

# Woodingdean 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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Woodingdean Surgery on 5 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed with the exception of a legionella risk assessment where the subsequent action had not yet been carried out and where disposable curtains had not been replaced within the timeframe in which they were due.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that 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.
- The practice had an active Patient Participation Group who worked with staff to review patient feedback and work on projects to improve the patient experience (e.g. improving the environment for patients with dementia and an age generation project aimed at bringing together people in the community).
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

# Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider Must make improvement are:

- Ensure that action is taken as a result of the legionella risk assessment.
- Ensure that disposable curtains are replaced in line with infection control guidance.

The areas where the provider Should make improvement are:

- Ensure that all clinical audits are full cycle and clearly demonstrate improvements are made as a result.
- Ensure there is a consistent approach to care planning for patients with long term conditions and that records of care plans are kept on file, as well as being handed to the patient.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. For example, the practice had not taken recommended action in a timely way following a legionella risk assessment and the disposable privacy curtains in the treatment rooms were overdue by a month for replacement.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were generally at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement although they were not always full cycle clinical audits.
- 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 multidisciplinary teams to understand and meet the range and complexity of people's needs

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.

Good



# Summary of findings

- Patients said 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example in relation to a CCG regional proactive care project involving local practices.
- Patients said they found it easy to make an appointment with a named GP and that 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.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings where governance issues were discussed.
- 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 knowing about notifiable safety incidents

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and involved in projects relating to developing services.
- There was a strong focus on continuous learning and improvement at all levels.

# 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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice supported a local nursing home and carried out regular ward rounds to review patient's needs.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better at 93% when compared to the CCG (89.5%) and national averages (89.2%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



# Summary of findings

- The practice's uptake for the cervical screening programme was 75.1%, which was comparable to the CCG average of 72.4% and the national average of 76.7%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

## **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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told 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.

Good



## **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).

Good



# Summary of findings

- 77.9% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months which was higher than the CCG (73.6%) and national (77%) averages.
- Performance for mental health related indicators was better (96.2%) compared to the CCG average (89.5%) and national average (92.8%).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had 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 where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was generally performing in line with local and national averages. 267 survey forms were distributed and 114 were returned, a return rate of 43%.

- 63% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 89% found the receptionists at this surgery helpful (CCG average 89%, national average 87%).
- 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 92% said the last appointment they got was convenient (CCG average 92%, national average 92%).

- 92% described their experience of making an appointment as good (CCG average 92%, national average 92%).
- 59% usually waited 15 minutes or less after their appointment time to be seen (CCG average 66%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards which were all positive about the standard of care received. Patients said they felt they were listened to and treated with respect and care. They also said staff were very helpful and courteous.

We spoke with five patients during the inspection. All five patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure that action is taken as a result of the legionella risk assessment.
- Ensure that disposable curtains are replaced in line with infection control guidance.

### Action the service **SHOULD** take to improve

- Ensure that all clinical audits are full cycle and clearly demonstrate improvements are made as a result.
- Ensure there is a consistent approach to care planning for patients with long term conditions and that records of care plans are kept on file, as well as being handed to the patient.

# Woodingdean 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 advisor, a second CQC inspector, and a practice manager specialist advisor.

## Background to Woodingdean Surgery

Woodingdean Surgery offers general medical services to people living and working in the Woodingdean area of Brighton and Hove.

Woodingdean Surgery has five partner GPs (male and female) and one salaried GP. There were two registered nurses and one healthcare assistant. At the time of our inspection the practice were awaiting the start of a new practice manager due to start a week post inspection. There was a team of reception and administration staff in post. There are approximately 6700 registered patients.

The practice was open between 8.30am and 6.00pm Monday to Friday. Between 8.00am and 8.30am and 6.00pm and 6.30pm calls were diverted to an out of hour's service. Appointments were from 8.30am to 10.30am every morning and 3.30pm to 5.30pm daily. Extended hours surgeries were offered on a Monday evening between 6.30pm and 7.40pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks, and weight management support.

Services are provided from:

Warren Road, Woodingdean, Brighton, East Sussex, BN2 6BA

However, at the time of inspection the practice was registered at;

1 The Ridgway, Brighton, East Sussex, BN2 6PE

The practice had moved from this address in 2014 but had not changed their registered address with CQC. CQC has asked the practice to correctly register their address.

The practice has opted out of providing Out of Hours services to their patients. There are arrangements for patients to access care from an Out of Hours provider (111).

The practice population has a marginally higher number of patients under the age of 18 and a higher percentage of patients over the age of 65 compared with the England average. The practice population has lower than average levels of unemployment and a higher than average percentage of patients with a caring responsibility.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

# Detailed findings

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 November 2015. During our visit we:

- Spoke with a range of staff including GPs, nurses and administrative staff, and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed 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 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)

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

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, staff described an incident about a missed result of a blood test ordered by a midwife. We saw evidence that this was written up as a significant event, discussed at a practice meeting and the practice system for handling results changed to make it safer.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and

had received a disclosure and barring check (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 maintained appropriate standards of cleanliness and hygiene. They operated a daily, weekly and monthly cleaning schedule and we observed the premises to be clean and tidy. The practice nurse 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 protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, the disposable privacy curtains in the treatment rooms had not been replaced when they were due, a few weeks prior to our inspection. Staff told us this was due to a lack of time because of a shortage in nursing hours although the replacement curtains were available for use.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored in locked drawers overnight and there were systems in place to monitor their use. However, the consulting rooms were not always locked during the day when a GP was out of the room and blank prescriptions were kept in printers. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

## Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and 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. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. However, we viewed a legionella risk assessment from May 2015 with remedial action recommendations and saw that not all of these actions had been carried out.
- 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 that enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice defibrillator had failed a check in the days prior to our inspection. The practice had undertaken a risk assessment and were in the process of sourcing a replacement. Oxygen was available on the premises with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- 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 peoples' needs.
- For example we saw an email cascaded by the practice manager sharing information with clinical staff about guidance relating to an atrial fibrillation pathway. We also viewed minutes of meetings where information was shared such as details of a diabetes update one GP had attended.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available, with 11.2% exception reporting. Exception reporting for this practice was 0.2% above the CCG average and 2% above the national average. The GPs told us they exception reported using guidance produced by the CCG. Exception reporting was particularly high for patients with mental health issues and the GPs told us this was due to keeping patients on the appropriate registers even if identified as in remission so as to not exclude them from reviews. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better at 93% when compared to the CCG (89.5%) and national averages (89.2%).
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG average at 88.7% compared to 88.8% but lower than the national average of 91%.
- Performance for mental health related indicators was better (96.2%) compared to the CCG average (89.5%) and national average (92.8%).

- The dementia diagnosis rate was above the CCG and national average at 1.17% compared to 0.55% (CCG) and 0.74%.

Clinical audits demonstrated quality improvement; however we saw limited evidence of full cycle clinical audits having been carried out.

- There had been four clinical audits completed in the last two years, one of these was a full cycle completed audit where the improvements made were implemented and monitored. For example, we saw that there had been a reduction over time in the use of anti-psychotic medicines when treating patients with dementia.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the practice making changes to their system to reduce the risk of delayed or missed referrals for patients with a suspected cancer.

Information about patients' outcomes was used to make improvements such as improvements to the environment for patients with dementia. The practice was working on a project to improve the patient experience and accessibility to the surgery for people with dementia, their relatives and carers.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support

# Are services effective?

## (for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

During our inspection we found some inconsistencies in the way care plans were used and recorded. For example patients attending for annual reviews of their long term condition were given a hard copy of a care plan but this was not always scanned onto their electronic record.

Staff worked together and 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. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a bi-monthly basis and that care plans were routinely reviewed and updated.

### 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, where appropriate, recorded the outcome of the assessment.

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients with dementia. Patients were then signposted to the relevant service.
- Alcohol screening and smoking cessation advice was available within the practice or from local support groups.
- The practice kept a register of patients who were also carers and had a carer's champion appointed within the practice.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 75.1%, which was comparable to the CCG average of 72.4% and the national average of 76.7%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. Flu vaccination rates for the over 65s were 46.63%, and at risk groups 68.07%. These were comparable to CCG and national averages.

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

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included a national GP patient survey of 114 patients that was published in July 2015. Data from the national GP patient survey showed the practice was rated above the Brighton and Hove Clinical Commissioning Group (CCG) average as 88% of patients would recommend the practice to someone new, compared to 78% for the CCG. The practice was also above average for outcomes including consideration, reassurance, and confidence in ability and respect as follows:

- 91% say the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 84% and the national average of 87%.
- 91% say the last GP they saw or spoke to was good at listening to them compared to the CCG average of 87% and the national average of 89%.
- 98% had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 93% say the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 92% and the national average of 92%.
- 93% say the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 92% and the national average of 92%.
- 98% had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.

Patients completed CQC comment cards to tell us what they thought about the practice and we received 11 completed cards, which were all positive about the service experienced. Patients said they felt they were listened to and treated with respect and care. They also said staff were very helpful and courteous.

On the day of our inspection we spoke with five patients. Most of the patients told us they were satisfied and happy with the care provided by the practice, and said their dignity and privacy was respected. Three of the patients we

spoke to were members of the patient participation group (PPG). The PPG are a group of patients who work together with the practice staff to represent the interest and views of patients so as to improve the service provided to them.

The PPG members told us they are very active in the community and they have been involved in numerous events with the practice. For example, they hosted an event to raise awareness of prostate cancer at a local youth centre and encouraged people to attend for a blood test. They also told us about other planned events such as; a healthy eating project targeted to young people, and an age generation lunch event on Remembrance Day which will bring together isolated elderly patients with children from a primary school nearby to the practice.

Throughout our inspection we observed that members of staff were courteous, friendly and attentive with patients both in person and on the telephone. The reception area was open; however there was a clearly visible notice that a private room was available should patients want to speak confidentially away from the reception area. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Within consulting rooms we noted that disposable curtains were provided so that patients' privacy and dignity was maintained during examinations, investigations and treatments.

Staff told us that if they had any concerns, observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would normally raise these with the practice manager. Additionally, reception staff had received a training input on how to deal with aggressive behaviour and provided an example of when they had effectively challenged and diffused a confrontational situation.

### Care planning and involvement in decisions about care and treatment

The national GP patient survey information results showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.

## Are services caring?

- 81% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 80%.
- 92% said the last nurse they saw was good at explaining tests and treatment compared to the CCG average of 90% and the national average of 90%.
- 85% 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%.

All of the patients we spoke to on the day told us health issues were discussed with them and 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 they wished to receive. Comments we received on the day included that they made “joint decisions” and that staff “respect our choice”. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

### **Patient and carer support to cope emotionally with care and treatment**

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example:

- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 90% 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 90%.

The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted that staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room and on the practice website also told patients how to access a number of support groups and organisations. The practice had a register of all 38 patients who were carers and they had an identified staff lead that also provided each carer with a pack of information. This included information on coffee mornings and local support organisations or charities such as Care for the Carers. We noted that one of the comment cards we received was from a carer that praised the help provided by the practice.

Patients’ emotional needs were seen as important as their physical needs. For example, the practice told us they are planning to become dementia friendly by developing their waiting area and a sensory garden, to ensure visiting the practice is an enjoyable experience for their dementia patients and community.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Examples include working with other GP practices and the CCG on a regional proactive care project.

- The practice offered a 'Commuter's Clinic' on a Monday evening until 7.40pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice worked on a dementia project with a neighbouring practice to improve access and service experience for patients with dementia. This included work to ensure that the layout of the practice was suitable for patients with dementia and involved the use of clear signage and memory boards.
- The practice was also working on holding a reminiscence morning for the local community where older generations would meet with children from a local school to share stories from the past. This was a project was being led by staff and the patient participation group (PPG).

### Access to the service

The practice was open between 8.30am and 6.00pm Monday to Friday. Between 8.00am and 8.30am and 6.00pm and 6.30pm calls were diverted to an out of hour's service. Appointments were from 8.30am to 10.30am every morning and 3.30pm to 5.30pm daily. Extended hours surgeries were offered on a Monday evening between 6.30pm and 7.40pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 63% patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 72% patients described their experience of making an appointment as good (CCG average 76%, national average 73%).
- 59% patients said they usually waited 15 minutes or less after their appointment time (CCG average 66%, national average 65%).

The practice were aware of the difficulties some patients had getting through to the practice by phone and waiting longer than 15 minutes to be seen. These issues had been reviewed and action taken to make changes to the telephone system, inform patients of the best time to call, and increasing online access and appointment booking. In addition the practice was in the process of recruiting additional partners with the aim of improving patient access.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system such as an information leaflet in reception.

We looked at nine complaints received in the last 12 months and found that these were appropriately addressed. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, complaints were discussed at quarterly learning meetings where staff were able to contribute to discussions around improving patient's experience.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business development plan which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the 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 were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always takes the time to listen to all members of staff.

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they had carried out a review of all patient feedback sources and worked closely with the staff to look at options for improvements. They also worked actively with the practice on a project to improve access to the practice for patients with dementia and a 'generation' project designed to bridge the gap between older and younger generations in the community.
- The practice had also 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

# Are services well-led?

Good 

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

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, they worked with other practices and the CCG on the development of proactive care services for vulnerable.

This section is primarily information for the provider

## 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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  <b>How the regulation was not being met:</b>  We found that the registered provider did not ensure that effective systems were in place to assess the risk of, and to prevent, detect and control the spread of infections due to not assessing the risk from legionella bacteria and not replacing disposable curtains in consulting rooms and treatment areas in a timely way.  This was in breach of regulation 12 (1) (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.