Brighton Health and Wellbeing Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Brighton Health and Wellbeing centre on 27 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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.
- 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. 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 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.
- 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.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

The practice developed a well-being programme in response to local demand in which complementary and alternative medicine practitioners and Healing Arts therapists worked beside GPs in the building to offer a wide range of therapeutic options complementary to and additional to standard medical practice. The practice had formed a charity which helped patients on low incomes and benefits to access these therapies. The development of the programme had led to the practice winning a national innovation award.

Summary of findings

The areas where the provider should make improvement are:

To keep higher than average exception reporting rates for the quality and outcomes framework under review and ensure action is taken to reduce rates where clinically appropriate.

To continue to monitor closely and encourage the uptake of childhood vaccines and of cervical screening.

Ensure that references are checked for all locums.

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?

Good

The practice is rated as good 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 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.
- Whilst usually using locums very well known to them and always checking locum GPs curriculum vitaes, registrations, insurances, presence on the performers list, Disclosure and Barring Service certificates and training records, the practice did not always check the references for short term occasional locums.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were average compared to the national average.
- QOF exception reporting was higher than local or national averages for most areas.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Some childhood immunisation rates were lower than the local and national averages.
- Cervical screening rates were lower than local and national averages.
- 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.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice similar to others for most aspects of care.
- 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- They had developed a complementary and alternative medicine and well-being service to work alongside their traditional GP service in response to local demand evidenced by the Director of Public Health for NHS Brighton and Hove City Council's 2012 annual report. They also developed a Healing Arts programme in response to local demand for a non - drug treatment for social isolation, depression and trauma.
- 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.

Are services well-led?

Good

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

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

Summary of findings

- 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 proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- 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

Good

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 had participated in a project to assess and rationalise the care of patients on multiple medicines with the assistance of a prescribing pharmacist.
- The practice had employed a specialist advanced nurse practitioner to visit the elderly and vulnerable.
- There was a well-attended singing group who met every Saturday morning at the practice.
- The practice had links with a local befriending scheme.
- The arts programmes which shared the building with the practice provided stimulating groups and workshops to combat social isolation and cognitive decline.

People with long term conditions

Good

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.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading is 140/80 mmHg or less was 73% (clinical commissioning group average 76% national average 78%).
- The practice carried out 'slow medicine' which involved a very long appointment for a patients with several conditions to allow them to clarify issues, rationalise complex medicine regimes and discuss an appropriate care plan with the patient.
- Longer appointments and home visits were available when needed.
- Support groups were run in the practice such as a multiple sclerosis support group.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Subsidised access for people on low incomes to healing arts and complementary medicines via an associated charity to support primary was available to people on low incomes through an associated charity for conditions such as Chronic Pain Management.
- The pilot of an educational programme was planned to start in October 2016 with a nutritionist, Life coach, nurse and GP.

Families, children and young people

Good

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 lower than the local and national average for standard childhood immunisations for five year olds.
- 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.
- The percentage of women aged 25 or over and who have not attained the age of 65 whose notes record that a cervical screening test has been performed in the preceding years was 74% (CCG average 81%, national average 82%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Children were always given appointments on the day.
- Two GPs had a special interest in family and sexual health.
- The practice held weekly baby clinics.
- In response to gaps in local mental health provision, the practice funded art psychotherapy for children and young adults.
- The practice had canvassed the opinions of young adults when making changes to the building.
- An evening coil clinic was available.
- We saw positive examples of joint working with health visitors.
- Chlamydia screening was offered to under 25s as part of a national programme.

Summary of findings

Working age people (including those recently retired and students)

Good

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 including taking queries via email as well as a full range of health promotion and screening that reflects the needs for this age group.
- Early morning, lunchtime, evening, Saturday and some Sunday clinics with provision of phlebotomy, nursing services and GP consultations were available.
- Telephone consultations were offered.
- There was a dedicated GP to complete insurance, benefit and work related reports.

People whose circumstances may make them vulnerable

Good

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, those with a learning disability and those with drug or alcohol dependence.
- The was an audit of a group of medicines prescribed primarily for anxiety and a protocol in place for their use in response to intelligent monitoring that showed increased prescribing compared to the Clinical Commissioning Group and national averages.
- The practice offered longer appointments for patients with a learning disability.
- There was a specialist advanced nurse practitioner who had many years' experience working with the homeless and people with drug and alcohol problems.
- There was subsidised access for people on low incomes to healing arts and complementary medicines via an associated charity to support normal care for patients with addiction and co-morbidities such as those with mental health problems or requiring pain control.
- There was a system where only one GP (or their 'buddy' GP prescribed for some patients with issues of dependence on certain medicines.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Summary of findings

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

People experiencing poor mental health (including people with dementia)

Good

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

- 94% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the Clinical Commissioning Group average of 82% and national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months was 90% (Clinical Commissioning Group average 86%, national average 90%).
- The practice consulted with dementia services around the design of the practice refurbishment and implemented some of their suggestions. For example; door frames that were a different colour to the doors and walls.
- 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.
- 'Finding your compass' programme for people with low level mental health issues involving film and dance run by the arts therapists in the building.
- The practice had links with local community providers, had their own drop in mindfulness groups and offered free talks on Saturday mornings around depression and anxiety.

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. 369 survey forms were distributed and 111 were returned. This represented 1% of the practice's patient list.

- 74% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 77% and national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and national average of 85%.
- 82% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.
- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 81% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards which were all positive about the standard of care received. The practice was described as excellent, brilliant and amazing and the staff as caring, compassionate, kind, helpful and courteous.

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

Brighton Health and Wellbeing Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Brighton Health and Wellbeing Centre

Brighton Health and Wellbeing Centre is run by a partnership of a GP and a managing partner. They are supported by five salaried GPs (a total of four female and two male GPs). They were supported by regular locums for annual leave and sickness cover. The practice is also supported by three advanced nurse practitioners, a nurse practitioner, two practice nurses, two health care assistants and a pharmacist. The management, administrative and reception team consists of the managing partner, an assistant practice manager, four administrators, a receptionist/phlebotomist, ten receptionists and an apprentice.

In an action plan designed to improve patient access the practice were employing one further GP to provide an extra six sessions a week. They were due to start soon

The practice currently has a list size of approximately 11,500 patients and operates from a single site. In 2013 the list size was 6,000 and has increased due to local practice closures.

The practice is a training practice training doctors that wish to be GPs as well as doctors in their second year after qualification.

Services are provided at:

Brighton Health and Wellbeing Centre, 18-19 Western Road,Hove,East Sussex,BN3 1AE

The practice runs a number of services for its patients including chronic obstructive pulmonary disease (COPD) and asthma management, child immunisations, diabetes management, cervical smears, new patient checks and travel health advice amongst others. Intrauterine Contraceptive Devices (IUCDs) can be fitted at the practice.

A variety of Complementary and Alternative Medicines and arts and healing therapies are available in the same building as the practice, but are independent from the practice. These are accessible to patients of the practice and members of the general public. Therapies are chargeable but the practice runs a charity that patients on low incomes can apply to to have the costs of therapies subsidised. Arts therapies groups are free because they are funded by a grant.

Minor surgery is carried out at the practice.

The practice is open between 8am to 6.15pm Monday, and Thursday and from 8.30 to 6.15pm on Wednesday on Friday. On Tuesday the practice is open from 8am to 8pm. The practice did provide emergency cover from 8am to 6.30pm Monday to Friday.

The practice offers extended surgery hours on Tuesday until 8pm and on Saturday from 8.30am until 11.30am. At

the time of the inspection, since the practice had recently taken on 500 patients due to local practice closures, they were also offering extended surgery hours on Sundays from 9.45am to 1pm.

Appointments are available on Monday to Friday with different clinicians from the opening time each day until 5.50pm except on Tuesdays when the last appointment is at 7.45pm.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were accessible on the day for people that needed them. Telephone consultations were bookable and online bookings become available from 8am each day.

When the practice is closed patients are asked to phone the NHS 111 service that will help them access the appropriate out of hours care.

The practice population has a lower number of patients under 18 than the national average. There is also a lower than average number of patients of 49 to 64 years and a lower than average number of patients of 65+ years. There are a much higher number of patients than the national average in the 25 to 49 year age group. There are a lower than average number of patients with a long standing health condition. There are an above average number of patients in paid work or full time education. The percentage of registered patients suffering deprivation affecting children is lower than average for England. The percentage of registered patients suffering deprivation affecting adults is higher than average for England. The practice told us that they have high levels of homeless patients and patients who were substance abusers.

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 27 September 2016.

During our visit we:

- Spoke with a range of staff (GPs, nurse practitioners, nurses, health care assistants, management and reception/administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for.
- 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).

Detailed findings

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.

Good

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 a recording form available on the practice's computer system. We saw that the significant event was then added to the agenda to be discussed at the next weekly clinical meeting. A date for further review was also added for three months time. Significant events and complaints were standing agenda items at clinical meetings. Where appropriate non clinical staff were informed of the results of significant events at practice meetings through emails and face to face discussion.
- The incident recording form supported the recording of notifiable incidents under 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).
- 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, a medicine was issued via electronic prescription that should only have been issued via the hospital despite an alert on the system. Reminders were sent to all clinicians advising them not to issue hospital only medicines. The issue was discussed at a clinical meeting in December 2015 and reviewed again at a meeting in June 2016.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were 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 maintained appropriate standards of cleanliness and hygiene. 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.
- 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. 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. Blank prescription forms and pads were securely stored and

there were systems in place to monitor their use. Three of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Whilst usually using locums very well known to them and always checking locum GPs curriculum vitaes, registrations, insurances, presence on the performers list, DBS certificates and training records the practice did not always check the references for short term occasional locums.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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 staff rest area which identified local health and safety representatives. 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 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 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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.

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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. There was an effective system in place to check that the medicines remained in date.
- 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.

Good

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. All new guidelines and alerts were discussed at weekly clinical meetings
- The practice monitored that these guidelines were followed through risk assessments and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results at the time of the inspection were 99% of the total number of points available. The practice also had high average exception reporting (25%) relative the national average (9%). (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 explained that they only exception reported patients at the end of the QOF year (April to March) and that they would only do so once they had sent out three reminder letters and the practice followed up with a call. The QOF administrator also always checked with a GP before signing off the patient as an exception. Additionally the practice had a large group of patients who followed alternative lifestyles and were not interested in attending regular reviews. The practice also had a significant number of homeless patients registered as well as patients with mental health issues and substance abuse issues. Most exception reporting was due to the patients not wanting to come in to the practice for review. Once patients were reported as exceptions, the practice still continued to try contacting them for follow up.

Data from 2014-2015 showed:

- Performance for diabetes related indicators was mixed in relation to the clinical commissioning group (CCG) and national averages. The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/l or less in the preceding 12 months was 83% (CCG average 79%, national average 78%).

  The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less was 73% (CCG average 76%, national average 78%).

- Performance for mental health related indicators were generally similar to the local and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 90% (CCG average 86%, national average 90%).

It had been noted that the prescribing of some medicines was higher than for the national average. The practice had investigated this and found it to be historic (most patients were on the medicines when they took over the practice) and they acted on the findings, working with the patients to reduce the use of these medicines.

The practice was also an outlier for cervical screening. The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years was 74% (CCG average 81%, national average 82%). The practice explained that they sent out three reminders to patients who failed to attend for screening. They did explain that the practice had a high turnover of patients and that this contributed to the lower than average uptake.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored. The other two are ongoing audits that are continuously monitored.
- The practice participated in local audits, national benchmarking, accreditation and research.

Good

Are services effective?

(for example, treatment is effective)

- The practice had a rolling programme of monitoring 'at risk' medicines.

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 ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- 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 ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice held weekly clinical meetings. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Formal meetings with the palliative care team took place every three months.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 66%, which was lower than the CCG average of 70% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured that a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Good

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccines given were mixed compared to CCG and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 90% to 92% (CCG average 91%-91%, national average 93%-93%) and five year olds from 57% to 86% (CCG average 66% to 94%, national average 81% to 95%). The low uptake for five year olds was discussed and the practice explained that they have a significant number of patients who do not wish their children to be immunised. They have an extensive webpage dedicated to immunisations and the complementary and alternative therapists encourage patients to have their children immunised. If a patient fails to reply to three reminder letters, the practice nurse was informed and they followed up with a phone call.

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.

Good

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 nine 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.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded 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 comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients 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%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 95% of patients 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%.
- 82% of patients 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%.
- 88% of patients 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%.
- 88% of patients 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 very 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 slightly lower than local and national averages. For example:

- 80% of patients 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%.
- 76% of patients 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%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

We were told by the practice of their disappointment with these results and they had since addressed the issue by increasing the number of surgeries available by six sessions so that all patients could receive a minimum appointment length of 15 minutes to allow 'time to care'. Patients requiring longer could book a double length 30 minute appointment. They also were going to increase the

Good

Are services caring?

availability of nurse practitioner appointments available from 01 November 2016 and employ an extra receptionist for the morning every day to improve patient access to telephone appointments. The practice had a principle of giving patients the time that they require. The practice told us that they had an ethos of kindness and personalised care from all of their staff and believed healing should start the moment a patient walked through the door. The waiting room had a wall that was designed for patients to interact with. For example, it had been a 'wishing wall' allowing patients to write down and leave (anonymously) any wishes that they had. Other themes were a 'Happiness Board' for patients to put up what makes them happy and an Art Wall that patients could draw on.

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.
- A hearing loop was available in reception
- Disabled facilities were available and baby changing facilities.

Patient and carer support to cope emotionally with care and treatment

There were only a few patient information leaflets and notices available in the patient waiting area which told patients how to access a number of support groups and organisations. However information was available to be printed out by clinical and administration staff. There was a significant amount of information and links about support groups available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 145 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them as well as on line links via the practice website.

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 consultation if appropriate and by giving them advice on how to access a support service.

The practice had been finalists in a national compassionate care award.

Good

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. They had developed a complementary and alternative medicine and wellbeing service to work alongside their traditional GP service in response to local demand evidenced by the Director of Public Health for NHS Brighton and Hove City Council's 2012 annual report. They also developed a Healing Arts programme in response to local demand for a non-drug treatment for social isolation, depression and trauma. They offered a wide range of therapeutic options complementary to and additional to standard medical practice. The practice had formed a charity which helped patients on low incomes and benefits to access these therapies. The development of the programme had led to the practice winning a national innovation award. The practice had also won a grant to support the provision of the arts therapies and the service had been showcased at a nationally recognised event in London.

The therapies available included acupuncture, counselling, homeopathy, massage, osteopathy and reflexology amongst others. The arts therapies included performance arts and literary arts such as writing, journaling and storytelling. The practice had produced a practice brochure that included a description of their philosophy, the various therapies available and how and why they felt that patients may benefit from them.

They also had a well attended singing group and provided monthly free talks on a variety of health topics on Saturday mornings.

The waiting room had been designed to have a calming effect on patients and contained various interactive features. Some of the patients had commented on these additional services and were very positive about the practices' philosophy and culture and the effect on their wellbeing.

The practice were also part of a cluster of local GP practices who were working together to improve outcomes for their patients.

- The practice offered extended surgery hours on Tuesday until 8pm, on Saturday from 8.30am to 11.30am and at the time of the inspection on Sundays from 9.45am until 1pm.
- All booked appointments were a minimum of 15 minutes long.
- There were longer appointments available for patients with a learning disability, patients requiring an interpreter, patients presenting for six week post-natal reviews and patients with complex conditions or requiring annual diabetes reviews with the nurse.
- 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 vaccines available on the NHS as well as those only available privately.
- There was a variety of other group events available to patients within the building, such as a mindfulness group. There were also in addition to literary and performance groups, dance and film making courses as well as narrative workshops. Most of the arts therapies were free due to a grant from a national organisation.
- The Complementary and Alternative Medicine treatments were available on a non NHS independent basis within the building. The practice ran a charity from which subsidies towards these treatments could be applied for by patients on low incomes.
- There were disabled facilities, a hearing loop and translation services available.
- Door frames were painted a different colour, in line with advice on the care of patients with dementia.
- One reception desk was lower to make it accessible to wheelchair users.
- Arrangements were made to allow patients that couldn't climb the stairs to be seen on the ground floor.
- A hearing loop was available in reception.

Access to the service

The practice was open between 8am to 6.15pm Monday, and Thursday and from 8.30 to 6.15pm on Wednesday on Friday. On Tuesday the practice was open from 8am to 8pm.

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice offered extended surgery hours on Tuesday until 8pm, on Saturday from 8.30am until 11.30am and at the time of the inspection, since they had recently taken on 500 patients due to local practice closures, on Sundays from 9.45am to 1pm.

Appointments were available on Monday to Friday with different clinicians from the opening time each day until 5.50pm except on Tuesdays when the last appointment was at 7.45pm.

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.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 74% of patients said they could get through easily to the practice by phone compared to the CCG 77% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice felt that access could be improved and also were aware that their patient numbers were increasing due to the closure of several local practices. In view of this they had short and medium term plans to increase the number of appointment slots available and longer term plans to increase space in the practice.

They had appointed a new salaried GP who was soon to start and would be doing an extra six sessions a week. They also planned to start another new GP in the new year for a minimum of four sessions a week. Other plans due to be implemented included increasing the nurse practitioners and phlebotomists hours and diversifying the skills of one of the HCAs. They were also planning to develop the role of the practice pharmacist and develop the role of a pharmacy assistant.

The Advanced Nurse Practitioner was to help manage the demand outside the practice building with planned pro-active care and patient visits.

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.

Calls were taken by telephonists who took details from the patient and then passed the request to the duty GP for triage. The duty GP was in the same room as the telephonist and could be spoken to directly if there were any concerns. The GP then phoned the patient back to assess the most appropriate course of action. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had 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 in the form of posters and leaflets and on the website.

We looked at 22 complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a complaint was made about a clinician's attitude whilst carrying out a medical procedure. The matter was fully investigated with all concerned and the patient discussed the matter with their GP. An explanation and apology were offered and the patient decided not to take the matter further.

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 celebrate diversity and inclusivity and strived to deliver high quality health care tailored to the needs of individuals.

- The practice had a mission statement which was displayed in the waiting area and staff knew and understood the values.
- The practice had a strategy and supporting business plans 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 was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There were protocols and agreements in place to govern the work of complementary therapists in the practice. This included referrals to therapists and the actions of therapists. These included such areas as safeguarding, confidentiality, keeping abreast of continuing professional development and having indemnity insurance. Therapists had to agree to encourage their patients to actively engage with the medical team. All therapists were DBS (disclosure and barring service) checked. Any therapist not working within the agreement would no longer be permitted to work at the practice.
- The partners included therapists that worked alongside them in the building in meetings where patients that were being treated by both GPs and therapists were discussed. Patients were asked for consent to be discussed by GPs and therapists. These patients were first on the agenda, followed by any other therapy related matters. After that the therapists left and NHS practice issues were discussed.
- All therapists at the practice fell within groups 1 and 2 of the House of Lords Select committee Sixth Report November 2000.
- The complementary therapies were not funded by the NHS and were run as a private business.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners 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).This included support training for all staff on communicating with patients about notifiable safety incidents. 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.

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

- Staff told us the practice held regular team meetings. Meetings involving all staff were held three times a year, clinical meetings were held weekly, administrative meetings and nursing meetings were also held. All were minuted and had clinical meetings had fixed agenda

Are services well-led?

Good

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

items such as significant events, complaints and safeguarding. Additionally the practice held monthly multi-disciplinary team meetings and three monthly palliative care meetings.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every six months.
- 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.
- Staff were encouraged to learn and expand their roles and we saw examples of this. For example one member of staff had been a phlebotomist and now had pivotal administration roles and also co-ordinated the practice research.

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.

- The practice had gathered feedback from patients through the patient participation group (PPG), though a suggestions box, a 'patient voice' social media group and through surveys and complaints received. The PPG met regularly, were involved in patient surveys and submitted proposals for improvements to the practice management team. For example, an automated self-check in system was in place and just about to go live in response to a recent PPG meeting. Also in response to a patient survey, two additional telephone lines were added.
- The practice had gathered feedback from staff through a staff suggestions board, staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the introduction of 15 minute appointments and the development of a triage GP was introduced after discussion with staff on away days. Nursing staff had requested a new vaccine fridge and that was supplied to them.
- Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had pioneered the development of a complementary and alternative medicines programme which ran alongside the GP practice to try to improve outcomes for patients in the area. The practice had received a nationally recognised award for their innovative work on integration of GP and complementary medicine and art therapies. They had taken part in a national health and arts conference and had also been finalists in a national 'compassionate care' award. They were active participants and hosted a research project into liver disease in the community. We saw examples of how they encouraged staff to expand their knowledge and roles. The practice were also a training practice for doctors in their second year after qualification and for doctors on the specialist GP training scheme.