

Chessel Practice

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement overall. (Previous inspection 06/2017 – Inadequate).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires Improvement

Are services caring? – Requires improvement

Are services responsive? – Requires Improvement

Are services well-led? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those recently retired and students) – Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

People experiencing poor mental health (including people with dementia) - Requires Improvement

As a result of the inspection in June 2017 a warning notice was served and the practice had been placed into

special measures in September 2017. The practice was re inspected in October 2017 to follow up on the warning notice and was found to have completed the requirements of the notice.

We carried out an announced comprehensive inspection at Chessel Practice on 20 February 2018 to check that sufficient improvements had been made to bring the practice out of special measures and improve the rating from Inadequate.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learnt from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment were delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system was not easy to use and reported that they were not always able to access care when they needed it.
- All staff received up-to-date safeguarding and safety training appropriate to their role.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was a focus on continuous learning and improvement at all levels of the organisation.

Summary of findings

- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

The areas where the provider **should** make improvements are:

- Continue to review the care and treatment offered for all patients with long term conditions such as demonstrated through the Quality and Outcomes Framework results.
- Review the patient experience and take account of feedback such as the national GP patient survey results.

This service was placed in special measures in September 2017. We found that the practice had improved when we undertook the follow up inspection on 20 February 2018

However, the practice needs time to ensure that there is more evidence that the improvements are embedded properly and that the improvements are sustained.

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

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

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

Chessel Practice

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 Chessel Practice

Chessel Practice is located in a purpose-built medical centre at Sullivan Road, Sholing, Southampton, Hampshire. SO19 0HS.

This practice has a branch practice at 4 Chessel Avenue, Bitterne, Hampshire, SO19 4AA. During this inspection we visited the branch practice.

Chessel Practice holds a NHS General Medical Services contract for the provision of primary care services, and there are three partners of which two are executive partners within the practice partnership. The partnership is responsible for the delivery of these core services and the employment of all the staff within the surgery.

The practice website can be found at www.chesselpractice.nhs.uk

Since March 2016, Chessel Practice has been under the brand of Integral Medical Holdings Ltd (IMH). IMH is a GP led support company founded in 2015. The role of IMH is to provide a network of support to practices to enable them to function independently and meet the challenges and demands of the changing face of primary care.

Since our last inspection the practice had completed the registration of a new registered manager.

Chessel Practice has an NHS General Medical Services contract to provide health services to approximately 11,200 patients in and around the east of the city of Southampton and surrounding area. The practice covers an inner city area with significant numbers of disadvantaged patients and is in the fourth most deprived decile nationally. This practice has a high percentage of patients aged between 0-19 years and 70 years and over.

The practice has opted out of providing out-of-hours services to their own patients and refers them to the Out of Hours service via the NHS 111 service.

Are services safe?

Our findings

We rated the practice, and all of the population groups, good for providing safe services.

At our inspection in June 2017 we rated the practice as inadequate for providing safe services. This was because there was a system in place for reporting and recording significant events, however this was not consistently effective. Although these matters were discussed in the practice we found no evidence that when things went wrong an action plan was put together to prevent recurrence. This meant that lessons were not always completely shared to make sure action was taken to improve safety in the practice.

We also found that there were fourteen patients recorded as being prescribed Lithium at the practice. The audit checked these patients' records to see if they had had a blood test every three months. The audit identified that five patients had not received a blood test within the three month requirement.

At this inspection we saw that significant improvements had been made and the practice is now rated as good for providing safe services.

Safety systems and processes.

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice had a number of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to

identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a DBS check.

- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- There was an effective system to manage infection prevention and control.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients.

There were adequate systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- At a previous inspection in October 2016 we found that a Legionella risk assessment had been completed. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had now fully completed these recommendations.

Are services safe?

Information to deliver safe care and treatment.

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines.

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- There were effective protocols for verifying the identity of patients during remote or online consultations.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- The practice has a dedicated medicines manager, who monitors prescribing practice through numerous searches, as well as responding on behalf of the practice to frequent improvement directives from the Clinical Commissioning Group.

Track record on safety.

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made.

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. For example, the practice received a complaint from a patient who presented to the practice requesting an urgent appointment there and then. As no appointments were available, the patient was directed, by the reception team, to make use of alternative resources. The patient chose to drive to the Emergency Department, whereupon collapsed and was admitted to hospital with pneumonia, requiring three days of intravenous antibiotic therapy. The subsequent root cause analysis found that the practice reception team had not received sufficient training to enable them to identify patients who were seriously unwell, and reception did not feel sufficiently competent to make necessary judgement calls, such as arranging for the duty doctor to promptly review the patient, or even calling for an ambulance themselves. The lead nurse drew together a training session for all the reception team, on the management of the acutely unwell patient. In addition, this was referenced in a simple flowchart which was produced and kept beside computer terminals in reception.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice and all of the population groups as requires improvement for providing effective services overall.

At our inspection in June 2017 we rated this domain as requires improvement. The practice had made improvements, but is still rated as requires improvements.

Effective needs assessment, care and treatment.

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Since our last inspection the practice had brought in a partner GP to be the clinical lead who had oversight of clinical performance and activity to maintain, and where needed, improve care and treatment.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Home visits were provided for housebound or unwell elderly patients, mostly by an Advanced Nurse Practitioner dedicated to home visits. Routine and urgent on-the-day telephone appointments were also available.
- The Home Visiting Practitioner linked in with community services, such as District Nurses, Community Matrons and social services, coordinating bespoke care packages for elderly patients in need.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or out of hour's services.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above in two of the four sub-indicators. The practice was aware of this and was working with patients to increase the percentage uptake.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Are services effective?

(for example, treatment is effective)

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 68%, which was in line with the 72% coverage target for the national screening programme. The practice was working to increase these figures by encouraging patients who were eligible to attend for screening.
- The practice's uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

People experiencing poor mental health (including people with dementia):

- The last published figures for the practice showed that 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the national average.
- The last published figures for the practice showed that 66% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is below the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 88% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to the national average.

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment.

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. We saw evidence of 12 audits that were planned to take place in 2018. We saw that two had already been completed. For example Sodium Valproate should not be prescribed to females of child bearing age. Those that were taking it should be making a fully-informed decision.

The most recent published QOF results 2016-2017 were 86% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 96%. The overall exception reporting rate was 7% compared with a national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Unverified figures supplied by the practice on the day of the inspection showed that the QOF figures for 2017-2018 were 86% with 1 month left until the end of the year.

- The practice used information about care and treatment to make improvements. The practice was actively involved in quality improvement activity and was regularly working with the Clinical Commissioning Group (CCG) to identify and make improvements. We were told that the practice had recently had a quality assurance visit from the CCG and were working on the recommendations made by them, for example an infection control audit had been carried out and the practice had replaced soap dispensers and planned to upgrade flooring in the clinical areas.

Effective staffing.

At the time of this inspection, the practice staff included three male GP partners and a practice manager. The practice also had two female salaried GPs. The practice also used locum GPs on full time and part time basis. We were told that a new fulltime salaried GP had been employed to start in March 2018.

Are services effective?

(for example, treatment is effective)

The practice has three advanced nurse practitioners, one of which is a home visit practitioner. There are also two practice nurses and two health care assistants and a phlebotomist.

The clinical team are supported by a practice manager and a team of receptionists, typist and administration support staff.

The practice is also supported by regional staff from IMH as and when required.

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Designed with the non-regulated workforce in mind, the Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.
- The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment.

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives.

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last months of their lives, patients at risk of developing a long-term condition and carers.
- The practice proactively identified patients who were carers. Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice had recorded 368 patients on their carer's register this represented over 3% of the practice population. The practice's computer system alerted GPs if a patient was also a carer. The practice also had a nominated Carer's Champion to provide them with extra information and resources.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment.

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice as requires improvement for caring.

At our inspection in June 2017 we rated the practice as good at providing caring services.

At this inspection the practice is rated as requires improvement for providing caring services. This is due to the results of the July 2017 patient survey and overall feedback from patients.

Kindness, respect and compassion.

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We received 19 patient Care Quality Commission comment cards. They mostly were positive about the service experienced. Although there was a general negative comment about the appointment times and difficulty getting through to the practice on the phone. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 238 surveys were sent out and 98 were returned. This represented less than 1% of the practice population. The practice was comparable or below averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 68% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 79% and the national average of 82%.
- 87% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 95%.
- 64% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 83%; national average - 85%.

- 90% of patients who responded said the nurse was good at listening to them; (CCG) - 91%; national average - 92%.
- 89% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 90%; national average - 91%.

Involvement in decisions about care and treatment.

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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

Results from the July 2017 national GP patient survey showed patients did not always respond positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below or in line with local and national averages:

- 68% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 85% and the national average of 87%.
- 68% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 80%; national average - 82%.

Are services caring?

- 89% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 88%; national average - 90%.
- 84% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 84%; national average - 86%.
- Staff recognised the importance of patients' dignity and respect.
- Staff worked to make sure conversations with receptionists could not be overheard by patients in the waiting room.
- The practice had a separate room available for patients to use if they required more privacy whilst waiting or had received distressing news.

Privacy and dignity.

The practice respected patients' privacy and dignity.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing responsive services.

At our inspection in June 2017 we rated the practice as requires improvement for providing responsive services because we found that patients were having difficulty making appointments at the practice via the telephone system.

At this inspection we saw that improvements had been made and the practice was continuing to improve in this area. The practice continues to be rated as requires improvement for responding to people's needs as improvements are required in other areas.

Responding to and meeting people's needs.

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours provided at the Southampton GP Federation hub, online services such as repeat prescription requests advanced booking of appointments, advice services for common ailments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example the practice employed a home visiting advanced nurse practitioner who visited patients in their own homes.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

This population group was rated requires improvement for effective because this domain has been rated as requires improvement:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent

appointments for those with enhanced needs. The GP and advanced practitioner nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

This population group was rated requires improvement for effective because this domain has been rated as requires improvement:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

This population group was rated requires improvement for effective because this domain has been rated as requires improvement:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

This population group was rated requires improvement for effective because this domain has been rated as requires improvement:

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments available from the Southampton Hub.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

Are services responsive to people's needs?

(for example, to feedback?)

People whose circumstances make them vulnerable:

This population group was rated requires improvement for effective because this domain has been rated as requires improvement:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

People experiencing poor mental health (including people with dementia):

This population group was rated requires improvement for effective because this domain has been rated as requires improvement:

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment.

The practice was open Monday to Friday from 8am to 6:30pm. Phone lines were open from 8am to 6.30pm Monday to Friday (excluding public holidays). The practice was closed between 1pm and 2pm on a Monday for staff training. When the practice was closed for staff training a mobile phone was in place to take urgent calls.

Patients were not always able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients did not always have timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were not always managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was not easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 48% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 80%.
- 19% of patients who responded said they could get through easily to the practice by phone; CCG – 66%; national average – 71%.
- 48% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG – 75%; national average – 75%.

Patients found the appointments system difficult to use, including appointments not being available unless they were made at particular times of the day (for example, immediately after a GP practice opens for bookings).

The practice received a lot of negative feedback regarding the telephone system. The practice identified areas of need, implemented change by using more receptionists at peak times and giving patients more telephone options to choose from and direct them to the best extension for their needs. The practice and noted a significant improvement in the speed of answering calls and the volume of calls dealt with. This was proven through regular audits by interrogating the telephony system. In addition, a decrease in complaints regarding this matter was noted.

Listening and learning from concerns and complaints.

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We were given details of 25 complaints were received in the last year. We reviewed 10 complaints and found that they were satisfactorily handled in a timely way. The majority of complaints received were around appointment availability and telephone answering times. The practice was aware of this and we saw action plans to deal with these matters. The practice encouraged patient feedback and regularly received this personally, via various online forums, or via the patient participation group, with whom the practice meets on a six weekly basis. Comments, complaints and suggestions were considered, discussed and actions agreed where possible and appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, since September 2017, the practice had ensured that regular, structured clinical meetings, to which all the doctors and nurses are invited, took place. Minutes were taken and sent to the entire clinical team via email, as well as being made readily-accessible on

the shared computer drive. Standing agenda items included significant events, complaints, audits, medical alerts and quality outcome. The practice aimed to learn and decide on actions for improvement. Meeting minutes were periodically reviewed to ensure that the actions that were decided have been implemented and that the desired improvement had been noted.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice requires improvement for providing a well-led service.

At our inspection in June 2017 we rated the practice as inadequate for providing well led services. We found that although the partners in the practice had the experience and capability to run the practice and ensure high quality care, governance arrangements and risk management were not fully embedded. The partners were not always visible in the practice and staff told us they were not always approachable or took the time to listen to members of staff.

There was a changing leadership structure still being put in place staff in general felt supported by management but were still uncertain about the future.

At this inspection, we found that improvements had been made but the practice needs to ensure that this continues and is properly embedded. The practice is rated as requires improvement for well led services.

Leadership capacity and capability.

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders were visible and approachable. They had started worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. For example, the clinical lead attended a leadership and management course in 2017 and has been booked onto a year-long leadership course through Keele University starting in April 2018.

Vision and strategy.

The practice had developed a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture.

The practice was working towards a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were now able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were now processes in place for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements.

There were now clearer understanding of responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and starting to be effective.

Are services well-led?

Requires improvement 

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

- Staff were clearer on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- The practice had continued to established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. For example, the practice had a new lone visiting policy. This was in response to a visiting Advanced Nurse Practitioner starting, to ensure that the practice, had a safe and secure operating procedure to protect the role.

Managing risks, issues and performance.

There were clearer processes for managing risks, issues and performance.

- There was an ongoing process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.

Appropriate and accurate information.

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. For example, prior to the inspection the practice in January 2018 had taken part in a visit from the Southampton clinical commissioning group to review the progress the practice had made and to highlight where continued improvements and developments were required.

- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners.

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, there was an active patient participation group and the practice was working with them to understand the needs of patients and respond to those needs.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation.

There were evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. For example the practice responded to requirements we made by having a dedicated medicines manager, who monitors prescribing practice through numerous searches, as well as responding on our behalf to frequent improvement directives from the Clinical Commissioning Group.
- The practice also employs clinical support officers. They reduce the administrative burden for the GPs, by processing hospital correspondence, lab results, reports and some aspects of medicines management.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.