

# The Stanford Medical 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

### Summary of this inspection

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

### Detailed findings from this inspection

Our inspection team	11
Background to The Stanford Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Stanford Medical Centre on 26 May 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 named GP and there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management.
- There were high levels of constructive staff engagement.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- Ensure patients with a learning disability receive an annual review of their care.
- Undertake an audit of practice and consent for minor surgery.
- 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.

# Summary of findings

- Continue to build on the work undertaken so far to identify carers within the practice.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- 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. However the practice needed to improve security of blank computer prescription forms

Good



### Are services effective?

The practice is rated as good for providing effective services.

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

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several 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.

Good



# Summary of findings

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

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, it worked actively with other health and social care providers in the locality to identify patients at risk of avoidable, unplanned admission to hospital to ensure they had a plan of care in place in order to prevent this.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There were high levels of constructive staff engagement.
- 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 patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice nurses provided a home phlebotomy and annual review assessments for housebound patients with chronic conditions who otherwise had difficulty accessing care.
- The practice worked with other practices and health and social care providers in the locality to identify patients at risk of avoidable, unplanned admission to hospital to ensure that they had a plan of care in place in order to prevent this.

### 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 on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (04/2014 to 03/2015) was 96% compared to the clinical commissioning group (CCG) average of 87% and the national average of 88%
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

### Families, children and young people

Good



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

# Summary of findings

- 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 patients who had a high number of A&E attendances.
- The practice had improved appointment access for childhood immunisations to increase flexibility to accommodate parents' needs.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test has been performed in the preceding 5 years (04/2014 to 03/2015) was 93% compared to the CCG average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided a streamlined service for the assessment and fitting of contraceptive devices in order to provide a more efficient and convenient service for patients.
- Practice staff worked closely with midwives and health visitors. The midwife held a twice weekly clinic on the practice premises.

## 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. This included the provision of evening and weekend appointments.
- 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.

## 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 identified patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. However not all patients with a learning disability had received an annual review of their care needs.

# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice hosted a 'community navigator' who supported vulnerable patients with accessing various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- We saw positive examples of how the practice staff had provided extra support to vulnerable patients which included the visually impaired and helped them to access appropriate care.

## 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).

- The percentage of patients with a severe and enduring mental health problem who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (04/2014 to 03/2015) was 94% compared to the CCG average of 83% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice provided dementia screening for patients and further referral if required.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Patients had access to on-site counselling and well-being services.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and seventy seven survey forms were distributed and 116 were returned. This represented 1% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 75% and the national average of 73%.
- 71% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 78% and the national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.

- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 comment cards which were overwhelmingly positive about the standard of care received. Patients told us that they could always get an appointment and that appointments ran to time. They told us staff were helpful, committed, professional and caring. They said that the nurses and doctors listened to them and explained things well. They said they were always treated with dignity and respect. Many described the service they received as excellent.

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

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvements are:

- Ensure patients with a learning disability receive an annual review of their care.
- Undertake an audit of practice and consent for minor surgery.

- 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.
- Continue to build on the work undertaken so far to identify carers within the practice.

# The Stanford Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP specialist adviser, and a second CQC inspector.

## Background to The Stanford Medical Centre

The Stanford Medical Centre is situated in the city of Brighton. It provides general medical services from three different locations to approximately 17,580 patients. The practice also provides a service to two private boarding schools situated in Brighton.

There are eight GP partners, five male and three female plus one female and one male salaried GP. There are three practice nurses and two health care assistants. There is a practice business manager, an IT systems co-ordinator and a team of secretarial, administrative, summarisers and reception staff. The practice is a training practice and provides placements for trainee GPs and doctors, as well as nurses, paramedic and pharmacist students.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average number of patients between the ages of 15 and 29. This is because the practice serves a large student population. It has a lower than average population over the age of 35 upwards. There is a much lower than average population over the age of 65.

The Stanford Medical Centre is open from 8am until 6pm Monday to Friday. There is extended access on Monday evenings between 6.30pm and 9.20pm and Saturday

mornings from 8am to 11.00am for pre-bookable appointments with a doctor. The Islingword Road Surgery is open from 8am until 12noon and from 2.30pm until 6.00pm Monday to Friday. The Cockcroft Surgery which serves the University of Brighton is open during the term-time only from 8.15am until 12 noon. Appointments can be booked over the telephone, on line or in person at the surgery. Telephone appointments are also available. Patients are provided with information on how to access the duty GP or the out of hour's service by calling the practice. The out of hour's service is provided by Integrated Care 24 Limited.

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

The practice provides services from the following locations:-

The Stanford Medical Centre

175 Preston Road

Brighton

East Sussex

BN1 6AG

Islingword Road Surgery

179 Islingword Road Surgery

Brighton

BN2 9SL

Cockcroft Surgery

University of Brighton

Lewes Road

# Detailed findings

Brighton

BN2 4GN

We visited all three locations as part of this inspection.

## 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 26 May 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, the practice manager and administrative and reception staff
- We spoke with patients who used the service, including members of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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 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, as a result of a misdiagnosis of a chronic lung disease the practice had reviewed and updated its protocol for chronic obstructive pulmonary diseases. We saw that this was discussed, shared and agreed at a clinical meeting. We also saw that the patient was informed of the incident and was provided with an explanation and an apology.

### 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 waiting room 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 policy in place and staff had received up to date training. Annual infection control audits were undertaken. This included an audit of staff awareness of infection control. We saw evidence that action was taken to address any improvements identified in the audits 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five 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 DBS.

### 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 reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All

## Are services safe?

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 in the treatment room.
- The practice had a defibrillator available on each of its premises and oxygen with adult masks. A first aid kit and accident book were also available on each site.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.7% of the total number of points available. Exception reporting was higher than average for mental health indicators, cervical screening and cardiovascular disease. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice told us that they were aware that this was the case and that measures had been put in place that would result in lower levels of exception reporting for the current year.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 94% compared to the CCG average of 87% and the national average of 88%.
- The percentage of patients with severe and enduring mental health problems who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (04/2014 to 03/2015) was 94% compared to the CCG average of 82% and the national average of 88%.

- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months (04/2014 to 03/2015) was 73% compared to the CCG and national average of 75%
- We looked at the practice's learning disability register and identified that there were 76 patients with a learning disability. However only 55% (42 patients) had received a review of their care plan and an annual health check during 2015/16.

There was evidence of quality improvement including clinical audit.

- We looked at seven clinical audits completed in the last two years; two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in 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 improved diagnosis, monitoring and treatment of patients with impaired glucose tolerance.
- It was noted that one of the GPs at the practice undertook minor surgery however an audit of minor surgery had not been undertaken in line with good practice.

### 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 had attended regular update sessions on asthma, diabetes and chronic lung disease.
- 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 attending update training, accessing on line resources and discussion at practice meetings.

# Are services effective?

(for example, treatment is effective)

- The practice actively encouraged staff to acquire new skills and develop their roles, for example one of the administrators had had received training and development so that they could take on more managerial tasks. This also demonstrated that the practice had succession plans in place.
- 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 regular protected time for in-house training.

## Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had systems in place to ensure that urgent and under two week wait referrals were sent out on the same day. The practice followed these referrals up for patients if they had not been seen and undertook monthly checks to ensure that patients had been seen on time.

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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

## Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young patients, 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.
- We looked at a sample of four minor surgery records and found that one consent form was missing from the patient records. It was later found that it had been filed in the wrong patient's notes. The practice raised this as a significant event on the day of the inspection.

## 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 were signposted to the relevant service.
- The practice had developed a social media page for patients and a patient newsletter which aimed to improve patient access to health information and updates. The page was updated weekly with service information and national health news and campaigns.

The practice's uptake for the cervical screening programme was 93%, which was better than the CCG average of 81% and the national average of 82%. However, it was noted that the exception reporting rate for cervical screening was higher than average at 23% compared to the CCG average of 10% and the national average of 6%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

## Are services effective? (for example, treatment is effective)

Childhood immunisation rates for vaccinations given to under two year olds ranged from 59% to 88% and five year olds from 65% to 66%. There was no comparable data for Brighton and Hove CCG.

Patients had access to appropriate health assessments and checks. These included health checks where identified as

necessary for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 48 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 three 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average and national average of 85%.

- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 87% 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 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.

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 in line with local and national averages. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to CCG average of 80% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

The practice 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. We saw notices in the reception areas informing patients this service was available.
- For patients who were partially sighted, new patient registration forms and practice information leaflets were available in large print.
- We saw an example where one of the receptionists had identified a patient who was visually impaired and therefore unable to complete a new patient registration form. They took the time to go through the form with the patient and completed it for them so that they could register with the practice.

## Are services caring?

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had a dedicated staff member who acted as a link between the practice and the local carers support organisation. The practice had implemented a number of initiatives to raise awareness and improve identification of carers. This included a training and awareness session run by the local carers support organisation and discussions with the patient participation group on how the identification of carers could be improved. The practice asked patients about their caring status at patient registration and during

consultation and this was recorded on the patient notes. Written information was available to direct carers to the various avenues of support available to them. Carers support organisations were publicised in the waiting areas.

The practice had identified 117 patients as carers which represented 0.7% of the practice population. It was noted that because the practice had a small proportion of patients over the age of 65 that the number of carers in the practice population might be lower. However the practice was also aware that the coding of carer status in the patient notes needed to be improved.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was part of the local Extended Primary Integrated Care (Epic) pilot to improve access to care and support services. As part of this project the practice hosted a volunteer who was employed who worked as a 'community navigator', helping patients with complex needs to access the various community resources that were available.

- The practice offered extended hours at The Stanford Medical centre site on Monday evenings between 6.30pm and 8.50pm and Saturday mornings from 8am to 10.30am for pre-bookable appointments with a doctor for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or complex needs.
- Home visits and a home phlebotomy service 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 required same day consultation.
- The practice had improved appointment access for childhood immunisations to increase flexibility to accommodate parents' needs. Immunisation clinics that had previously only been held on a Monday were now held throughout the week.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had made improvements to its premises to meet the needs of transgender patients.

### Access to the service

The Stanford Medical Centre was open between 8am until 6pm Monday to Friday. There was extended access on Monday evenings between 6.30pm and 9.20pm and Saturday mornings from 8am to 11.00am for pre-bookable

appointments with a doctor. The Islingword Road Surgery was open from 8am until 12noon and from 2.30pm until 6.00pm Monday to Friday. The Cockcroft Surgery was open during the term-time only from 8.15am until 12 noon. In addition to pre-bookable appointments that could be booked up to twelve weeks in advance, urgent appointments were also available for patients that needed them.

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

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 78%.
- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.

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

The practice had a system in place to assess:

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

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

### Listening and learning from concerns and complaints

The practice had 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 a summary leaflet and information on the practice's website.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were

## Are services responsive to people's needs? (for example, to feedback?)

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, as a result of a complaint from a parent about the length of time they had

to wait for a GP to call them regarding their child who was unwell, a new system was implemented to ensure that children under five were flagged up on the system as a priority for a call back.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear set of values based on delivering high quality, safe and effective care for patients. The practice had a three year business plan which had a mix of short and long term objectives which demonstrated a clear vision and plan for the future of the practice. The objectives were regularly reviewed at an annual away day for all of the partners.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. There were structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies 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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality, evidence based 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 patients 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.
- 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 on regular basis. At the last away day we saw that staff were provided with the opportunity to learn about each other's roles and discuss improved ways of working across the whole team in order to provide a better service for patients.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. We saw that there were high levels of constructive staff engagement. 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. For example, one of the health care assistants had been able to implement their own idea to introduce a home phlebotomy service for housebound patients. One of the practice nurses had identified that the set time for the childhood immunisation clinic was making it difficult for young families to attend so they were able to discontinue this clinic and offer appointments throughout the week instead in order to improve accessibility. After attending training on the subject one of the receptionists implemented changes to the practice environment by making it more accessible and comfortable for transgender patients.

### 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) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice

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management team. For example, the practice had purchased waiting room blood pressure monitors as a result of feedback from the PPG. We spoke with three members of the PPG who told us they had regular meetings with the practice which was always attended by the practice manager, one of the GPs, a practice nurse and a receptionist. They told us that they felt that the practice listened to the views of patients and acted on them, for example due to patient views the practice changed its plans to introduce a telephone triage system.

- The practice had gathered feedback from staff through away days, 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.
- The practice had developed a social media page for patients and a patient newsletter which aimed to improve patient access to information and updates. The page had received positive feedback and there was evidence that it had gained in followers. The page was updated weekly with service information and national health news and campaigns.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice had undertaken a large piece of work to improve the workflow and become 'paper light'. This meant that correspondence which needed the GPs attention was highlighted to the right GP as soon as possible, whilst ensuring items that could be dealt with without a GPs attention were picked up by an appropriate staff member. This reduced the volume of correspondence that GPs received allowing them to focus on priorities.

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

The practice was part of the local Extended Primary Integrated Care (Epic) pilot to improve access to care and support services. As part of this project the practice hosted a volunteer who was employed who worked as a 'community navigator', helping patients with complex needs to access the various community resources that were available.