Cornerways 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?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Cornerways Medical Centre on 21 June 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Cornerways Medical centre on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection on 4 July 2017 to check the practice had made the required improvements.The key questions are now rated as good for safe, effective, caring and responsive and requires improvement for the well-led domain. Overall the practice is now rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of carrying out and recording checks to reduce the risk of legionella infection.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- 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.
- The practice was proactive at offering a range of appointment lengths and types to meet patient's needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.

Summary of findings

- We found there were still gaps in the training staff needed to undertake their roles. For example, not all staff had received training in fire safety and infection prevention control.
- The provider was aware of and complied with the requirements of the duty of candour.

There continue to be areas where the provider must make improvement:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

In addition, there are areas where the provider should make improvement:

- Review the responses to complaints to ensure they are consistently in line with national guidance.
- Review the process for reporting appropriate significant events to external organisations in order to improve wider learning.
- Review the practice website regularly to ensure it contains up to date information for patients.
- Review arrangements for conducting health checks for vulnerable groups, such as patients with learning disabilities and mental health conditions.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is now rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. 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.
- Risks to staff and patients who used services were now assessed and well-managed, with the exception of those relating to Legionella infection.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Appropriate recruitment checks were now undertaken.
- Staff had now received regular training on child and adult safeguarding and basic life support.

Are services effective?

Good

The practice is now rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were average or above average compared to the national average. For example, the 79% of patients with high blood pressure had an acceptable blood pressure reading in the last 12 months compared to the national average of 83%. Exception reporting for this indicator was lower than the national average of 3.9% at 2.7%.
- 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. However, recommended training programmes were not consistently followed.
- There was evidence of appraisals and personal development plans for all staff. These were now up to date.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

- The practice was proactive at promoting health outcomes for patients. For example, data for health screening indicators showed the practice was performing above national averages.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice rated similar to or higher than national averages for aspects of care. For example, 94% of patients stated that the last time they saw or spoke to a GP; the GP was good or very good at treating them with care and concern, compared to a CCG average of 88% and national average of 85%.
- Feedback from patients about their care and treatment was consistently positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We observed that staff treated patients with kindness and respect.

Are services responsive to people's needs?

Good

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 the West Hampshire Clinical Commissioning Group to secure improvements to services where these were identified.
- 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.

Are services well-led?

Requires improvement

The practice remains rated as requires improvement for being well-led.

Summary of findings

- 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. There was a commitment to staff support and development and staff told us they felt valued.
- The practice had a number of policies and systems to govern activity.
- Some practice information for patients was not kept up to date. For example, the complaints information for patients did not refer to the NHS Ombudsman in line with national guidance and the website contained some out of date information.
- 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 did not yet have embedded systems in place for notifiable safety incidents, however we saw that learning from significant events was shared with staff to ensure appropriate action was taken.
- Actions required to minimise the risk of legionella infection were not recorded. If the actions were undertaken, there was no evidence to show this.
- The majority of risks to patients and staff were well-managed.
- The practice did not have oversight regarding what training staff should complete and the frequency with which this should be undertaken. Some training was still outstanding from our previous inspection, for example fire safety and infection control.
- The practice sought feedback from staff and patients, which it acted upon.

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 provider is now rated as good for older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older patients were similar or better than the national average. For example, the practice had a higher number of patients with stroke compared to the national average. A total of 97% of patients with a stroke were on the correct medication to prevent further blood clots which was in line with the national average of 97%. Exception reporting for this indicator was lower at 4.7% compared to the the national average of 5.4%.
- The practice employed a dedicated GP for two sessions per week to support patients living in nursing homes registered at the practice and other elderly patients with increased needs.

People with long term conditions

Good

The provider is now rated as good 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.
- A total of 71% patients with asthma had an asthma review in the preceding 12 months compared to the CCG average of 75% and national average of 76%. Exception reporting was 4% which was lower than the CCG rate of 12% and national rate of 8%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicine needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Good

The provider is now rated as good for families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Immunisation rates were above the expected national standard for all standard childhood immunisations.
- 81% of eligible women attended for a cervical screen examination which is similar to the national average of 82% and clinical commissioning group average of 82%.
- The practice participated in a local scheme to provide free condoms to patients under 25 years of age to encourage positive sexual health.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had a private breast-feeding area and play area in the waiting room designed for young children.
- The practice liaised with local schools and had conducted health talks to children focussing upon obesity, internet pornography (senior school) exercise, smoking, drugs and anxiety.
- One of the GPs had an additional qualification to provide counselling for sexual health disorders.
- We saw positive examples of joint working with midwives, health visitors and school nurses through multi-disciplinary working. For example, the practice held regular clinics for families to see health visitors alongside childhood immunisation clinics.

Working age people (including those recently retired and students)

Good

The provider is now rated as good for 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.

Summary of findings

- 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.
- The practice offered extended hours appointments aimed at people unable to attend in usual hours.
- The practice offered telephone advice for patients unable to attend the surgery in the usual opening hours. Patients could book appointments and order repeat prescriptions online.
- The practice supported and provided a meeting point for a local Healthy Walks scheme.

People whose circumstances may make them vulnerable

Good

The provider is now rated as good for people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. The practice allowed patients who were homeless to use the practice address as their address for any correspondence.
- The practice offered longer appointments for patients with a learning disability. The practice provided medical care to five adult learning disability homes.
- A total of 23 of 45 patients (approximately 51%) with a learning disability on the practice register had received an annual health check.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The provider is now rated as good for people experiencing poor mental health (including people with dementia).

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- One of the GPs had additional qualifications to support patients with complex mental health conditions and received regular clinical supervision from a psychiatrist.

Summary of findings

- A total of 85% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, compared to the clinical commissioning group (CCG) and national average of 84%.
- A total of 87% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in the preceding 12 months compared to the CCG and national average of 89%. Exception reporting for this indicator was 0%, compared to the CCG average of 14% and national average of 13%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia and substance addiction.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had ran an open session on mental health led by a GP aimed at anyone living in the community.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- All patients with mental health conditions were offered a physical health check. Of the 60 patients registered with a severe mental illness, 42 of them had received a physical health check (70%).

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. A total of 220 survey forms were distributed and 125 were returned. The responses represented just over 1% of the practice's patient list. Results showed:

- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79% and clinical commissioning group (CCG) average of 83%.
- 72% of patients found it easy to get through to this practice by phone compared to the CCG average of 80% and national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76% and CCG average of 82%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. Patients commented that staff listened to them, treated them with respect and always dealt efficiently with their concerns.

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

Cornerways Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Cornerways Medical Centre

Cornerways Medical Centre is located in a purpose built building in a residential area of Poulner, Ringwood.

The practice provides services to just under 12,000 registered patients and is part of NHS West Hampshire Clinical Commissioning Group (CCG). The practice is based in an area of low deprivation compared to the national average for England and the majority of patients at the practice identify themselves as being from a White British background. Twenty nine percent of patients at the practice are over 65 years of age, which is higher than the CCG average of 22% and national average of 17%. Older patients may be associated with higher health care needs.

Care to patients is provided on both floors at Cornerways Medical Centre. Cornerways Medical Centre has a lift to support patients who are unable to manage stairs. Access for patients is via a flat surface pathway, with automatically operated doors.The practice has eight GP consulting, three nurse consulting rooms and three treatment rooms including a minor operation room. Cornerways Medical Centre also houses community midwives, district nurses and health visitors.

The practice has seven GP partners, three of whom are female and four are male. The practice also employs one female and one male salaried GP. The GPs are supported by three practice nurses, one of who is also an independent prescriber, and two health care assistants who provide a range of treatments and are equivalent to just under three whole time equivalent nurses. The practice also employs a phlebotomist so that patients can have blood samples taken at the practice. The clinical team are supported by a management team and secretarial and administrative staff. The practice is a training practice for doctors training to be GPs (registrars) and a teaching practice for medical students. At the time of our inspection, two GP registrars were also working at the practice.

The practice is open between 8am and 6.30pm Monday to Friday. Reception closes every day between 1pm and 2pm, however phone lines remain open during this time. Extended hours appointments are available alternate Monday and Thursday from 6.30pm until 7.30pm and every fourth Saturday from 8am until 10am. Appointments with a GP are available until 12pm and again from 2.30pm until 6pm daily. The GPs also offer home visits to patients who need them; typically each GP conducts three home visits per day.

The practice has opted out of providing out-of-hours services to their own patients and refers them to the Dorset and Hampshire Urgent Care services via the NHS 111 service. The practice offers online facilities for booking of appointments and for requesting prescriptions.

The practice operates a branch surgery a few miles away located at 1 Pine Drive, St Leonards, Dorset, BH24 2LN. We did not visit the branch surgery on this inspection. Patients are able to make appointments at either location and staff work across both sites. We visited Cornerways Medical Centre as part of this inspection, located at:

Parkers Close

Gorley Road

Ringwood

Detailed findings

Hampshire

BH24 1SD.

Why we carried out this inspection

We undertook a comprehensive inspection of Cornerways Medical Centre on 21 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. At this time, the practice was rated as requires improvement for providing safe, effective and well led services, good for providing caring and responsive services and requires improvement overall. The reports for this inspection can be found by selecting the 'all reports' link for Cornerways Medical Centre on our website at www.cqc.org.uk.

Following the inspection in June 2016, we issued three requirement notices in relation to breaches in regulation 17, Good Governance, regulation 18, Staffing and regulation 19, Fit and Proper persons employed of the Health and Social Care Act 2008.

We undertook a further announced comprehensive inspection of Cornerways Medical Centre on 4 July 2017. This inspection was carried out to ensure improvements to the quality of care had been made.

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 4 July 2017.

During our visit we:

- Spoke with a range of staff including GPs, nurses, reception, managerial and administrative staff and spoke with patients who used the service.
- 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.
- Reviewed policies and other documents.
- Visited one of two practice locations.
- Looked at information the practice used to deliver care and treatment plans.

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.

Good

Are services safe?

Our findings

At our previous inspection on 21 June 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of risk assessment, recruitment, medicines management and training were not effective.

These arrangements had improved when we undertook a follow up inspection on 4 July 2017, and the practice is now rated as good for providing safe services.

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. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of significant events. GPs discussed significant events as they arose as part of their weekly meeting. Other staff were also invited to attend these meetings as appropriate to provide input and promote learning from significant events.
- The practice did not report significant events externally to relevant organisations such as the local linical commissioning group (CCG) or National Reporting and Learning Service. National guidance suggests this is best practice to encourage wider learning and improve patient safety. We discussed this with the practice who submitted evidence to us within 48 hours which showed that the two most recent significant events had been reported to the CCG.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared with practice staff and action was taken to improve safety in the practice. For example, a referral had been sent for the wrong patient, due to the patient having a similar name. The patients concerned received an apology and no harm came to either patient, but the referral was slightly delayed. The event was discussed at a practice meeting and systems were changed to reduce the possibility of this happening again. The practice now uses alerts on patient records to remind staff if a patient has a similar name, or other similar details, to another registered patient. All staff were reminded that two pieces of identifiable information were required to check when sending referrals and other communications.

Overview of safety systems and processes

At our last inspection, we found that not all staff received appropriate training to keep patients safe and recruitment checks were not consistently undertaken. At this inspection we found that 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. All staff were now trained to the appropriate level of child and adult safeguarding.
- A notice in clinical rooms and the waiting areas advised patients that chaperones were available if required. We were told that nurses predominantly performed chaperone duties; however non-clinical staff would perform this role if nursing staff were unavailable. All staff performing chaperone duties received training for the role and 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. A practice nurse was the infection control clinical lead and liaised with the local infection prevention teams to keep up to date with best practice. There were infection control protocols in place.

- At our last inspection we found that not all staff had received training in infection prevention control. At this inspection, we found that all staff had received training in hand hygiene, however no staff had received training in infection prevention control. The practice infection control policy stated this would be completed on an annual basis. The practice submitted to us evidence witin 48 hours of our inspection which demonstrated that the practice had held additional training for infection control for all staff on the 5th and 6th of July 2017.
- Regular infection control audits were undertaken, most recently in June 2017 and we saw evidence that action was taken to address any improvements identified as a result. Despite gaps in infection prevention control training, the practice had an effective overview of infection control. For example, there were annual audits on hand hygiene, wound infection and correct aseptic technique (this is a technique to reduce contamination from micro-organisms).
- 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.
- At our last inspection, we found that blank prescription forms for computer generated prescriptions were not logged by the practice, so correct useage could not be assured. At this inspection we found that blank prescription stationery were stored securely and were now logged and their use monitored.
- Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- At our last inspection we found that the practice could not demonstrate that appropriate recruitment checks were undertaken prior to employment. At this inspection, we reviewed two personnel files for staff recruited since our last inspection. We found required recruitment checks had been undertaken prior to employment. These checks include proof of identification, evidence of satisfactory conduct in previous employment in the forms of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

At our last inspection, we found that risks to patients were assessed, but were not consistently well managed.

- At both inspections 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.
- At our last inspection, we found the practice had not completed any of the actions that were recommended following a fire risk assessment and there were no regular fire drills nor testing of fire alarms. At this inspection we found that regular fire drills and testing of alarms and extinguishers had been conducted since December 2016 and two members of staff had received training as fire wardens. However, only four staff of 34 had received training in fire safety.
- At our last inspection, we found the practice had not completed actions identified as high priority following a health and safety risk assessment. At this inspection, we found that all actions identified as high or medium priority and the majority of actions identified as low priority had been completed.
- Electrical equipment had been checked in August 2016 to ensure it was safe to use. We saw this was booked to be repeated in July 2017.
- Clinical equipment had been checked to ensure it was safe and effective to use in September 2016.
- The practice had conducted a recent gas safety check in April 2017 and boilers had been serviced in June 2017 to ensure safety.
- A risk assessment for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) had been undertaken in June 2016. We saw that remedial work to reduce the risk of legionella infection had been undertaken. Staff told us

that water temperatures were checked and outlets were flushed weekly as recommended by the risk assessment. However, these actions were not recorded to demonstrate they had been undertaken.

- 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

At our last inspection we found that the practice's arrangements to respond to emergencies and major incidents were not consistently safe. At this inspection we found arrangements had improved:

- All staff had now received annual basic life support training.
- At our last inspection, a first aid kit and accident book were available, however we found that dressings, bandages and eye pads contained within the first aid kit were out of date. At this inspection, we found that all of the contents of the first kit were all in date and fit for use.
- The practice had an effective system to ensure emergency and first aid equipment and medicines were checked on a regular basis.
- 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 defibrillator available on the premises and oxygen with adult and children's masks.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 21 June 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of staff training and appraisals needed improving.

These arrangements had improved when we undertook a follow up inspection on 4 July 2017. The provider is now rated as good for providing effective services.

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

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 96% of the total number of points available, with an overall exception reporting figure of 3%. 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. Lower exception reporting figures can mean that the practice has included as many patients as possible in its QOF figures. The practice's exception reporting was lower than the clinical commissioning group (CCG) and national average of 6%. The practice staff met regularly to ensure their exception reporting remained low and to monitor other performance on QOF.

Data from 2015-2016 showed:

- Performance for diabetes related indicators were comparable to national averages. For example, the percentage of patients with diabetes on the practice register, whose last average blood sugar reading was within the acceptable range was 72%, which is comparable to the national average of 78%. Exception reporting for this indicator was 5% which was lower than the CCG average of 13% and national average of 9%.
- Performance indicators for mental health were better than the national average. For example, 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption documented in the preceding 12 months compared to the CCG and national average of 89%. Exception reporting for this indicator was 0% compared to the CCG average of 11% and national average of 10%.
- At our last inspection, the practice achieved higher figures than the national and CCG average for prescribing of some antibiotics. Prescribing of antibiotics was reviewed by the practice on a monthly basis. Updates and reminders were disseminated to staff to ensure that prescribing was in-line with current guidelines. Clinical staff had ready access to prescribing guidance. At this inspection, we found the practice had reduced their prescribing of these antibiotics from 10% to just over 8%, compared to the CCG average of 6% and national average of 5%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last 12 months, one of these was a completed audit where the improvements made were implemented and monitored. For example, the practice monitored compliance with national guidance for the treatment of urinary tract infections to ensure the correct anti-biotic and dose was prescribed. The practice improved from 78% compliance to 85% in a six month period (national standard is 80% compliance).
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.
- Information about patients' outcomes was used to make improvements. For example, the practice employed a dedicated GP with a specialist interest in elderly medicine to manage patients identified as frail.

Good

Are services effective?

(for example, treatment is effective)

The GP carried out weekly ward rounds at local nursing homes, conducted other home visits and proactively managed the care of these patients. The aim of this GP was to reduce hospital admissions, ensure appropriate care was provided and manage the workload of this patient group for the practice. Practice level data showed that since the dedicated GP had been in post, admissions to hospital from nursing homes had been reduced by 75%; 79% of patients at nursing homes now had a detailed care plan and visits to nursing homes by other GPs at the practice had reduced by 72%, meaning the practice could use this GP time elsewhere.

- The GP also liaised with the local teams specialising in the care of older people, such as the local Parkinson's disease team, to ensure that care for patients with these conditions was managed effectively.

Effective staffing

At our last inspection we found the practice did not have a training policy to state what training staff required and the frequency they should undertake training. Not all staff had received regular training in basic life support, fire safety, infection prevention control and safeguarding.

At this inspection we found that the practice monitored training. Training for staff had improved in some areas. Of 31 staff, including GP partners, all had now undertaken basic life support training and adult and child safeguarding training to the appropriate level for their role.

At our previous inspection we highlighted that not all staff had undertaken any or recent fire safety training. At this inspection we found that two members of staff had received enhanced fire warden training and monitoring of the risks from fire was improved. However, fire safety training was not included on staff training records. No further fire training had been undertaken since our last inspection where we identified that seven staff had not received any fire safety training and four staff had not undertaken training since 2010 or 2009. The practice responded quickly and ensured that all staff completed on-line fire safety training within 48 hours of our inspection. We saw that this training was also added to staff training records so it could be monitored in future.

At our previous inspection we highlighted that three members of staff had not completed any infection prevention and control training. Eight staff had not undertaken infection prevention and control training since 2009, one since 2013. At this inspection, we found that infection prevention and control training was not included on staff training records and no further training in infection prevention and control had been undertaken. However, the practice responded quickly and held additional training for all staff on infection prevention and control on the 5th and 6th of July 2017.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through meetings and reviews of practice development needs. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- At our last inspection, we found that not all staff had received an appraisal within the last 12 months. At this inspection, we found that all staff had received an appraisal and there was a plan in place to ensure this happened at least annually.
- Staff had access to and made use of in-house training. However this was not closely monitored by the practice.

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.

Good

Are services effective?

(for example, treatment is effective)

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 people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A dietician was available via referral and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. Exception reporting for this indicator was 2% which was lower than the national average of 7%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme for those with a learning disability and they ensured a female sample taker was available. There were fail-safe 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice regularly housed screening services for breast cancer, abdominal aortic aneurysms (a potentially dangerous swelling of a major blood vessel) and retinal screening for patients with diabetes. Screening uptake was slightly higher than local and national averages. For example, 80% of eligible women received breast screening compared to the CCG average of 76% and national average of 73%. A total of 69% of eligible patients attended screening for bowel cancer compared to the CCG average of 66% and national average of 58%.

Childhood immunisation rates for the vaccinations given were above the national expected standard of 90%. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 92.9% to 94.7% compared to the national average of 90.1%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 13 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an efficient, friendly service and that all staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group. They also told us they were very 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 in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the last GP they saw was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 92% of patients said the last GP they saw gave them enough time compared to the CCG average of 88% 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 94% and the national average of 92%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 87% of patients said the last nurse they saw gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 98% had confidence and trust in the last nurse they saw compared to a CCG average of 98% and a national average of 97%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages for GPs, but below average for nurses. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and 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.

Good

Are services caring?

We saw notices in the reception areas informing patients this service was available. Less than 0.1% of patients registered at the practice had English as a second language.

- Information leaflets were available in easy read format. Information in a range of languages was also available on the practice website.

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 identified around 1.5% (approximately 170 patients) of patients as carers. Written information was available to direct carers to the various avenues of support available to them. We saw that the practice were proactive and inviting patients to join their carers register so that patients got the support they required.

We saw that the practice had an effective system to ensure when a patient died, their registered GP contacted family members. 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. The partners in the practice had a commitment to provide compassionate end of life care to patients and their families, including supporting them to die in their own home. All end of life care patients had a detailed care plan which set out the patient's preferences. GPs routinely provided their personal mobile numbers to allow patients to have ready access to GPs including out of hours. GPs visited these patients and provided medical and emotional support with end of life care.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and West Hampshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, one of the GPs ran a confidential weekly service from the practice for GPs in the area experiencing health problems.

- The practice offered extended hours on alternate Monday and Thursday evenings from 6.60pm until 7.30pm, and early morning appointments from 7am until 8am on Wednesdays and Thursdays. In addition the practice was open every fourth Saturday morning from 8am until 10am. These appointments were aimed at patients who could not attend during usual opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- A dedicated GP with a specialist interest in elderly care medicine, carried out a weekly ward round at a large local nursing home. The aim of the ward round was to ensure these patients received appropriate care and admissions to hospital could be avoided.
- Same day appointments were available for children and those patients with medical problems that required same day consultations.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, including designated parking bays, and translation services available.
- The practice offered in-house investigations to patients such as ECG, 24 hour ECG, 24 Hour blood pressure monitoring (tests to monitor patients with heart conditions), spirometry and reversibility testing (for patients with chronic lung conditions) and Doppler testing (to check circulation).
- The practice also ran Ear, Nose and Throat and Dermatology (skin) services. The aim of both was to treat patients with common conditions closer to home and avoid referral to hospital. The GPs involved in running these services received regular peer review from specialist colleagues and shared their knowledge with GP colleagues. Practice level data showed that referrals to hospital for Ear, Nose and Throat conditions had reduced from 109 in 2014 to 74 in 2016, a reduction of 32%. Referals to hospital for dermatology had reduced from 81 in 2014 to 43 in 2016, a reduction of 47%.
- The practice held 'open meetings' for patients approximately every four months. These were organised by the patient participaton group and focussed upon areas patients had identified as important, for example, mental health, dementia and diabetes. The meetings were available to anyone living in the Ringwood community and were advertised in the practice and by using local media.

Access to the service

The practice was open between 8am and 1pm and 2pm to 6.30pm Monday to Friday. Appointments were from 8.30am to 12pm and 2.30pm to 6pm daily. Extended hours surgeries are available every alternate Mondays and Thursdays from 6.30pm until 7.30pm and every fourth Saturday from 8am until 10am. Early morning appointments were offered from 7am until 8am on Wednesday and Thursday mornings. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them. The practice was proactive at offering a range of appointment lengths and types were offered to meet patient's needs. Pre-bookable 10, 15 and 20 minutes appointment slots were available, as well as telephone consultations and online consultation. The online consultation service enabled patients to get self-help advice or complete a questionnaire to receive GP advice. Practice level data for June 2017, which has not been externally verified, shows that approximately 23 patients per week used this service. Patient satisfaction with this service was 100%.

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

- 71% of patients were satisfied with the practice's opening hours compared to the national CCG average of 76%.
- 72% of patients said they could get through easily to the practice by phone compared to the national average of 73% and CCG average of 80%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 61% usually get to see or speak to their preferred GP compared to the national average of 59% and CCG average of 61%.
- 69% described their experience of making an appointment as good compared to the national average of 73% and CCG average of 77%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Patients could make appointments at either Cornerways Medical Centre or the branch site a few miles away. These offered a range of appointment availability. Patients told us on the day of the inspection that they were always able to get appointments when they needed them. Patients told us that they were satisfied with the opening hours offered across both of the practice's locations and that phones were answered promptly. The practice had a self check-in screen and alcohol hand gel for patients to use.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, on the practice website and on notices around the building.

The practice had received 22 complaints in the last 12 months. We looked at three complaints in detail and found these were satisfactorily handled, dealt with in a timely way, and there was openness and transparency in dealing with the complaint. However, detailed practice responses did not include how patients could take their complaint further if they were not satisfied with the practice response. Lessons were learnt from individual concerns and complaints and also from a regular analysis of trends. Action was taken to as a result to improve the quality of care. For example, a patient was unhappy they had been given the wrong information regarding de-registering at the practice. The patient was contacted and given an apology along with the correct information. The correct process was discussed with staff and a reminder of the protocol was also distributed to staff to prevent this from happening again.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 21 June 2016, we rated the practice as requires improvement for providing well-led services as the governance arrangements were not effective, for example with respect to staff training and appraisals and risk management.

Some of these arrangements had improved when we undertook a follow up inspection on 4 July 2017, although some concerns remain. The practice remains rated as requires improvement for well-led services.

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The partners and practice manager attended an annual away day to discuss and review the vision and strategy of the practice.

Governance arrangements

At our last inspection, we found that not all systems and processes in the practice were effective enough to ensure consistently good quality care. At this inspection, we found that the practice had made some improvements, however there were still some shortfalls in governance systems.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- We saw that practice specific policies had now been regularly reviewed. Policies were implemented and were available to staff via a shared computer drive.
- An 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.
- Health and safety risks had now been mitigated through some staff training, completion of actions on risk assessments and regular monitoring of the premises, including fire drills.
- However, risks were not consistently well-managed. For example, there was a lack of record keeping with regard to legionella monitoring.
- Staff had access to and made use of in-house training, however we found this was not closely monitored by the practice leadership.
- The practice did not have an effective overarching training plan for staff. Records of training were kept and monitored for completion by staff. However, the records did not include all training the practice considered to be necessary. For example, infection prevention and control and fire safety were not included in the records. The practice submitted to us within 48 hours of our inspection evidence that these areas were now included in training records for staff.
- The practice information and process regarding complaints required updating to refer patients to the Health Ombudsman if they were not satisfied with the practice response. The practice confirmed to us within 48 hours that this information for patients had been amended.
- The practice website required some updating so that patients were clear regarding the services offered by the practice. We highlighted this to the practice who amended the website within 48 hours of the inspection.
- Governance arrangements now ensured that all staff received an annual appraisal and development plan.

Leadership and culture

On the day of inspection, the partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. All staff we spoke to told us they felt valued by the partners and the management team.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment, patients were given reasonable support, truthful information and a verbal and written apology.

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

Are services well-led?

Requires improvement

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

- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice housed a monthly meeting for GPs in the local area to receive peer support.
- The practice held regular social events to support a team approach and to promote staff well-being.
- The practice had a commitment to continual learning and staff development. For example it supported GPs in training and medical students and also supported health care assistants to gain national vocational qualifications.

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 every three months, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had recently undertaken a survey to determine if the practice could improve care from the perspective of patients with dementia and other memory problems. The findings were used to support the practice being awarded 'dementia friendly' status in May 2017.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the reception team had requested a different system for collecting and storing specimens. This was agreed by the practice. We were told by staff that the leadership team and partners in the practice had an 'open door policy'. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice regularly liaised with neighboroughing practices to share services for patients. For example, the practices had jointly purchased a Doppler ultrasound kit to support the diagnosis of vascular problems. The practice also participated in a scheme within the area to allow patients to have blood samples taken at different practices also part of the scheme. This gave patients more choice regarding their appointments and helped reduce travel to hospitals for blood tests.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **There were limited systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:** • The practice could not demonstrate that recommended actions to minimise the risk of infection from legionella were completed. • The training requirements of staff were not clearly identified by the practice. Not all staff had completed training in fire safety and infection prevention control. **This was in breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**