The Arnewood Practice

Quality Report

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Date of inspection visit: 12 July 2016
Date of publication: 20/09/2016

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?	Outstanding
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Arnewood Practice on 12 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice achieved consistently positive patient feedback. The most recent national GP survey results were consistently above local and national averages for patient satisfaction.
- 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 had good facilities and was well equipped to treat patients and meet their needs.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice worked with local schools to secure a health and well-being worker for school-aged children.
- The practice had strong and visible clinical and managerial leadership and governance arrangements and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

- The practice led a collaboration of six other local practices to offer a seven day GP service to patients. Patients registered at one of these practices could access urgent and routine GP appointments and other primary care services at a local community hospital every day from 8am until 8pm. The practices shared the same computer system with the hospital and could easily share care plans and urgent communication. We saw feedback from patients who valued the additional choice and availability of appointments of this service.
- The practice had exemplary systems in place to keep patients safe and safeguard them from abuse. For example, the practice conducted frequent safeguarding audits and implemented changes to improve practice when identified.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- Information about safety was highly valued and was used to promote learning and improvement.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.

Are services effective?

Good

The practice is rated as good for providing effective services.

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

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

Are services responsive to people's needs?

Outstanding 

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice had worked with local schools to secure a health and well-being worker for school-aged children.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- Patients can access appointments and services in a way and at a time that suits them. For example, as well as urgent and pre-bookable appointments, patients can complete an online template requesting GP advice or attend a daily 'sit and wait' surgery. A wide range of extended hours appointments were also available to patients.

Are services well-led?

Good 

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

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

Summary of findings

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

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Performance for conditions common in older people was better than national averages. For example, 100% of patients with atrial fibrillation (an irregular heart beat) were prescribed appropriate medicines, compared to the National and clinical commissioning group average of 98%.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 89% of patients with diabetes had an acceptable blood pressure reading in 2014-2015 compared to a CCG average of 80% and national average of 78%.
- 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 medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Outstanding

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.

Summary of findings

- 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.
- 83% of eligible women received a cervical smear in the preceding five years, which is similar to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice actively engaged with schools in its local community to improve the health and well-being of children. The practice takes part in an annual health week in a local primary school to provide health education and advice.
- Staff acted appropriately and maintained a high level of vigilance for safeguarding concerns.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 67% of patients with a learning disability received an annual physical 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.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- 82% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is similar to the national and CCG average of 84%.
- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed care plan recorded, which is similar to the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 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.
- 93% of patients with poor mental health received an annual health check.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 239 survey forms were distributed and 135 were returned, which is a response rate of 57%. This represented approximately 1% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the national average of 73% and CCG average of 83%.
- 90% 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 84%.
- 98% of patients described the overall experience of this GP practice as good compared to the national average of 85% and CCG average of 88%.
- 93% 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 CCG average of 83%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 10 comment cards which were all positive about the standard of care received. Patients commented upon the helpful and friendly attitude of staff, that they had trust in the clinicians and on the excellent standard of care. There was one negative comment about the difficulty in contacting the practice by telephone for an appointment.

We spoke with 13 patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients we spoke to also commented upon the good access to urgent appointments, however said the wait for an appointment with a specific GP could be up to three weeks.

The Arnewood 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, a practice manager specialist advisor and an Expert by Experience.

Background to The Arnewood Practice

The Arnewood Practice, also known as Milton Medical Centre, is located in a purpose built building at Avenue Road, New Milton, Hampshire, BH25 5JP. The practice is based near the town centre of New Milton, on the western edge of The New Forest. The practice has approximately 13,300 registered patients.

The practice provides services under a NHS General Medical Services contract 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. A total of 5% of patients are over 85 years of age which is higher than the national average of 2% and CCG average of 3%. A total of 57% of patients at the practice have a long-standing health condition, which is slightly higher than the CCG average of 55% and national average of 54%. Less than 1% of the practice population describe themselves as being from an ethnic minority group; the majority of the population are White British.

The practice has eight GP partners, three of whom are female and five are male. The practice also employs four female salaried GPs. Together the GPs provide care equivalent to approximately 70 sessions per week or just over eight whole time equivalent GPs. The GPs are supported by an advanced nurse practitioner, three practice nurses and three health care assistants who provide a range of treatments. All of the nursing team are female and together provide care equivalent to just under four whole time nurses. The practice also employs a phlebotomist. The clinical team are supported by a management team with secretarial and administrative staff. The practice is a training practice for doctors training to be GPs (registrars) and a teaching practice for medical and nursing students. At the time of our inspection the practice were supporting four doctors training to be GPs.

The Arnewood Practice is open between 8am and 6.30pm Monday to Friday. The practice closes every Tuesday between 1pm and 2pm for staff training; however the phone lines remain open. Extended hours surgeries are available every Monday morning from 7.30am, Monday evenings until 8pm and every other Saturday of the month from 8.30am until 12pm. Appointments with a GP are available until 12.30 pm and again from 2pm until 6pm daily. The GPs also offer home visits to patients who need them. Care to patients is provided on the ground and first floor of the building. The practice has a lift to support patients who are unable to manage stairs.

The practice provides out-of-hours services to their patients from 8am- 8pm each day of the week as part of an agreement with six other local GP practices. Patients requiring care outside of 8am-8pm were referred to the NHS 111 service. The practice offers online facilities for booking of appointments and for requesting prescriptions. The practice also offered an online GP consultation service. Using a link on the practice website, patients were able to answer questions about their concern. The details were then emailed to a GP who contacted patients by the end of the next working day.

Detailed findings

We visited The Arnewood Practice as part of this inspection, which has not previously been inspected by the Care Quality Commission.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 July 2016. During our visit we:

- Spoke with a range of staff including GPs, GP trainees, nurses, managerial, administration and reception 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.'

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

Safe track record and learning

The practice demonstrated a commitment to learning from significant events. There was an effective system in place for reporting and recording significant events.

- The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. The practice recorded the events in categories which enabled them to look at trends, for example, medicines, clinical assessment and consent, communication, and confidentiality. Significant events were reviewed on a regular basis.
- Staff told us they would inform the deputy practice manager or lead GP of any incidents. There was a recording form available on the practice's computer system. Staff, including receptionists, administrators and nursing staff knew how to raise an issue for consideration and they felt encouraged to do so.
- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. Significant events meetings were held monthly. The practice undertook an annual in-depth discussion of significant events with all staff to ensure that improvements and feedback from significant were shared with the whole team.
- Significant events were reported to relevant external agencies for additional learning. For example, the practice identified a medicines error relating to the unsafe prescribing of an antibiotic with a high risk medicine. This was discussed at a significant event meeting and reported to the Clinical Commissioning Group and National Patient Safety Agency.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient with a bowel condition was seen on a number of occasions by several different GPs and practice nurses. A number of causes were investigated and ruled out by the practice over a nine week period. The patient was admitted to hospital and was found to have a relatively common cause to their condition. The practice discussed this case with a specialist medicine doctor who was invited to attend a significant event meeting to see what could have been done differently. Following the advice, the practice changed their procedures so that anyone with this condition for more than four weeks was referred for investigations earlier.

Overview of safety systems and processes

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

- The practice regularly audited its performance in safeguarding against national standards. We saw that in a three year period, the practice conducted four safeguarding audits and acted to improve safeguarding practice when identified. For example, the practice made patient information about domestic abuse readily available in the practice and created a practice safeguarding team responsible for driving standards in safeguarding.
- The practice had a safeguarding team each of whom had clearly defined roles and responsibilities for safeguarding. The team consisted of a lead GP for safeguarding, a deputy lead who was one of the practice nurses and an administrative lead. The administrative lead for safeguarding was responsible for processing any child protection enquiries, set any safeguarding tasks or reminders for clinicians, disseminate local and national safeguarding updates to staff and maintain the practice register for patients with safeguarding concerns. Safeguarding policies were accessible to all staff and staff demonstrated their knowledge of the policies. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs attended safeguarding meetings and always provided reports where necessary for other agencies.
- All staff we spoke to demonstrated they understood their responsibilities and all had received training on

safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nurses were trained to level 2. All other practice staff were trained to level 1.

- Safeguarding concerns were discussed as significant events where appropriate. For example, the whole practice discussed their approach to a recent safeguarding concern involving a child to learn from the different clinical, reception and administration teams perspective's and the actions taken in relation to the concern. As a result, staff felt reassured that they had acted appropriately and maintained a high level of vigilance for safeguarding concerns.
- A notice in the waiting and clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A member of staff carried out a monthly inspection of the cleanliness and hygiene of the practice with an external cleaning company. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the practice had recently changed soap dispensers in clinical and public areas to 'non-touch' to minimise risk of infection.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. 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.
- We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had employed a dedicated member of staff to oversee the health and safety of the premises and provide training to staff. The member of staff carried out regular checks of the building to ensure health and safety was optimal and any issues were promptly identified and acted upon. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. The practice liaised with relevant organisations to ensure the safety of staff and patients. For example, it contacted the local fire service to ensure they were aware of the risks and location of any medical equipment.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- The practice conducted its own risk assessment and carried out weekly checks to minimise the risk of infection from Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had booked an external assessment of the risk of Legionella for August 2016.

Good

Are services safe?

- 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.
- The practice conducted risk assessments to support the health and well-being of staff. For example, when staff personal circumstances changed, the practice changed staff duties and roles to ensure their health and well-being was maintained.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- A first aid kit and accident book were available. We saw that accidents and any investigations from these were appropriately recorded.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- 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 99.7% of the total number of points available; with overall exception reporting of 12% (the CCG average exception reporting was 11% and national average was 9%). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators was better than the national average. A total of 89% of patients with diabetes, had an acceptable average blood sugar level in the preceding 12 months, compared to the CCG average of 80% and national average of 76%.
- Performance for mental health related indicators was similar to England and local averages. 84% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, in the preceding 12 months compared to a CCG average of 89% and national average of 90%.
- The percentage of patients with COPD (Chronic Obstructive Pulmonary Disease, a chronic lung condition), who had a review in the preceding 12 months was 91%, which is comparable to the CCG and national average of 90%.

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits completed in the last year, three of these were completed two-cycle audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. At the time of our inspection the practice was involved with a research project that looked at the safety of the repeat prescribing of medicines.
- Findings were used by the practice to improve services. For example, one of the GPs had expertise in dermatology and carried out examination of patients by dermoscopy (dermoscopy is a specialist examination used to assess skin lesions and can make it easier to diagnose skin cancer). The purpose being to assess patients in more detail before referral to hospital clinics. A total of 29 patient referrals were made to hospitals by the GP following dermoscopy; with 21 of these patients having the suspected diagnosis confirmed. The audit also identified that 67% of cases referred by all other GPs in the practice to secondary care could have been assessed and treated by them. As a result of the audit the practice ensured more patients with skin conditions were assessed and treated in the practice, without the need for referral to hospital.

Information about patients' outcomes was used to make improvements. For example, the practice carried out a review of patients with asthma to ensure they were receiving treatment in line with national guidance. As a result, six patients were contacted for an additional asthma review and change of medicines in line with the recommendations.

The practice regularly reviewed the information that was recorded from examinations and consultations with patients. The practice regularly updated the clinical templates used, or created their own templates, to ensure they could monitor that the care they were providing was in

Good

Are services effective?

(for example, treatment is effective)

line with best practice recommendations. For example, the practice created a template for patients receiving end of life care to ensure their place of death preference was recorded and the practice could support this.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff told us that requests for training were always granted by the practice.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice closed for four afternoons a year for staff training. Practice closures were publicised to patients well in advance. When the practice was closed for training, patients were able to make routine appointments at the local community hospital.
- The practice closed every Tuesday lunchtime between 1pm and 2pm for staff training. The phone lines remained open during this time.
- The practice had developed a resource file for locum GP staff which included information such as referral pathways, key staff members and practice processes.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. 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:

Good

Are services effective?

(for example, treatment is effective)

- 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 and were signposted to the relevant service.
- The practice hosted a weekly smoking cessation service and specialist dietary advice was available by referral.
- The practice's uptake for the cervical screening programme was 83%, which was similar to the CCG average and the national average of 82%. 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 by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. A total of 68% of eligible women attended screening for breast cancer which is lower than the national average of 72% and CCG average of 74%. A total of 66% of eligible patients were screened for bowel cancer which is comparable to the CCG average of 66% and England average of 58%.
- Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 89% to 100% and five year olds from 93% to 100%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Low level background music was played in reception and waiting rooms to avoid the possibility that conversations could be overheard.
- Staff ensured that safe arrangements were made to deliver essential medicines to patients who were housebound.

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

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was better than local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85% and CCG average of 88%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91% and CCG average of 92%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. 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 better than local and national averages. For example:

- 96% 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%.
- 96% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 94% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82% and CCG average of 85%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85% and CCG average of 86%.

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. Information was also available in a number of languages from the practice website.

- Information leaflets were available in easy read format.

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 320 patients as carers (just over 2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice offered annual health checks to patients who were also carers. In the last year, 25% of carers received a health check.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a 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. GPs routinely provided their personal mobile numbers to allow patients to have ready access to GPs including out of hours. A patient told us that following an unexpected death in the family, the practice had offered particular reassurance by booking a series of appointments for them with a GP so that they could receive regular support.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice led a collaboration with six other local practices to offer a seven day GP service to patients. Patients registered at one of these practices could access urgent and routine GP appointments and other primary care services at a local community hospital every day from 8am until 8pm. The practices shared the same computer system with the hospital and could easily share care plans and urgent communication. We saw feedback from patients who valued the additional choice and availability of appointments of this service.

The practice was a pilot site for a new musculoskeletal service supported by the CCG. Over a nine month trial period, patients with muscle, joint, back and sports injuries were seen by a consultant physiotherapist instead of a GP. The aim of the service was to reduce referrals to secondary care, reduce unrequired investigations, improve the self-management of common musculoskeletal conditions and provide quicker more appropriate treatment to patients closer to home. The pilot completed in July 2016. We were told by the practice it had been sucesssful and is likely to continue in the future.

- The practice offered extended hours on a Monday morning from 7.30am and Monday evening until 8pm, and on every other Saturday from 8.30am until 12pm, for patients who could not attend during normal opening hours. Patients were also able to access appointments seven days a week from 8am until 8pm at a local community hospital.
- 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. As well as pre-bookable and urgent appointments, the practice also ran a daily 'sit and wait' clinic for patients who wanted to see a clinician on the same day.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- There was a lift in the practice to improve access for patients who could not manage stairs.
- The practice offered a walk-in phlebotomy clinic every other Saturday between 8am and 9am.
- Baby-changing and breast-feeding facilities were available in the practice.
- The practice actively engaged with schools in its local community to improve the health and well-being of children. The practice takes part in an annual health week in a local primary school to provide health education and advice. As a result of the last event, local primary school children wrote a child friendly information leaflet about asthma which the practice promoted to patients.
- The practice was part of bid to provide a local primary care health worker to promote better access to mental health services for children. Local education professionals told us that within six months of the post-holder being in place, children have received the right help and support and more quickly. This has positively impacted upon the children's health and wellbeing as well as their education.
- The practice had a dedicated phone line for patients with urgent needs, for example those receiving end of life care. The telephone system recognised the patients' registered number and puts their call straight through. The practice implemented this following the results of a patient survey.
- The practice provided a dedicated information area for patients away from the main waiting and reception area. The practice provided freely available information on a range of conditions and health problems and discrete folders for patients to keep the information they selected in, so that their privacy could be maintained.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours surgeries were available every Monday morning from 7.30am, every Monday evening until 8pm and on three Saturdays of every month from 8.30am until 12pm. 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. Routine telephone appointments were also offered

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

as well as an online GP consultation service. Using a link on the practice website, patients were able to answer questions about their concern. The details were then emailed to a GP based within the practice who contacted patients by the end of the next working day.

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

- 91% of patients were satisfied with the practice's opening hours compared to the national average of 78% and Clinical Commissioning Group average of 80%.
- 88% of patients said they could get through easily to the practice by phone compared to the national average of 73% and CCG average of 83%.
- 90% of patients stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 84% and national average of 76%.

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

Listening and learning from concerns and complaints

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

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

We looked in detail at five complaints of 29 received in the last 12 months these were satisfactorily handled, dealt with in a timely way, and with openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient complained about the attitude of reception staff in a telephone call. The patient received an apology about the attitude of the staff member and information about how to take their concerns further if they were not satisfied by the response. The practice provided additional training for staff in communication skills. The practice was able to listen to the recording of the call and learn from how things could have been handled differently.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had consulted with staff and other local practices about the future of the practice and primary care services in the New Milton area.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept records of written correspondence and verbal interactions with patients.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff told us that practice social events happened twice a year.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff told us that the practice valued developing their staff. For example, the practice were supporting a nurse to undertake training in physical examination.

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 with the practice manager and a GP partner every six to eight weeks and submitted proposals for improvements to the practice management team. The PPG were actively recruiting new members to seek a more representative group for their local population. For example, the practice had quickly changed the information on its website to provide directions to local services following the request of the PPG.

Are services well-led?

Good

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

- We noted that the practice responded appropriately to comments left on the NHS choices website.
- 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, reception staff expressed concerns that they could not answer patient telephone calls quickly enough. The practice looked into the workload of reception staff and decided to employ another receptionist to support staff. 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 were part of a local collaboration of seven practices to deliver better care and outcomes for patients in the New Forest area. The vanguard had secured funding to operate a seven day GP service from a local community hospital to offer GP services to patients registered at the practices.