involving patients in decisions and explaining test results.

- Ensure patients know how to complain and that complaints are thoroughly investigated and acted upon, that the lessons learned are shared with staff and other stakeholders and that records are kept to demonstrate this.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff are employed in order to provide a safe and effective service to patients. Ensure patients have access to both male and female GPs.
- Ensure staff undertake a comprehensive induction and have an annual appraisal which is recorded.
- Ensure all staff who undertake chaperone duties have received appropriate training.

Action the service **SHOULD** take to improve

- Ensure action plans are put in place to address the areas identified for improvement from audits of infection control.
- Put arrangements in place that allow staff to routinely work and meet with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment.

Outstanding practice

We saw one area of outstanding practice:

- The sexual health service provided patients with an accessible, discreet and confidential service. The clinic was open every day from 8am to 7pm and patients could either walk in or pre-book an appointment. The service offered on-site microscopy and was able to give same day results to its patients. One member of staff had won a national award which recognised the work that had been undertaken to implement sexual health services and

projects designed to help reduce the number of sexually transmitted illnesses (STIs) in Brighton by improving detection rates. The service worked in partnership with a local youth organisation to encourage and promote access for 14 -19 year olds to sexual health services. The service was proactive in undertaking sexual health screening and achieved very high rates of chlamydia screening as part of the National Chlamydia Screening Programme. All patients who were registered with the centre's GP

Summary of findings

practice were also offered an HIV test on registration to help improve detection rates. Patient surveys undertaken in the sexual health service demonstrated high levels of satisfaction with the opening hours and waiting times.

Brighton Station Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included the regional GP advisor for the CQC, a practice manager, a practice nurse and a second inspector.

Background to Brighton Station Health Centre

Brighton Station Health Centre, is a GP treatment **centre** offering a general practitioner, sexual **health** and walk-in services for minor injuries and illnesses to its patients. The GP and walk-in service are open from 8am until 8pm seven days a week. The sexual health service provides walk in appointments from 9am-12pm and 3pm-7pm and pre-bookable appointments 8am-9am and 1.30pm-3pm. The telephone lines for the centre are open from 6am until 10pm.

The practice employs 2 male general practitioners, 2 nurse practitioners, 2 practice nurses, 3 sexual health nurses and 3 health care assistants. The health centre is managed by a clinical director and a service manager supported by a deputy service manager. It employs 11 administrative and clerical staff.

The service is provided at the following location:-

Aspect House

84-87 Queens Road

Brighton

East Sussex

BN1 3XE

Brighton Station Health Centre is owned by Care UK and has a contract with Public Health England to provide sexual health services. It has an alternative provider medical services contract with NHS England to provide general practitioner services to registered patients. It has a contract with Brighton and Hove clinical commissioning group to provide a walk in minor illness and injury service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This inspection was planned to check whether the practice 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 including the Brighton and Hove Clinical Commissioning Group (CCG), Health watch and NHS England to share what they knew.

Detailed findings

During our visit we spoke with a range of staff including, the GPs, the service manager, the clinical director, the nursing staff, administrative staff and receptionists. We examined practice management policies and procedures. We also reviewed 11 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

- Is it well-led?

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

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

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last year. However, it was not always clear from the records whether and where reported incidents had been discussed, what action had been taken, what the learning had been and how this had been shared.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. Staff used incident forms on the practice's intranet and sent completed forms to the service manager. They showed us the system used to manage and monitor incidents. We tracked 11 incidents and saw records were not always completed in a comprehensive manner. For example, there were no records of any discussions about the incidents on the system. Whilst we could see that significant events was a standing item on the practice meeting agenda it was not clear from the recording system or the minutes of meetings that all events were discussed. There was limited evidence to show what the practice had learned from these events and how the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue and felt encouraged to do so. However, some of the staff we spoke with who had raised alerts had not received any feedback on the outcome of alerts they had raised.

National patient safety alerts were disseminated by email to staff. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. They also told us alerts were discussed at team meetings to ensure all staff were aware of any that were relevant to the practice and where they needed to take action.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice had appointed a dedicated lead GP for safeguarding vulnerable adults and children. They had been trained in both adult and child safeguarding and could demonstrate they had the necessary competency and training to enable them to fulfil these roles. All staff we spoke with were aware of who the safeguarding lead was and who to speak with if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection.

There was a chaperone policy, which was visible on the waiting room noticeboard and in consulting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). However not all staff undertaking these duties had undertaken training to ensure they understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. All staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks. (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).

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take

Are services safe?

in the event of a potential failure. Records showed room temperature and fridge temperature checks were carried out which ensured medicines were stored at the appropriate temperature.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

The nurses used Patient Group Directions (PGDs) to administer vaccinations and other medicines that had been produced in line with legal requirements and national guidance. There were up to date sets of PGDs. The nurses and the health care assistants had received appropriate training and been assessed as competent to administer the medicines referred to either under a PGD or in accordance with a PSD from the prescriber.

Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the premises clean and had no concerns about cleanliness or infection control.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

The practice had a lead nurse for infection control. They had not yet undertaken further training to enable them to undertake the role but there was evidence that this was due to take place in November 2015. All staff received on line training about infection control specific to their role.

We saw evidence that audits of infection control had been undertaken during the last year however there was no action plan in place to address the areas identified for improvement.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

We saw that the practice's r's had a policy and arrangements in place for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings).

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers, blood pressure measuring devices and the fridge thermometer.

Staffing and recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (These 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).

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave.

Staff told us there were usually enough staff to maintain the smooth running of the health centre and most of the

Are services safe?

time there was enough staff on duty to keep patients safe. However, they described occasions when there had only been one nurse on duty in the walk-in service which meant that patients had to wait a long time to be seen. They also told us that due to an inability to recruit to GP vacancies and a reliance on locum staff that there had been occasions when there had been insufficient medical cover. This had also had an impact on patients having to wait to be seen and lack of continuity of care. Also both GPs were male which meant that patients did not have the choice of seeing a female GP. We were told by the service manager that the practice was in the process of appointing an additional female GP in order to address this.

Monitoring safety and responding to risk

The practice did not have consistent systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the health centre such risks from the building, environment and low staffing levels.

Risks were not consistently logged, assessed or rated with mitigating actions recorded to reduce and manage the risk. There was no evidence in meeting minutes to show that risks were routinely discussed.

Arrangements to deal with emergencies and major incidents

The health centre had arrangements in place to manage emergencies. Records showed that all staff had received or were due to receive training in basic life support.

Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. We checked that the pads for the automated external defibrillator were within their expiry date.

Emergency medicines were easily accessible to staff in a secure area of the health centre and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia.

Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the service. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to.

The practice had carried out a fire risk assessment in July 2015 that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised regular fire drills.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. Staff had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

The practice used computerised tools to identify patients who were at high risk of admission to hospital. These patients were reviewed regularly to ensure care plans were documented in their records and that their needs were being met to assist in reducing the need for them to go into hospital. We saw that after patients were discharged from hospital they were followed up to ensure that all their needs were continued to be met.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the service was that patients were cared for and treatment based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 98% of the total number of points available, with 14.4% exception reporting. Performance was in line with the CCG and national average. This practice was an outlier for the atrial fibrillation indicators where performance was significantly below the CCG and national average. However prevalence was also below average. Data from 2013/14 showed;

- Performance for diabetes related indicators was better than the CCG and national average and 91% for all indicators. For example, the percentage of patients with

diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 96% which was above the CCG and national average.

- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average at 81.4%.
- Performance for mental health related and hypertension indicators were above the CCG and national average at 93.3%.
- Overall performance against the 3 atrial fibrillation indicators was 64% which was 32.4 and 33.8 points below the CCG and national average, however prevalence for this was also below average.

The practice had only undertaken one clinical audit in the last year. When we spoke with staff they told us that there was not a strong culture of shared learning and improving outcomes for patients in place. We spoke with the clinical director for the service who told us that this was a priority and would be addressed over the next year.

Effective staffing

The health centre staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with undertaking mandatory training on areas such as annual basic life support, health and safety and information governance. We saw that there was a comprehensive induction checklist for staff, however the service manager was not able to locate any completed checklists for new staff. Medical staff and nursing staff told us they had access to appropriate training to meet their learning needs and to cover the scope of their work. They also told us that the practice supported the development of their professional skills and additional training. For example one of the receptionists had trained to become a health care assistant. Also in the sexual health service the practice was in the process of developing the role of the health care assistant which involved enhancing their skills so that they could undertake a more diverse range of duties. However not all staff had received the training they required. Specifically a number of administrative and reception staff who regularly undertook chaperone duties had not received the training required for the role.

Are services effective?

(for example, treatment is effective)

Nursing and medical staff had up to date annual appraisals however not all administrative and reception staff had received an appraisal during the last year.

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services, for example when people were referred to other services.

However staff in the walk in service and registered GP service explained that they did not routinely work with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment and that opportunities to do this had been limited. There was no evidence that multidisciplinary meetings took place and staff confirmed this to be the case.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

The practice provided a number of health promotion and prevention services. This included cervical screening,

smoking cessation advice and weight loss advice. The health centre also had its own dedicated sexual health service which provided free sexual health advice, screening and treatment. The practice worked closely with local youth and community groups to promote the sexual health service and encourage young people to attend.

There was a comprehensive screening programme. The practice's uptake for the cervical screening programme was 77.1%, which was below the CCG average of 82% and the national average of 83%. There were arrangements in place for telephoning and writing to patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 92% and five year olds from 36% to 62%. Flu vaccination rates for the over 65s were 81%, and at risk groups between 63% and 77%. These were comparable to CCG and national averages.

The practice was also piloting a scheme to provide health and well-being checks to registered patients. Patients coming in to the centre were invited to go through a comprehensive health questionnaire with one of the receptionists in a dedicated private room in the health centre. This helped to ensure that all the patient's registration details were correct as well as opportunistically identify the need for further health checks where abnormalities or risk factors were identified such as NHS health checks for people aged 40-74.

The practice's website included a comprehensive range of information about healthy living and there was a quarterly newsletter for patients which provided seasonal information about staying healthy, health checks, vaccinations and local health campaigns.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 11 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. They also said they were satisfied with the care provided. Comment cards highlighted that staff responded efficiently and professionally when they needed help and provided support when required.

Results from the national GP patient survey showed mixed feedback about consultations with the doctors. However, the centre was above average for its satisfaction scores on consultations with nurses. It was also above average for its satisfaction scores in relation to receptionists. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 74% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 89% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 69% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.

- 99% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 91% patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

There was no evidence that the practice had an action plan in place to address areas of low performance.

Care planning and involvement in decisions about care and treatment

The patient feedback we received highlighted that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also indicated that 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.

Results from the national GP patient survey we reviewed showed patient satisfaction in relation to questions about their involvement in planning and making decisions about their care and treatment was lower than average nationally and compared to the CCG. For example:

- 75% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 59% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%.

There was no evidence that the practice had an action plan in place to address these areas of low performance.

Staff told us that translation services were available for patients who did not have English as a first language. The practice's patient health questionnaire was available in 20 different languages

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a register of all people who were carers. Written information was available for carers to ensure they understood the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone 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 worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice was part of the CCGs Extended Primary Integrated Care (EPIC) project which aimed to bring together multi-disciplinary teams into surgeries together with extra services such as 'Community Navigators' that provide community service signposting to individuals. The practice was in the process of setting up an on-line and actual patient participation group (PPG) which had met for the first time in August 2015. The practice had sought input from an external community participation worker who had worked with them to develop the PPG.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- The centre was open all day for GP and walk-in services, every day 8am to 8pm for appointments and telephone lines were open from 6am until 10pm.
- There were disabled facilities, a hearing loop and translation services available.
- There were longer appointments available for people if required including those with a learning disability.
- The practice's patient health questionnaire was available in 20 different languages

Access to the service

The GP and walk-in service were open from 8am until 8pm seven days a week. The sexual health service provided walk in appointments from 9am-12pm and 3pm-7pm and pre-bookable appointments from 8am-9am and 1:30pm-3pm. The telephone lines for the centre were open from 6am until 10pm seven days a week. The practice had two male GPs and at the time of the inspection. There were no female GPs which meant patients had limited choice.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages. However satisfaction was below average in relation to how long patients had to wait to be seen. For example:

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 87% patients said they could get through easily to the surgery by phone compared to the CCG average of 76% and national average of 73%.
- 81% patients described their experience of making an appointment as good compared to the CCG average of 76% and national average of 73%.
- 58% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.

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.

However, we were unable to see any evidence that information was available in the waiting and reception area to help patients understand the complaints system and were aware of the process to follow if they wished to make a complaint.

We looked at 20 complaints received in the last six months, however we were unable to trace the responses to complaints in order to see that they were satisfactorily handled and dealt with in a timely. We were also unable to see evidence of any discussions about complaints or that lessons were learnt and action was taken to as a result to improve the quality of care.

Are services well-led?

Inadequate 

(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 ethos to help keep people healthy and active and live longer lives. The staff we spoke with knew and understood the ethos. It also had a clear set of priorities for service delivery and a vision based around providing high quality patient care and working in partnership nationally and locally. However there were no detailed plans to achieve the vision values and strategy.

Governance arrangements

The practice did not have an effective set of governance arrangements in place. There was a clear staffing structure and staff were aware of their own roles and responsibilities and there were policies and procedures in place which were available to all staff. However, there was no programme of continuous clinical audit which was used to monitor quality and to make improvements. Also there was no effective system for identifying, capturing and managing issues and risks. For example, we tracked 11 significant events and saw that records were not always completed in a comprehensive manner. There were no records of any discussions about the incidents on the practice's computerised system. Also there was no evidence from the minutes of meetings of action taken as a result or whether any learning had been shared.

There was minimal evidence of learning and reflective practice. Only one clinical audit had been undertaken in the last year and there was no evidence that audit was used to drive improvement in performance and patient outcomes. When we spoke with staff they told us that the practice did not have a strong culture of shared learning and using audit to improve outcomes for patients.

Leadership, openness and transparency

The managers were visible and staff told us that they were approachable and always took the time to listen to all members of staff. They told us managers encouraged a culture of openness and honesty. However, there had been

a high turnover of managers in the past four years and the current manager was the third to be appointed during this period. The current manager was not registered with the CQC and their application to become registered was in progress.

Staff told us that regular team meetings were held. They told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. However, they told us that they did not always get feedback on the outcome of concerns that they raised. Staff said they felt respected, valued and supported by their managers. All staff were involved in discussions about how to run and develop the centre, and the managers encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Provider seeks and acts on feedback from its patients, the public and staff

The practice encouraged and valued feedback from patients however engagement with people who use services, staff or the public had been limited. It had only recently begun the process of setting up an on line and actual patient participation group (PPG) which had met for the first time in August 2015. The practice had sought input from an external community participation worker who had worked with them to develop the PPG. It had gathered feedback from patients through surveys given out at reception and the friends and family test. However it was not clear how the practice acted upon feedback from patients. There was no evidence that action plans had been developed to address the concerns highlighted by patients both in national and local surveys.

The practice had formally gathered feedback from staff through surveys, however we were not provided with details of an action plan to address areas for improvement. Not all staff had had an appraisal in the last year.

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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had not assessed the risks to the health and safety of service users of receiving the care or treatment.</p> <p>Staff undertaking chaperone duties had not received appropriate training therefore the provider had not ensured that persons providing care or treatment to service users had the competence, skills and experience to do so.</p> <p>Incidents that affected the health, safety and welfare of people using the service were not always thoroughly investigated by competent staff, and monitored and reviewed to make sure that action was taken to remedy the situation, prevent further occurrences and make sure that improvements were made as a result. Staff who were involved in incidents did not always receive information about them nor was this always shared with others to promote learning.</p> <p>Regulation 12 (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>Information and guidance about how to complain was not available and accessible to everyone who used the service.</p> <p>The provider did not have an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.</p>

This section is primarily information for the provider

Requirement notices

Regulation 16 (2) of the Health and Social Care Act 2008
(Regulated Activities) Regulations 2014

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have systems and processes such as regular audits of the clinical services provided for assessing, monitoring and improving the quality and safety of the service.

The provider was unable to demonstrate that feedback from patients or staff had been analysed or that action plans had been developed to address issues where they were raised. It was unable to demonstrate that improvements had been made.

Regulation 17 (2) (a) (b) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider had not always ensured sufficient numbers of suitably qualified, competent, skilled and experienced were deployed.

Not all staff had received appropriate support such as induction or a regular appraisal which identified learning and development needs.

Regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.