

# Waterfront and Solent Surgery

## Quality Report

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Date of inspection visit: 24th August 2016

Date of publication: 29/09/2016

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?

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 Waterfront and Solent Surgery on 24th August 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.
- 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.
- 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 told us on the day of the inspection that they were able to get appointments when they needed them though they had to wait a few weeks for an appointment with their GP of choice at times.
- 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 area where the provider must make improvement is:

- The practice's waste management policy must identify the process regarding its waste management and disposal in accordance with current national legislation and local policies. Healthcare waste must be labelled, stored, transported and disposed of in accordance with that protocol.

The area where the provider should make improvement is:

# Summary of findings

- The practice's business continuity plan should include up to date emergency contact numbers for staff and information within the plan must be accessible off-site.

**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.

**Requires improvement**



- 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.
- Most risks to patients were assessed and well managed. However, the practice's business continuity plan did not include up to date emergency contact numbers for staff. Also, clinical waste bags were not labelled in the waste store and the practice's waste management policy did not identify the complete process regarding its waste management.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- 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?

The practice is rated as good for providing caring services.

**Good**



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

# Summary of findings

- Patients said they were treated with compassion, dignity and respect. Patient feedback from the comment cards we received was overall positive. Patients commented they were listened to and staff was polite and friendly.
- 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?

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. For example the practice offered a phlebotomy service including on Saturday mornings. The practice offered extensive online services and had an active newsletter mailing list enabling to deliver direct mail. The practice was also part of the 'Get it on' scheme providing a free condom and sexual health advice to teenagers.
- Patients told us on the day of the inspection that they were able to get appointments when they needed them, though they had to wait a few weeks for an appointment with their GP of choice at times. Urgent appointments were available on the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. The practice had a business plan for 2016 which set clear aims and objectives, for example regarding staffing, its premises and information technology.
- 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.

Good



# Summary of findings

- 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.
- 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. The practice took part of local pilot schemes to improve outcomes for patients in the area.

# 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.
- The practice met monthly with the multi-disciplinary community care team (CCT). This team was composed of district nurses, physiotherapists, occupational therapists, social workers, members of the community intervention team, the frailty GP, the local care of the elderly consultant, the local palliative care team and the older persons mental health team. Patients with complex needs and those on the palliative care register were discussed and their needs identified.
- The practice had a frailty GP who was also a clinical commissioning group (CCG) lead for adult mental health. The frailty GP worked with the practice to identify patients who were in nursing home, residential homes, or who were housebound and worked closely with the CCT and the care navigator to deliver better quality care and a more thorough and complete service.
- The care navigator worked closely with the CCT, reception team, and the practice's carer champion to help steer patients and carers through the complex path of support agencies such as Age Concern and Alzheimer's UK. This provided a two way link with the practice which had been highly valued.
- The practice kept a register of carers, and a designated member of staff was responsible for maintaining the register, sending out information packs, and making annual contact with the carers on the register. The practice was in the process of setting up a carer support group through the patient participation group (PPG).
- The practice had a specific template for future planning which helped to collect data for patients regarding their wishes for future care as an extension of the practice's work on dementia, the palliative care register, and the carer register. This was considered as an overarching care plan.
- The practice was engaged in working with local practices to develop ways to tackle social isolation.

# Summary of findings

## People with long term conditions

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

Good



- The practice kept a register of patients with chronic diseases and had lead nurses in asthma, chronic obstructive pulmonary disease (COPD), heart disease and diabetes. Patients were invited to an annual review through an electronic recall system. Annual reviews varied dependent on the disease but included the production of care plans, the provision of rescue medications, and associated general medical health checks where appropriate. Medication reviews were carried out at the same time. 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.
- GPs reviewed patients with mental health problems, rheumatology, dementia, stroke and atrial fibrillation.
- Performance for diabetes related indicators were similar or better than the national average.
- Longer appointments and home visits were available when needed.
- All GPs were trained in the use of a dermatoscope. This meant that suspicious moles or skin lesions could be looked at and a better assessment of the skin lesion can be made. This reduced the number of referrals made to secondary care. The GPs worked together and supported each other where there was doubt in diagnosis.
- The practice had a 'two week wait' champion to ensure patients referred down this pathway had an appointment booked and provided a liaison at this anxious time.

## Families, children and young people

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

Good



- 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. The practice had a dedicated safeguarding lead who met regularly with the liaison health visitor. Vulnerable families were discussed at clinical meetings.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 76% in 2014/2015, which was worse than the CCG average of



# Summary of findings

82% and the national average of 82%. Following this below average score the practice took actions to improve their performance and ensure a higher uptake of the cervical screening.

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- A dedicated member of the practice was responsible for sending out baby packs to new parents and ensured that children were brought to their six-week check appointment and their immunisation clinics. Parents were also informed about how they could access the practice's service on behalf of their children which included online services.
- At the time of the teenage booster vaccinations the nurses took the opportunity to give help and advice to teenagers. The practice was part of the 'Get it on' scheme providing a free condom and sexual health advice to teenagers.
- The practice also provided pre-conception and early pregnancy advice along with ante-natal and post-natal care.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included extended opening hours and the phlebotomy service on Saturdays.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered extensive online services and had an active newsletter mailing list enabling to deliver direct mail. The practice had a blog which had been read over 11,700 times and had both Facebook and Twitter accounts to engage with younger patients.

Good



## People whose circumstances may make them vulnerable

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

- The practice had a dedicated adult safeguarding lead and held a register of patients living in vulnerable circumstances including those with a learning disability. The practice provided

Good



# Summary of findings

support and care to women and young children in the local refuge. The practice also provided the sole medical cover for a transient population of migrant workers for a local farming business.

- The practice was a sole provider to a residential home for patients with learning disabilities. There was a lead GP who performed annual checks and generated individualised care plans and performed home visits on the patients who were unable to attend. The practice was also looking to make their services more accessible to patients with learning difficulties and had recently completed a survey.
- The practice offered longer appointments for patients with a learning disability.
- 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.
- The practice's staff received training regarding the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

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

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

- 97% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had had their care reviewed in a face to face meeting in the last 12 months, which was better than the clinical commissioning group (CCG) average of 89% and the national average of 88%.
- 83% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 84% and to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice worked in conjunction with the adult mental health team to provide both physical assessments of this difficult to reach group of patients on an annual basis. Mental health patients were phoned instead of sending letters to encourage attendance.

Good



# Summary of findings

- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice was working towards becoming a dementia friendly practice. This included meeting with the local dementia organisations and the whole practice receiving training. A member of staff was the designated dementia champion who sent out data collection packs to all patients and carers to collect vital non-clinical information. This improved all staff's ability to identify early 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. 238 survey forms were distributed and 129 were returned. This represented 1.8% of the practice's patient list.

- 96% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 82% and to the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and to the national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and to the national average of 85%.
- 90% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 83% and 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 that they were treated with dignity and respect, they were listened to and their needs were responded to with the right care and treatment at the right time. They also wrote that the environment was safe and hygienic, staff was polite and friendly and the service they received was either good, amazing or excellent. However, two patients were critical about the length of time they had to wait to see their GP of choice.

We spoke with 11 patients during the inspection. All of them said they were satisfied with the care they received, appointments usually ran on time, the practice was clean and there was a choice of both male and female GPs.

The practice monitored its results and the comments from the friends and families test. The practice developed an action plan in response to the comments from April 2015 to March 2016 in order to improve patient satisfaction. The practice took actions, for example to implement a new model of service delivery and to provide better access to appointments. The practice's results from May 2016 showed that 84% of the 19 responders said they would recommend the practice.

# Waterfront and Solent Surgery

## 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 and an Expert by Experience.

### Background to Waterfront and Solent Surgery

Waterfront and Solent Surgery is located at Jones Lane, Hythe, Hampshire SO45 6AW and has over 7200 patients. The practice serves a predominantly white British population whose score of deprivation is 8 on a scale of one to ten where ten is the least deprived decile.

The practice is located centrally in Hythe and covers areas of both relative wealth and affluence, such as Beaulieu, and also areas of relative deprivation such as Blackfield. Like many practice in this part of England it has a disproportionately higher elderly population than the rest of England and recent comparative data shows the practice also had a higher elderly population than other practices in the local area.

The practice supported two large nursing homes and six residential homes in the area. Sole care was also provided to a residential home for patients with learning difficulties. There are two designated disabled parking bays in the practice's car park and all consulting rooms are located on the ground floor. The practice also has baby changing facilities and accessible toilets.

At the time of our inspection the practice's staff included:

- 4 GP partners (two males and two females – 27.5 sessions/week)
- 1 Salaried GP (6 sessions/week)
- 1 Nurse practitioner/clinical manager (1.06 WTE)
- 3 Practice nurses (1.69 WTE)
- 1 Health care assistant (0.48 WTE)
- 9 Admin staff (6.02 WTE)
- 1 Practice manager (0.8 WTE)

The practice is open between 8am and 6.30pm from Monday to Friday. Extended hours appointments are offered at Wednesdays until 7.45pm and on every other Saturday morning. The reception is open every Saturday morning. Appointments can be booked in advance either on-line or on the phone. Telephone advice is also offered mostly on the same day. There are 'rapid access appointments' for patients with urgent needs. When the practice is closed patients can access NHS 111.

The practice is not currently a training practice although, from time to time, it does have medical students attend from the University of Southampton Medical School.

### 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

# Detailed findings

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 24th August 2016. During our visit we:

- Spoke with a range of staff (three GPs, one nurse practitioner, two nurses, an administrator/ receptionist and the practice manager) and spoke with eleven patients who used the service.
- We received written feedback from four non-clinical staff on the day of our inspection.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. 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 and the findings were discussed at clinical meetings.

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 diabetic patient contacted the practice due to high blood sugar level and received advice from the duty doctor. The patient was later admitted to hospital due to persistent high blood sugar level. The investigation identified that clearer advice should be given to all diabetic patients. In house training on diabetes management for all the clinical team was provided to enable staff to give better advice.

Within another significant event we saw that the practice experienced a power cut for about an hour which affected the whole surrounding area. Staff had put into place the procedure of supplying GPs with the necessary paperwork to handwrite consultations. A member of staff was rung at home for the contact details of whom to contact to check what the problem was. Following the event a protocol was written about what to do in the event of a power failure and to include the contact details for the relevant services.

### 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. The practice identified children who may be at risk and alerts were put on to patient records. Regular meetings were held with the liaison health visitor to discuss children who may be at risk. The records of these meetings were distributed to all clinical staff and stored securely for future reference. The practice met monthly with the multi-disciplinary community care team where adult patients at risk, their carers and families were discussed. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults. GPs were trained to child protection or child safeguarding level three, the practice manager, nurses and health care assistant to level two and non-clinical staff to level one. We were given examples where staff followed the practice's protocol and referred vulnerable patients to the appropriate service.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received up to date training. A practice nurse was the infection control clinical lead who completed annual infection control statements and audits. We saw evidence that action was taken to address any improvements identified as a result. We found that clinical waste were correctly segregated and stored safely and securely. However,

## Are services safe?

clinical waste bags were not labelled in the waste store and the practice's waste management policy did not identify the complete process regarding its waste management.

- 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. The health care assistant was trained to administer specific vaccines against a patient specific prescription or direction from a prescriber.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular alarm tests and fire drills. 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 the security of the building, the control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to make sure there were enough staff on duty. Feedback from patients and staff regarding the level of staffing were also monitored and discussed at meetings. Audits were carried out regarding the amount of phone calls and the times of appointments as a result of the feedback. Appointment times and staff level were adjusted to meet the identified demand.

### 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 one of the treatment rooms.
- 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.
- 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. However, the plan did not include up to date 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.
- Medical alerts were discussed at the regular clinical meetings.
- The practice also designed its own care plan template called 'future care planning' which incorporated dementia, end of life care and avoiding unplanned admissions plans. Examples of long term condition plans also showed that the practice added extra information onto the standard template in order to improve patient care.

### 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 showed the practice had achieved 99% of the total number of points.

The combined overall total exception reporting for all clinical domains was 4.8% which was lower than the clinical commissioning group (CCG) average of 10.8% and the national average of 9.2%. (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 were similar or better than the national average.

- 95% of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months, which was better than the clinical commissioning group (CCG) average of 90% and the national average of 88%.
- 81% of patients on the diabetes register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less, which was comparable to the clinical commissioning group (CCG) average of 82% and the national average of 81%.
- Performance for mental health related indicators were similar or better than the national average.
- 97% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had had their care reviewed in a face to face meeting in the last 12 months, which was better than the clinical commissioning group (CCG) average of 89% and the national average of 88%.
- 83% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 84% and to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- We were shown records of three clinical audits completed in the last two years; two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice provided information and data to the national diabetes audit and also to a learning disabilities audit. The results of these audits were fed back to the practice and the practice's performance was discussed with the West Hampshire community diabetes service or the CCG learning difficulties leads.
- Findings were used by the practice to improve services. For example, recent action taken as a result included scanning the learning disabilities health check records into the electronic patient records and using the Welsh Health Check instead of Cardiff Health Check due to recommendation.

# Are services effective?

## (for example, treatment is effective)

Information about patients' outcomes was used to make improvements such as improving the minor operations' pre-surgical diagnostic accuracy by using dermatoscopes and increasing the number of patients being in the therapeutic range who were taking warfarin.

### 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, information governance, fire safety, health and safety and an induction to the practice's policies and procedures. All staff were issued with a copy of the employee handbook which formed part of their contract of employment.
- 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. Training was also provided to the relevant practice nurses with regards to ear care, travel health, contraception, smear tests and sexual health.
- 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, meetings, 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, infection control, information governance and equality and diversity.

### 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 for patients with complex needs and those on the palliative care register were discussed and their needs identified. The practice had a frailty GP who was also a clinical commissioning group (CCG) lead for adult mental health. The frailty GP worked with the practice, the community care team and the care navigator to deliver better quality care and a more thorough and complete service. The care navigator also worked closely with the reception team and the practice's carer champion to help carers through the complex path of support agencies and provided a two way link with the practice.

### 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.
- Patients who underwent an invasive procedure at the practice signed a consent form. Individual consent forms were used for various procedures for example for joint injections, minor surgery and subdermal implants. The signed consent forms were scanned to the clinical records.

### Supporting patients to live healthier lives

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

- The practice offered and advertised smoking cessation clinics with the nurses, and also promoted the local smoking cessation services as an alternative.

# Are services effective?

(for example, treatment is effective)

- The practice could refer to a local drug and alcohol service and had an integrated referral form. For certain patients, and in agreement with secondary services, the practice had provided a home detox regimen.
- The nurses also provided a structured weight loss programme. This includes all Tier 1 practice based advice for weight loss, referrals from the practice to Tier 2 weight loss programmes run locally and finally Tier 3 referrals to 'The Weigh Ahead' scheme based in secondary care.

The practice's uptake for the cervical screening programme was 76%, which was worse than the CCG average of 82% and the national average of 82%. Following this below average score on the intelligent monitoring data and QOF, reminder tags and letters were created to staff and patients if a smear test was overdue and needed to be booked. If a patient failed to attend the practice for their cervical smear, then the practice made an attempt to contact the patient and re-book the appointment. Smear tests were also recommended during pill checks, post-natal checks, new patient checks, NHS Health checks and opportunistically. Each clinician who performed a smear kept individual records of the smears they had taken as part of quality control which helped to identify any missing results. The practice followed up women who were referred as a result of an abnormal result.

The practice also encouraged its patients to attend national screening programmes for bowel and breast

cancer screening. These were advertised on the patient information screen in the waiting room and also during NHS Health checks and new patient checks. 80% of female patients aged between 50 and 70 years of age were screened for breast cancer in the previous 36 months compared to the CCG average of 74% and the national average of 72%. 69% of patients aged between 60 and 69 years of age were screened for bowel cancer in the previous 30 months compared to the CCG average of 66% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 100% and five year olds from 92% to 100% compared to the CCG range from 80% to 99% and 93% to 100% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74. In 2015/2016 fiscal year the practice completed 277 health checks were completed and 85 verbal invitations were made. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had plans to offer NHS Health checks in their extended opening hours in the future.

# 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.
- We also noted that incoming calls to the practice were taken in a separate room, therefore these conversations could not be overheard by patients in the waiting area.

All of the 26 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients wrote that they were treated with dignity and respect, they were listened to and staff was polite and friendly. Patients also wrote that the service they received was either good, amazing or excellent.

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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% 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%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and to the national average of 85%.

- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and to the national average of 91%.
- 92% 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

Patient feedback from the comment cards we received was positive. Patients wrote they were listened to and their needs were responded to with the right care and treatment at the right time. Patients also wrote that GPs had the time for them, they listened and explained 'things' to them. 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 the 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 88% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and to the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and to the national average of 85%.

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

- Patient's communication needs were assessed as part of the new patient registration process.
- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in large print on request.

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

## Are services caring?

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 88 patients as carers since it started to use the current (1.2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. A carer invitation was sent out with each new patient registration pack and it was advertised on the website. Carer details were automatically added to referrals to the community care team, memory clinics, Older Person's

Mental Health team and on home visit print outs. A designated member of staff was responsible for maintaining the register, sending out information packs, and making annual contact with the carers on the register. The practice was in the process of setting up a carer support group through their patient participation group. Carers were made aware of the care navigator who also provided support to patients and their carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them. The 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.

# 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.

- Extended hours appointments were offered at Wednesdays until 7.45pm and on every other Saturday morning.
- The reception was open every Saturday morning.
- The practice offered a phlebotomy service including on Saturday mornings.
- The practice had planned to offer NHS Health checks in extended hours.
- SMS reminders were sent to patients who registered their mobiles at booking and the day before of their appointments.
- The practice offered extensive online services and had an active newsletter mailing list enabling to deliver direct mail. The practice had a blog which had been read over 11,700 times and had both Facebook and Twitter accounts to engage with younger patients.
- The practice was part of the 'Get it on' scheme providing a free condom and sexual health advice to teenagers.
- There were longer appointments available for patients with complex needs and/or 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.
- The practice provided a complete travel advice and vaccination service with the exception of Yellow Fever.
- There were disabled and baby changing facilities, and translation services available.

### Access to the service

The practice was open between 8am and 6.30pm from Monday to Friday. Extended hours appointments were offered at Wednesdays until 7.45pm and on every other Saturday morning. The reception was open every Saturday morning. Appointments could be booked in advance either

on-line or on the phone. Telephone advice was also offered mostly on the same day. There were 'rapid access appointments' for patients with urgent needs. When the practice was closed patients could access NHS 111.

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

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and to the national average of 78%.
- 96% of patients said they could get through easily to the practice by phone compared to the CCG average of 82% and to the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them, though they had to wait a few weeks for an appointment with their GP of choice at times. Patient feedback from the comment cards we received was also positive, however two patients wrote they felt they had to wait long to see their GP of choice.

### 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's website. Information in the waiting room was displayed which advised patients to ask the receptionist for information on how to make a complaint.

We found the practice had recorded 15 complaints in 2015/2016. We looked at two complaints in detail and found these were satisfactorily handled and dealt with in a timely way. Openness and transparency with dealing with the complaints were demonstrated and lessons were learnt from individual concerns and complaints. Actions were taken to as a result to improve the quality of care. For example, a patient complained about the lack of support received from their GP during a consultation. The complaint was investigated and discussions took place



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

with the patient and the GP involved. Through the various discussions the practice managed to resolve the complaint and the GP reflected on the consultation as part of their appraisal process.

Within another complaint a patient's relative complained about not being able to get a home visit and having had to

phone for an ambulance. This complaint led to the creation of a 'home visit' policy which was made accessible to all staff to ensure better communication in order to avoid similar incidents.

# 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 and staff knew and understood the values. The practice aimed to improve the health, well-being and lives of those who they cared for.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice had a business plan for 2016 which set clear aims and objectives for example regarding staffing, its premises and information technology.

### 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 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. Staff also said they felt involved and informed about changes within the practice.

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 restructured the type of staff meetings it had recently. There was a clinical meeting twice every month, a whole practice meeting in every three months and monthly partners meetings. Nurses and non-clinical staff also had their separate and regular meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, raised funds, released articles in a local paper, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, staff to wear name badges, to open up the front desk and highlighted issues around parking at the practice. The PPG held open meetings twice a year



# Are services well-led?

Good 

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

which were attended by guest speakers for example from Alzheimer's UK and hospital doctors. GPs were also invited to talk or have an open 'Question Time' session which was often attended by 50-100 patients at times.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. The practice had restructured the type of staff meetings it had due to feedback from staff.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and was part of local pilot schemes to improve outcomes for patients in the area. The practice was a pilot site for data sharing between the community care team and the clinical system using the interoperability gateway. One of the GPs was doing work on social isolation in conjunction with two other practices in the locality. The practice also worked on establishing an urgent mental health assessment system with the local teams.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  <b>How the regulation was not being met:</b>  Clinical waste bags were not labelled in the waste store and the practice's waste management policy did not identify the complete process regarding its waste management.  This was in breach of regulation 12(1)