

# Broadway Surgery

## Quality Report

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

### Ratings

#### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

|   | Page |
|---|------|
| Overall summary                             | 2    |
| The five questions we ask and what we found | 4    |
| The six population groups and what we found | 7    |
| What people who use the service say         | 10   |

### Detailed findings from this inspection

|                                    |    |
|------------------------------------|----|
| Our inspection team                | 11 |
| Background to Broadway Surgery     | 11 |
| Why we carried out this inspection | 11 |
| How we carried out this inspection | 11 |
| Detailed findings                  | 13 |

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Broadway Surgery on 19 October 2016. Overall the practice is rated as good.

Broadway Surgery was subject to a previous comprehensive inspection in February 2016 where the practice was rated as inadequate and was placed into special measures. Following our inspection of the practice in February 2016, the practice sent us an action plan detailing what they would do to meet the regulations. We undertook this second comprehensive inspection on 19 October 2016 to check that the provider had followed their action plan and to confirm that they now met the regulations. We found that the practice had made significant improvements since our previous inspection. The practice is now rated as good overall.

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

- There was now an open and transparent approach to safety and an effective system in place for reporting and recording significant events. We saw evidence these were investigated and that learning was shared with staff.

- Risks to patients were assessed and well managed. This included arrangements for managing medicines, including emergency drugs, vaccines and the prescribing of high risk medicines.
- Arrangements were now in place to manage the care and treatment of patients with long term conditions. Practice performance against the quality and outcomes framework (QOF) had significantly improved as a result.
- Immunisation rates were now relatively high for all standard childhood immunisations.
- 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. This included up to date training on basic life support, safeguarding, infection control and the role of the chaperone.
- Patient satisfaction had improved. Seventy six per cent of respondents to the national GP patient survey stated that they would recommend their GP surgery to someone. This was now in line with the national average of 80%.

# Summary of findings

- Patients commented that they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice now had a website and Information about services and how to complain was available, easy to understand and available in other languages. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- A clear leadership structure was now in place and staff felt supported by management.
- An active patient participation group had been established and the practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:-

- Address areas of lower than average patient satisfaction with opening hours and the ability to get an appointment.

The areas where the provider should make improvement are:

- Identify the number of carers registered with the practice so that measures can be taken to ensure they receive appropriate support.
- Ensure practice performance continues to improve in areas that have been identified as falling below the national and local averages. For example, improving outcomes for people with diabetes and severe and enduring mental health problems,
- Put measures in place to increase the uptake of national screening programmes including cervical screening and screening for breast and bowel cancer.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

**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 good for providing safe services. Since the last inspection of the practice, the provider had taken action to address the concerns we had previously found.

- There was an effective system in place for reporting and recording significant events. Staff were clear about their roles and responsibilities in relation to this.
- 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. They were told about any actions to improve processes to prevent the same thing happening again.
- 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 assessed and well managed. This included ensuring appropriate recruitment checks had been undertaken, there was safe management of medicines and infection control.
- The practice had recruited an additional practice nurse to ensure staffing levels were safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. Since the last inspection, the provider had taken action to address the concerns we had previously found.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes had significantly improved and were above or comparable to the local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits had been undertaken which demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services. Since the last inspection, the provider had taken action to address the concerns we had previously found.

- Data from the national GP patient survey showed patient satisfaction had improved and patients now rated the practice higher than others for several aspects of care.
- Patients' comment cards highlighted that they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- However, the practice had not identified which patients on its register were carers so that they could be signposted to appropriate avenues of support.

Good



## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. Since the last inspection, the provider had taken action to address the concerns we had previously found. However, action was still required in order to improve patient satisfaction with opening hours and the ability to get an appointment.

- The practice was now able to demonstrate that it had 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.
- However, 71% of patients who responded were able to get an appointment to see or speak to someone the last time they tried which was lower than the CCG average of 89% and the national average of 85% and only 62% of patients who responded were satisfied with the practice's opening hours compared to compared to the CCG average of 77% and the national average of 76%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Requires improvement



# Summary of findings

## Are services well-led?

The practice is rated as good for being well-led. Since the last inspection, the provider had taken action to address the concerns we had previously found.

- The practice to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice had established an active patient participation group. It proactively sought feedback from staff and patients, which it acted on.
- There was now a focus on continuous learning and improvement at all levels.

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 offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice hosted a volunteer who worked as a 'community navigator', helping patients with complex needs to access the various community resources that were available.

Good



### People with long term conditions

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

- The practice had employed an additional practice nurse which had enabled the nursing team to take the lead role in chronic disease management.
- Practice performance against the diabetes indicators in the quality and outcomes framework had improved and was now above the local and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the last 12 months) was 140/80 mmHg or less was 78% compared to the clinical commissioning group (CCG) average of 77% and the national average of 78%.
- Nationally reported data showed that outcomes for patients diagnosed with conditions commonly found in older patients had improved. For example, 55% in 2014/2015. This had increased to 82% in 2015/2016, which was comparable to the clinical commissioning group average of 86% and below the national average of 90%.
- 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.

Good



# Summary of findings

## 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 patients who had had an asthma review in the preceding 12 months that included an assessment of asthma control had improved from 51% in 2014/2015 to 72% in 2015/2016. This was comparable to the clinical commissioning group (CCG) average of 71% and the national average of 76%.
- The number of women aged between 25 and 64 who attended cervical screening in 2014/2015 was 73% which was lower than the clinical commissioning group average of 79% and the national average of 82%.
- The practice had developed a website with specific information for teens and young people and links to and advice on sexual health and counselling services.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked closely with midwives, health visitors and school nurses.

Good



## 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, flexible and offered continuity of care. For example, extended opening hours operated on a Wednesday evening from 6.30pm until 7.45pm.
- The practice now had a website and patients could now book appointments and order repeat prescriptions on-line.

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 maintained a register of patients with learning disabilities.
- The practice offered longer appointments for patients with a learning disability or complex needs.

Good



# Summary of findings

- The practice offered home visits and longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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).

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the clinical commissioning group (CCG) average of 77 % and the national average of 84%.
- 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 50% compared to the CCG average of 76% and the national average of 89%. The practice told us that all of the fourteen patients on the mental health register had been invited for an annual review but that half of them either declined or did not attend for their appointment. The GPs had contacted the patients personally by telephone to encourage them to attend and undertook home visits if that made it easier for the patient.
- 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 told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- 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 July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and fifty three survey forms were distributed and 106 were returned. This represented 4% of the practice's patient list.

- 79% of patients who responded found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 77% and the national average of 73%.
- 71% of patients who responded were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and the national average of 85%.
- 80% of patients who responded described the overall experience of this GP practice as good compared to the clinical commissioning group average of 86% and the national average of 85%.
- 76% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 81% 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 27 comment cards which were all positive about the standard of care received. Patients commented that the practice staff were always really helpful, friendly and caring. They said that they could always get an appointment when they needed to. They were happy with the care that they received which they described as excellent.

# Broadway Surgery

## 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 Broadway Surgery

Broadway Surgery is located in the Whitehawk area of Brighton and provides primary medical services to approximately 2402 patients.

There are two GP partners, one male and one female. There are two practice nurses, a health care assistant and a phlebotomist. There is a practice manager, an administrator and four receptionists.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average number of patients aged between 5 and 29 when compared to the national average. The number of patients over the age of 75 is below the national average. The practice population has a significantly higher than average income deprivation score. There is also a higher than average number of patients with long standing health condition and with health related problems in daily life.

The practice is open on Monday, Tuesday Wednesday and Friday from 9am to 1pm and 3pm to 6pm and on Thursday from 9am to 1pm. The practice is open on a Wednesday evening from 6.30pm until 7.45pm for extended hour's appointments. It is closed on a Thursday afternoon. Between 8am until 9am and 6pm until 6:30pm Monday to Friday and on Thursdays from 1pm to 6.30pm calls to the practice are taken by an out of hours provider (Integrated

Care 24). Appointments can be booked over the telephone, on line or in person at the surgery. Information on how to access the out of hours service is provided on the practice's answer phone message, their website and in the practice information leaflet.

The practice runs a number of services for its patients including; chronic disease management, asthma and diabetes reviews, new patient checks, and holiday vaccines and advice. Welfare and benefits advice is provided at the practice twice a week by the Citizens Advice Bureau.

## 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 19 October 2016. During our visit we:

- Spoke with a range of staff including the GPs, the practice manager, the practice nurse and administrative and reception staff.
- Observed how patients were being cared for and talked with carers and/or family members

# Detailed findings

- 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

At our last inspection the provider did not have an effective system in place for reporting and recording significant events. Staff were not aware of policies and procedure for reporting significant events and there was limited evidence to show that learning points from significant events had been discussed and shared. During this inspection we saw that significant improvements had been made.

- The practice had updated its policy for reporting significant events and this was on display for staff in the office area. Staff were aware of the policy. They told us they would inform the practice manager of any incidents and there was a recording
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough 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 and action was taken to improve safety in the practice. For example, we saw evidence that the practice had updated its shut down procedure to ensure reception staff had a checklist of tasks to be undertaken before the practice was closed. This was as a result of the practice telephone lines not being switched over to the out of hours service one Friday evening after the practice had closed.

### Overview of safety systems and processes

At our last inspection we found that the practice did not have clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. This was in relation to ensuring appropriate recruitment checks had been undertaken, the safe management of medicines and infection control. At this inspection we found that significant improvements had been made.

- 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. The GP 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. The GPs were trained to child protection or child safeguarding level three.

- Notices in the consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were now trained for the role and 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).
- The practice now maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead 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 now received up to date training. An infection control audit had been undertaken since our last inspection and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and found that most of the appropriate recruitment checks had been

## Are services safe?

undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

During our previous inspection we found that risks to staff, patients and visitors were not always formally assessed and monitored. At this inspection we found that improvements had been made to ensure that risks were adequately assessed and minimised.

- The practice premises were owned by an external company and managed by NHS Property Services that had procedures in place for monitoring and managing risks to patient and staff safety. There were up to date fire risk assessments and the practice carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Risk assessments in relation to the safety of the premises such as 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) were undertaken by NHS Property Services.
- 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. the percentage of patients who had had an asthma review in the preceding 12

months that included an assessment of asthma control had improved from 51% in 2014/2015 to 72% in 2015/2016, which was comparable to the CCG average of 71% and the national average of 76%.

### Arrangements to deal with emergencies and major incidents

During our previous inspection we found that the practice did not have adequate arrangements in place to respond to emergencies and major incidents, particularly in relation to basic life support training and the availability of emergency medicines. During this inspection we saw that significant improvements had been implemented.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received up to date 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.
- All of the appropriate emergency medicines were available and easily accessible to staff in a secure area of the practice. 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

At our last inspection we found that the practice did not routinely use 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). We also found that the practice was an outlier for a number for the indicators with performance significantly below the local and national averages. During this inspection we found that significant improvements had been made. The practice had put arrangements in place to monitor QOF and performance against the indicators had significantly improved in a number of areas. The increase in practice nursing staff had also enabled the practice to manage patients with long term conditions more effectively. The most recent published results (2015/2016) showed the practice achieved 88% of the total number of points available which was an improvement from 77% in 2014/2015. This was comparable to the clinical commissioning group (CCG) average of 92% and below the national average of 95%. The exception reporting rate had reduced from 15% in 2014/2015 to 11% in 2015/2016. This was now comparable to the CCG average of 11% and the national average of 12%. (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 had made significant improvements in performance against QOF (or other national) clinical targets. It was an outlier for relatively few indicators. Data from 2015/2016 showed:

- The percentage of patients with hypertension having regular blood pressure tests had increased from 69% in 2014/2015 to 76% in 2015/2016. This was comparable to the CCG average of 77% and below the national average of 83%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had had a review undertaken by a healthcare professional, including an assessment of breathlessness in the preceding 12 months was 55% in 2014/2015 and had increased to 82% in 2015/2016. This was comparable to the CCG average of 86% and below the national average of 90%.
- The percentage of patients diagnosed with an enduring mental health problem who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months had reduced from 62% in 2014/2015 to 50% in 2015/2016 compared to the CCG average of 77% and the national average of 89%. The practice told us that all of the fourteen patients on the mental health register had been invited for an annual review but that half of them either declined or did not attend for their appointment. The GPs had contacted the patients personally by telephone to encourage them to attend and undertook home visits if that made it easier for the patient.
- The percentage of patients diagnosed with dementia who had received a face-to-face review within the preceding 12 months had increased from 80% in 2014/2015 to 100% in 2015/2016 which was higher than the CCG average of 82% and the national average of 84%.
- The percentage of patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less had increased from 60% in 2014/2015 to 78% in 2015/2016. This was comparable to the CCG average of 76% and the national average of 78%. However the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months had only increased from 67% in 2014/2015 to 72% in 2015/2016 compared to the CCG average of 87% and the national

# Are services effective?

## (for example, treatment is effective)

average of 88%. We saw that the practice had sent invitations to all of the patients on the diabetes register who required a foot examination and followed up those who did not attend.

At our last inspection the practice had not undertaken any clinical audits, and was therefore unable to demonstrate quality improvements or improvements to patient outcomes. Since our inspection the practice had undertaken on clinical audit where improvements made were implemented and monitored. An audit of a particular medicine no longer to be used to treat patients with diabetes had resulted in six of the eleven patients still using the medicine being taken off it. The remaining five were being actively encouraged to attend the practice to have their medicines reviewed.

### 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.
- 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.
- 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 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. There were regular multi-disciplinary meetings for patients who were on the palliative care register. The practice had recently joined the clinical commissioning group's 'pro-active care' scheme whereby the practice worked with other health and social care providers to identify patients at risk of avoidable, unplanned admission to hospital and ensured that they had a plan of care in place in to help prevent this.

### 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:

# Are services effective?

(for example, treatment is effective)

- 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 and welfare benefits. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 73%, which was below the clinical commissioning group (CCG) average of 81% and the national average of 82%. The practice was proactive in contacting patients who were due for cervical screening and those who did not attend to encourage them to do so. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The percentage of female patients between the ages of 50 and 70 years old who had breast screening in the preceding three years was 61%, which was lower than the CCG average of 67% and the national average of 72%. The percentage of patients between the ages 60 and 69 years old of who had bowel screening in the preceding 30 months was 43%, which was lower than the

CCG average of 56% and the national average of 58%. There were 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 vaccinations given were now comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 27% to 100% (22% to 93% CCG and 73% to 95% nationally) and five year olds from 73% to 100% (66% to 94% CCG and 83% to 95% nationally). This was a significant improvement from 2014/2015 when the practice's childhood immunisation rates for the vaccines given to under two year olds ranged from 64% to 68% and five year olds from 42% to 45%.

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.

All of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with or above average for its satisfaction scores on consultations with GPs and nurses. This represented a significant improvement since our last inspection. For example:

- 96% of patients who responded said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 93% of patients who responded said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 83% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.

- 90% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 84% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%

### 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 responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 95% of patients who responded said the last GP they saw was good at explaining tests and treatments compared to the clinical commissioning group (CCG) average of 85% and the national average of 86%.
- 95% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 93% of patients who responded 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 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.
- The practice provided a number of information leaflets in Polish to meet the needs of the large number of Polish speaking patients on its list.
- Sign language services and a hearing loop were available to patients who had hearing difficulties

## Are services caring?

### **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.

Written information was available to direct carers to the various avenues of support available to them. However the

practice had still not identified carers or what percentage of the practice list was carers. This meant that some carers may not be being offered or directed towards appropriate support.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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

Since our last inspection we saw that the practice had 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 had recently joined the CCG's 'pro-active care' scheme whereby the practice worked with other health and social care providers to identify patients at risk of avoidable, unplanned admission to hospital and ensured that they had a plan of care in place in to help prevent this. The practice was also involved in a CCG initiative to identify and invite patients not on the chronic illness register for a full NHS check. The invitations were delivered in person to encourage uptake.

- The practice provided extended hours on a Wednesday evening until 7.45pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or 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.
- The practice provided disabled facilities, baby changing facilities, a hearing loop and translation and sign language services.
- A number of patient information leaflets were provided in Polish to meet the needs of the large proportion of Polish speaking patients registered with the practice.
- The practice had a wheelchair available for patients who had mobility problems.
- 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 developed a website with specific information for teens and young people and links to and advice on sexual health and counselling services.

### Access to the service

The practice was open on Monday, Tuesday Wednesday and Friday from 9am to 1pm and 3pm to 6pm and on Thursday from 9am to 1pm. The practice was open on a Wednesday evening from 6.30pm until 7.45pm for extended hours appointments. It was closed on a Thursday afternoon. Between 8am-9am and 6pm- 6:30pm Monday to Friday and on Thursdays from 1pm to 6.30pm calls to the practice were taken by an out of hours provider (Integrated Care 24). In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 79% of patients who responded said they could get through easily to the practice by phone compared to the clinical commissioning group (CCG) average of 77% and the national average of 73%.

However;

- 62% of patients who responded were satisfied with the practice's opening hours which was lower than the CCG average of 77% and the national average of 76% and,
- 71% of patients who responded were able to get an appointment to see or speak to someone the last time they tried which was lower than the CCG average of 89% and the national average of 85%.

The practice told us that one of partners was retiring in April 2017. The practice was in the process of recruiting an additional partner and opening hours would be extended once the new partner was in post.

The availability for practice nurse appointments had improved and the waiting time for an appointment had reduced from four weeks to one.

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.

# Are services responsive to people's needs?

(for example, to feedback?)

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

During our last inspection, we found that the practice did not have any records of complaints made in the last 12 months. The practice was therefore unable to demonstrate effective management of complaints since 2014. During this inspection we found that clear records of complaints were logged which recorded the action that had been taken, the lessons learned and how and when this had been shared with staff.

- 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 in the form of a leaflet available at the reception and on the practice's website.

We looked at three complaints received since our last inspection and these were satisfactorily handled, 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.

# 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 developed a clear vision statement based on delivering high quality, patient centre care and promoting good outcomes for patients. The vision statement was communicated to patients on the practice's website and on the noticeboard in the waiting area. Staff knew and understood the vision statement and its values.

The GPs told us that they had welcomed the comments from the previous inspection to ensure that they were doing their best for their patients. We saw that they had responded to all of our concerns and had delivered their action plan to achieve the improvements required.

### Governance arrangements

At our last inspection we found that practice did not have an effective governance framework in place to support the delivery of good quality care. Key policies were missing and there was no monitoring of practice performance and key risks.

During this inspection we saw that governance arrangements had improved and that there was a framework in place which supported the delivery of the strategy and good quality care. There were structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies had been updated and implemented and were available to all staff. We saw that key policies were now in place for example in relation to the safe management of medicines and reporting significant events.
- A comprehensive understanding of the performance of the practice was maintained and there were robust arrangements in place to ensure the practice achieved quality and outcomes framework targets.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they now had the experience, capacity and

capability to run the practice and ensure high quality care. The practice had received additional support from the clinical commissioning group (CCG) and NHS England to help them identify and implement improvements. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and the manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

A clear leadership structure was now in place and staff felt supported by management.

- Staff told us the practice now held regular team meetings and they felt communication had significantly improved since our last inspection.
- 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.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and felt encouraged to identify opportunities to improve the service delivered by the practice.

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

At our last inspection the practice acknowledged that it had experienced difficulties in relation to engaging with patients in a formal manner due to the demographics and population of the practice area. It had attempted to set up a patient participation group (PPG) in July 2014 with the help of the local Brighton PPG champion. However, this had been unsuccessful.

- There was clear evidence that the practice now proactively encouraged and valued feedback from

# Are services well-led?

Good 

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

patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service. Since our last inspection the practice had worked with in partnership with the local city council to successfully create a new PPG which had its first meeting in August 2016 and where fifteen patients indicated their wish to support the surgery through membership and participation. As a result of feedback from the PPG we saw that the practice had implemented a number of actions as a result. This included new community information boards and new information for patients about the staff at the practice and their roles and responsibilities. The practice also regularly attended the local community health forum which brought together patients, patient groups, community groups and health services to better join up local resources and assets in order to improve health outcomes.

- 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. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was now a focus on continuous learning and improvement within the practice and it was clear that the practice had implemented improvements as a result of the learning gained from the last inspection. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had recently joined the clinical commissioning group (CCG) 'pro-active care' scheme whereby the practice worked with other health and social care providers to identify patients at risk of avoidable, unplanned admission to hospital and ensured that they had a plan of care in place in to help prevent this. The practice was also involved in a CCG initiative to identify and invite patients not on the chronic illness register for a full NHS check. As part of the local Extended Primary Integrated Care (Epic) pilot to improve access to care and support services the practice hosted a volunteer who worked as a 'community navigator', helping patients with complex needs to access the various community resources that were available.