

Stoneham Lane Surgery

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stoneham Lane Surgery on 20 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of those relating to vaccines.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure that Patient Groups Directions, used to authorise nurses to administer vaccines, are appropriately signed and that only qualified nurses work under such directions.

Summary of findings

- Ensure patient specific directions are authorised where Health Care Assistants are to give injections.
- Ensure safe systems are in place for the storage of vaccines.

The areas where the provider should make improvement are:

- Increase the support and care of patients with long term conditions in relation to health promotion information.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, there were risks relating to the storage and administration of vaccines.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Summary of findings

Are services caring?

Good



The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice 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.

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 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 and other stakeholders.

Are services well-led?

Good



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

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

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. However the systems to monitor the risks for vaccine storage and administration had not been identified by the practice.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- Performance indicators for conditions commonly found in older patients were comparable to national averages. For example, 97% percentage of patients who had a stroke were treated with appropriate medicines compared to a national average of 97%.
- The practice used an alerting system on the records of older patients who had limited mobility and provided appointments in a ground floor consulting room.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients were actively identified and supported by a dedicated team conducting extended assessments to ensure this patient groups' needs were met.

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.
- Data for patients with long-term conditions were comparable with national figures. For example, the percentage of patients with diabetes, on the register, who had a flu vaccine in the preceding 1 August to 31 March was 100%, compared to a national average of 94%.
- 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.

Summary of findings

Families, children and young people

Good



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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.
- A total of 78% of eligible women attended for a cervical smear in 2014-2015. This is similar to the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- 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.
- A text messaging service for reminders to attend appointments and routine reviews was offered to patients.

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 had 51 patients with a learning disability. All were offered an annual review in 2015-2016; 82% of patients accepted the annual check.
- The practice offered longer appointments for patients with a learning disability.

Summary of findings

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

- A total of 98% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the preceding 12 months was 90% compared to a national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.
- The practice were working towards becoming a 'dementia friendly' practice and had undergone training and made changes to the practice environment. For example, the practice used diagrams on signs to make it easier for people with dementia. The practice told us they hoped to be awarded this status in autumn 2016.

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. A total of 306 survey forms were distributed and 115 were returned, which is a response rate of 38%. The completed surveys represented responses from approximately 2% of the practice's patient list. Results were better than national averages:

- A total of 84% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- A total of 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%.
- A total of 95% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- A total of 89% 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%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received. Patients commented upon the helpfulness and friendliness of staff and that they felt listened to. One card also commented upon the difficulty in getting through by telephone; however this did not align with the views of patients we spoke to or results from the national GP survey.

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

Stoneham Lane Surgery

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 and a second CQC inspector.

Background to Stoneham Lane Surgery

Stoneham Lane Surgery is located in a residential area of Southampton, Hampshire. The practice is based in a purpose built centre built in 2014, which is leased from a private landlord. There are ten treatment or consulting rooms on the ground floor and three rooms, including a minor operations suite, on the first floor. The practice is located in an area of average deprivation compared to the average for England.

The practice provides services under a NHS General Medical Services contract and is part of NHS Southampton City Clinical Commissioning Group (CCG). The practice has approximately 6,800 patients registered most of whom live within a five mile radius of the practice. A total of 69% of patients at the practice are working or are in full-time education compared to the national average of 60%. The practice population has a similar number of patients with a long-standing health condition compared to the national average. A total of 57% of patients registered at the practice have a long-standing health condition compared to the national average of 54%.

The practice has two male and two female GP partners as well as employing a salaried female GP. Together, the GPs provide care equivalent to approximately three full-time GPs over approximately 30 sessions per week. The GPs are

supported by one full-time nurse practitioner, who is a non-medical prescriber and provides diagnosis, treatment and advice to patients. Three practice nurses and two health care assistant also provide a range of services to patients such as wound care and long-term condition reviews. Together the practice nurses are equivalent to just over three full time nurses. The clinical team are supported by a management team including secretarial and administrative staff. The practice is also a training practice for doctors training to be GPs (GP registrars). At the time of our inspection, the practice was supporting three GP registrars.

The practice telephone lines and reception desk are open from 8am on Monday, Wednesday and Friday and from 7.30am on Tuesdays and Thursdays. Appointments are available between 8.30am and 12.30pm and again from 2pm to 6.30pm daily. Extended hours appointments are offered on Tuesdays and Thursdays between 7.30am and 8.30am, every other Tuesday evening until 8.30pm and on one Saturday per month from 8am until 11am. Stoneham Lane Surgery has opted out of providing out-of-hours services to their own patients and refers them to the out of hours service via the NHS 111 service or the Minor Injuries Unit based in Southampton.

The practice offers a range of additional in-house services to patients including antenatal care, midwifery, phlebotomy, travel advice, sexual health services and minor surgery. The practice offers online facilities for booking of appointments and for requesting prescriptions.

We carried out our inspection at the practice's only location which is situated at:

Parkville Road, Southampton, Hampshire, SO16 2JA

The practice has not previously been inspected by the Care Quality Commission.

Detailed findings

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 20 September 2016.

During our visit we:

- Spoke with a range of staff including GPs, the practice manager, nursing 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.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents. 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.
- Significant events were a regular agenda item at weekly meetings and the practice carried out a thorough analysis of the significant events.
- The practice reported all prescribing related significant events to the National Reporting and Learning System to ensure learning could be shared more widely.

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, the practice had experienced some incidents where members of the public had tried to gain unauthorised access to clinical areas of the practice. No staff members or patients were harmed in these incidents. The practice reviewed CCTV footage of the incidents and used this to discuss how security could be improved. All clinical rooms are locked when not in use; however the practice decided to replace key operated locks with coded entry locks as an extra precaution. Staff were also reminded about security and personal safety and additional CCTV signs were purchased to act as a deterrent to potential intruders.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. We were shown examples of where the practice had worked with other agencies effectively to protect the welfare of patients. GPs were trained to child protection or child safeguarding level 3 and nurses were trained to level 2.
- 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 practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the last audit in August 2016 had identified that the wrong waste had been placed in sharps bins. The practice placed clear signage regarding the correct disposal of sharps near sharps bins in clinical areas and ensured the correct disposal of sharps was discussed in staff meetings to update staff. All staff were offered vaccines to protect against Hepatitis B infections and records were kept to reflect the immunisation status of clinical staff.
- The arrangements for managing medicines, including emergency medicines in the practice were safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place

Are services safe?

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. Two of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. The practice employed a non-clinical Medicine Manager to help prescribers and staff with accuracy, consistency and reduce the risk of errors of prescribing.

- Vaccines were stored in fridges that were appropriately maintained and calibrated. Twice daily temperature readings of fridges that store vaccines were taken and recorded. However, on more than one occasion, high readings (in excess of 8°C) were recorded without a satisfactory explanation or timely investigation to establish the safety and efficacy of the vaccines or to establish if this was an ongoing problem. This meant the practice could not be reassured that vaccines were safe and effective for use. This was reported to the practice who provided a copy of their investigation into the incident and an action plan within 48 hours of the inspection, setting out the steps to prevent future risks to patients. The practice confirmed that they believed that no risk occurred to the vaccines at that time.
- Patient Group Directions (PGDs) had been adopted by the practice to allow registered nurses to administer medicines; however these were not in line with legislation. We found that PGDs had not been consistently signed by a prescribing clinician according to legal requirements. Of 17 PGDs in use, eight had not been signed by an authorising person correctly.
- We also found that health care assistants were administering vaccines without the correct authority. Of 17 PGDs, all had been signed by registered nurses but had also been signed by health care assistants. We were told by the practice that health care assistants administered vaccines to adults under the authority of a PGD and we saw patient records which confirmed this. Health care assistants are not registered health professionals and are therefore not legally allowed to administer vaccines under a PGD. Health care assistants were trained and deemed competent to administer vaccines, however were not administering these against

a patient specific prescription or direction from a prescriber. We informed the practice of this finding who submitted an action plan within 48 hours setting out the steps taken to protect patients and staff. The practice confirmed that from 21 September 2016 health care assistants would no longer administer vaccines under a PGD. From 21 September 2016, the practice confirmed that appropriately competent health care assistants administer vaccines using a patient specific direction (PSD) created by a GP or independent nurse prescriber.

- We reviewed the files of five staff who had been employed since April 2013 and found appropriate recruitment checks had consistently been undertaken prior to employment. These checks must include 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 (DBS).

Monitoring risks to patients

Risks to patients were generally assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice employed a contractor to carry out general maintenance of the building and conduct a weekly check of the premises. The practice had up to date fire risk assessments and carried out regular fire drills. The last fire drill was on the 18 May 2016. 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 had conducted a risk assessment for Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. For example, the practice made more appointments available to patients on a Monday. There was a rota system in place for all the different

Are services safe?

staffing groups to ensure enough staff were on duty. The practice reception and administrative staff were trained to perform each other's roles and so were able to provide cover when staff were absent.

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.

- 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. A first aid kit and accident book were available.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- 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 94% of the total number of points available. The practice's exception reporting rates for all clinical domains were comparable to the averages for England (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice achieved an overall clinical exception reporting of 6.6%, compared to a clinical commissioning group (CCG) average of 11% and national average of 9%.

Data from 2014-15 showed that performance for clinical indicators were mixed:

- The percentage of patients with hypertension (high blood pressure) whose last blood pressure reading (measured in the preceding 12 months) was acceptable was 82% compared to a national average of 81%.
- Performance for diabetes related indicators were lower than national averages. For example, 77% of patients with diabetes had an acceptable average blood sugar reading in the preceding 12 months compared to the national average of 87%. The practice had changed the services provided to patients with diabetes since the last

QOF cycle. We were shown data from the practice for the 2015-2016 QOF cycle, which has not been externally, verified which shows that the figure for this indicator has now increased to 92%.

- Performance for mental health related indicators were better than national averages. For example, the percentage of patients with mental health problems whose alcohol consumption was recorded was better than the national average. The practice achieved 94% for recording of alcohol consumption compared to a CCG average of 87% and national average of 90%.

In 2014-15, the practice was not an outlier for any QOF indicators. There was evidence of quality improvement including clinical audit.

- There had been 11 clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, research and peer review. For example, the practice was part of a research project which looked at whether a specialist elderly medicine doctor based in the practice would improve patient outcomes. The practice were also a pilot site for a trial of a new 'do not attempt cardio pulmonary resuscitation' (DNACPR) form, to ensure there is a clearer pathway for patients and clinicians and that this issue is appropriately discussed.
- Findings were used by the practice to improve services. For example, recent action taken as a result included using a tool to improve the treatment of patients with atrial fibrillation (an irregular heartbeat). In the first audit cycle, 30 patients were identified as not receiving appropriate treatment to reduce the risk of vascular problems, such as stroke. The practice reviewed these patients and found that six patients were on appropriate treatment but this hadn't been recorded, ten patients could not take the recommended medicine and the diagnosis for eight patients was wrongly recorded. This left six patients who were contacted for a review and were prescribed appropriate treatment after discussion.

Information about patients' outcomes was used to make improvements. For example, the practice had noticed that many patients appeared to have a large amount of unused medicines. With the support of the CCG, the practice had

Are services effective?

(for example, treatment is effective)

ran a campaign to promote appropriate use of medicines and to try and reduce wastage from medicines, highlight the resources available in the pharmacy and to prompt patients to attend medicines reviews when invited.

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, basic life support and confidentiality. Accurate and detailed records of each member of staff's progress through the induction programme were kept.
- 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.
- The practice were committed to the training and development of staff and we saw evidence that staff had a range of opportunities to undertake training that was not only considered to be mandatory. For example, the practice was supporting a nurse to undertake a secondment at another location and supported modern apprentices.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Nurses and health care assistants 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. However the practice had not ensured that the limitations of a non-professional role and legal accountability for the administration of vaccines was adhered to.
- The learning needs of all 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.
- This practice took part in TARGET training sessions which were supported by the local clinical commissioning group. The practice closed for half a day, twice per year for Protected Learning Time. TARGET provided: Time for Audit, Research, Governance, Education and Training. During this time, patients were directed to the NHS 111 service. Practice closures were advertised to patients well in advance.
- GP trainees we spoke to felt well-supported by the practice and were given frequent opportunities to discuss appropriate care and treatment for patients.

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 had set up a system to ensure referrals for suspected cancer (also known as 'two week waits') were followed up by the practice to ensure patients received their appointment.
- 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.

Are services effective?

(for example, treatment is effective)

- 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:

- 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.
- One of the GPs had gained an additional qualification in palliative care and acted as a resource to the practice for providing appropriate, supportive care to patients at the end of their lives.
- Specialist smoking cessation advice was available from the practice and a local support group who visited the practice every week. The practice referred patients who needed specialist dietary advice to a community dietician.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 81% and the national average of 81%. 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 offering appointments every day of the week, discussing

sexual health with patients at other appointments and ensuring 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 conducted and reviewed an annual audit of inadequate smears to ensure these did not exceed acceptable levels.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Breast screening uptake was higher than the Clinical Commissioning Group (CCG) average at 74%, compared to a CCG average of 68%. Uptake for bowel cancer screening was similar to the CCG average at 56% compared to a CCG average of 55%.

Childhood immunisation rates for the vaccines given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 69% to 100% compared to a CCG average range of 73% to 100%. Childhood immunisation rates for five year olds ranged from 72% to 100% compared to a CCG average range of 72% to 96%.

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. The practice had a comprehensive range of health promotion leaflets available to patients in the reception areas; however we noted that these were disorganised and stored in a way that did not make them easily accessible for patients.

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.

We received 26 patient Care Quality Commission comment cards which were positive about the service experienced. Patients commented upon how the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Patients we spoke to said that staff responded compassionately when they needed help and provided support when required.

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 91%.

- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment card 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:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 95% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average and national average of 85%.
- 100% had confidence and trust in the last nurse they saw or spoke to compared to a CCG average of 97% and national average of 97%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice provided information in English and Polish languages.

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified that patients who were also carers amounted to approximately 6% of the practice list. The practice had a range of information to help carers receive support and advice including information aimed at children who were young carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a personalised

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. Information about what to do in the event of bereavement was clearly outlined on the practice website and via an information leaflet.

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 offered a range of extended hours appointments for patients who could not attend during normal 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. The practice typically carried out five home visits a day.
- The practice offered regular pre-emptive monthly home visits for frail patients they considered to be at particular risk.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice had a hearing loop for patients with hearing difficulties; however we noted the sign for this to inform patients was partially obscured.
- There were disabled facilities, baby changing and translation services available.
- The practice had a lift to enable access for patients to both levels of the building.
- The practice offered text message reminders for appointments and when routine reviews were due to patients who had signed up for the service.
- The practice provided information to patients about the different ways they could communicate with the practice. For example, in large print, by text or email, sign-language or braille. However we noted the sign promoting this to patients was obscured.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12.30pm every morning and from 2pm to 6.30pm daily. We observed a patient with an urgent need attend the practice after the morning appointments had finished. The reception staff alerted clinical staff who attended to the patient's needs

immediately. Extended hours appointments were available every Tuesday and Thursday morning from 7.30am to 8.30 am and from 6.30pm to 8.30pm every other Tuesday and on one Saturday per month from 8am until 11am. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent on the day appointments were also available for patients that needed them. Patients could also choose to have a telephone appointment.

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

- 87% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 75% and national average of 76%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and national average of 73%.
- 95% of patients said the last appointment they got was convenient compare to a CCG and national average of 92%.

Patients we spoke to on the inspection were satisfied with the practice opening hours and range of appointments available to them. However, some patients told us the lack of public transport directly to the practice was a problem. The practice monitored the number of patients who did not attend for appointments on a monthly basis and displayed this information in the waiting area.

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 via the practice website and by a summary leaflet.
- We noted that the majority of patient comments left on the NHS Choices website were responded to.

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

We looked at 11 complaints received in the last 12 months and found 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 that information was not clear regarding the referral for a test. The patient received an apology letter and an explanation regarding the referral process. The practice ensured all staff were updated with regard to the correct referral process.

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 through being patient centred and making decisions in the best interests of patients. The practice placed continuity of care at the centre of their practice ethos, and aimed to provide a continuous safe, efficient and caring service to patients by a familiar member of staff.

- The practice had a mission statement which was displayed in the waiting areas and on the practice website 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.

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. There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However these had not been sufficient in relation to the storage and administration of vaccines.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- The clinical team met daily on an informal basis to offer each other peer support.
- 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. The practice held a range of team meetings, which included clinical meetings, reception meetings and nurse meetings. Whole staff meetings were held 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.

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 surveys and complaints received and acted upon suggestions from patients. For example, the PPG suggested they would like more health promotion information available on the practice website, which the practice had duly included.
- The practice collated verbal and written compliments from patients and ensured these were shared with all staff.

Are services well-led?

Good 

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

- The practice had a virtual Patient Participation Group (PPG). The practice sent email communication to patients and copies of the practice's seasonal newsletter to members of the PPG. The newsletter was also available in the practice waiting area.
- The practice had gathered feedback from staff through staff meetings, appraisals and general discussion. The practice also held regular social events for staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, nursing staff had requested the practice organise an external speaker on sexual health. The practice provided this and staff told us they felt this had improved patient care.
- Staff told us they felt involved and engaged to improve how the practice was run. For example, the practice had moved premises in 2014. Staff told us they were kept fully informed of each stage and were consulted on the features and layout of the new building.

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. For example, the practice was part of a local clinical commissioning group initiative to provide additional out of hours appointments for patients living in the Southampton area at local hub GP practices. The hub offered routine appointments, available at three practices in the Southampton area from 6.30pm to 8pm weekdays and from 8am to 8pm on Saturdays and Sundays. The practice could refer patients to the hub for appointments.

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
	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered provider did not ensure that all reasonably practicable actions were taken to mitigate risks to the health and safety of service users.</p> <ul style="list-style-type: none">• An effective system was not in place to review and action fridge temperatures that exceeded recommended levels for the safe storage of vaccines.• Patient group directions were not signed by an authorising clinician.• Vaccines were administered by health care assistants without the correct legal authority. <p>This was in breach of Regulation 12.</p> <p>12 (2) (b)(c) (g)</p>