

Bishops Waltham 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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9

Detailed findings from this inspection

Our inspection team	10
Background to Bishops Waltham Surgery	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	19

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bishops Waltham Surgery on 16 December 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and managed, with the exception of those relating to infection control, legionella and health and safety work place assessment.
- The majority of patients said they were treated with compassion, dignity and respect.
 - Urgent appointments were usually available on the day they were requested.
 - The practice had a number of policies and procedures to govern activity, but some were overdue a review.

- The practice had proactively sought feedback from patients and had an active patient participation group.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- 93% were able to get an appointment to see or speak to someone the last time they tried compared to a Clinical Commissioning Group average of 89% and a national average of 86%.

The areas where the provider must make improvements are:

- The provider must have an infection control lead, update infection control training for staff as according to their role and carry out infection control audits to improve patient outcomes.
- The provider must carry out full work place health and safety risk assessments including for general health and safety as well as fire safety, use of electrical equipment and legionella.

Summary of findings

- The provider must review and update policies and procedures and ensure all subjects are covered such as for adult safeguarding.

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.

- 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 those relating to infection control, legionella and work place health and safety risk assessments.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- 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 usually easy to make an appointment with a 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?

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 this.
- There was a clear leadership structure and staff felt supported by management. The practice held regular meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about 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.

Good



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

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.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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.
- The percentage of patients with diabetes, on the register, who had received influenza immunisation in the preceding 1 August 2014 to 31 March 2015 at 96%, was comparable to other practices and the national average at 95%.
- 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.

Good



Families, children and young people

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 accident and emergency 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.
- The percentage of women aged 25-64 who had had a cervical screening test in the preceding five years at 81% was comparable to the national average of 82%

Good



Summary of findings

- 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 and health visitors.

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.
- 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.

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 held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams 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.

Good



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).

- 78% of patients diagnosed with dementia that had had their care reviewed in a face to face meeting in the last 12 months, which was below the national average.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 255 survey forms were distributed and 120 were returned. This represented 1% of the practice's patient list.

- 83% found it easy to get through to this surgery by phone compared to a clinical commissioning (CCG) average of 83% and a national average of 74%.
- 93% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 89% and a national average of 86%.
- 91% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 89% and a national average of 85%.

- 89% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 83% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards which were all positive about the standard of care received. Comments received included that although making an appointment was sometimes difficult all patients had always been treated with dignity and respect by a caring staff.

We spoke with 14 patients during the inspection. All 14 patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Bishops Waltham 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 a second CQC inspector, a practice manager specialist adviser a CQC Pharmacy inspector and an expert by experience.

Background to Bishops Waltham Surgery

Bishops Waltham Surgery is located at Lower Lane, Bishops Waltham, SO32 1GR.

The practice has an NHS Personal Medical Services contract to provide health services to approximately 12800 patients in and around the villages of practice area Bishops Waltham and surrounds West Meon in the North, Droxford in the East, Wickham in the South and Colden Common in the West.

The practice population come from a relatively affluent area with a higher than the national average for patients in the 45 to 70 years old age groups for both male and females.

The practice is located in a detached property and has a small car park at the front. The practice has disabled car parking and disabled access to the practice. All the consulting and treatment rooms are located on the ground floor of the practice. The practice has a compact waiting room with a reception desk and dispensary counter. The practice has wide corridors and entrances and toilet facilities for disabled patients and baby changing facilities.

In 1990 the practice purchased an annexe located of the car park which is used for meetings and local services such as

diabetic retinopathy screening. In 2005, the practice opened a practice dispensary; this allows the practice to dispense to those patients that live more than mile away from a pharmacy and to those patients that may require an urgent prescription after the pharmacy has closed.

The practice has eight GP partners, four male and four female, offering 48 sessions per week, two GP Registrars, a Nurse Practitioner working within the practice, two practice nurses and two health care assistants. The practice has just taken on a Locum GP for 6 months. The GPs and the nursing staff are supported by a practice manager, a dispensary manager and a team of staff who carry out dispensary, administration, reception, scanning documents and secretarial duties.

The practice has had a longstanding commitment to training. All staff are involved and we saw there was open door policy to ask which received good feedback from doctors undergoing training.

The practice is open Monday: 07:30am to 7:15pm, Tuesday: 08:00am to 6:30pm (closed 1:00pm to 2.00pm), Wednesday: 07:30am to 6:30pm, Thursday: 08:00am to 6:30pm, Friday: 07:30am to 6.30pm.

Appointments are divided into routine pre-bookable appointments up to six weeks in advance, 48 hour routine appointments and 'Urgent' same day appointments.

Appointment reminders as text messages are sent via the practice computer system when an appointment is booked and another two working days before appointment (where permission has been given).

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

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 16 December 2015. During our visit we:

- Spoke with a range of 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 and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a fire alarm was set off by a toaster. The incident was discussed with staff and staff informed not to leave toaster unattended. This incident also highlighted need for sign in car park for assembly point.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies were dated May 2014 and required to be reviewed and although staff were aware of the needs of safeguarding vulnerable adults the practice did not have a policy available.
- The policies we saw 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 relevant to their role. GPs were trained to Safeguarding children level 3.

• 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 check (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.

- We observed the premises to be clean and tidy. The practice maintained appropriate standards of cleanliness and hygiene. The practice at the time of inspection did not have an identified infection control clinical lead who could liaise with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place dated December 2013. The practice were unable to confirm that staff had received up to date training. Annual infection control audits were not always undertaken as the last record was dated December 2013.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice required improvement. There was a medicines policy dated 2013 and we saw that on days when there were no clinics held at the practice no fridge temperatures were recorded. Prescription 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.
- We reviewed eight 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.
- 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.

Monitoring risks to patients.

Risks to patients were assessed and 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

Are services safe?

reception office which identified local health and safety representatives although full health and safety workplace assessments were yet to be completed. The practice was in the process of updating its fire risk assessments and had had fire evacuation experience recently.

- Electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice was unable to provide records showing this.
- The practice was unable to provide any full legionella assessments of the building, but had made a risk assessment and produced an action plan to have a full Legionella assessment completed by April 2016 (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. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents.

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 fit for use.
- 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.

The practice dispensary.

- The arrangements for managing medicines at Bishops Waltham Surgery, including prescribing, handling, dispensing, storing and security, kept patients safe. The practice dispensed medicines for patients that lived further than one mile of the practice, and was signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients from their dispensary. The practice had a named GP lead, providing governance and oversight for the dispensary.
- The dispensary had appropriate written procedures in place for the production of prescriptions and dispensing of medicines, although some of these were in need of review to ensure they consistently reflected current dispensing procedures. We saw processes were in place to store medicines appropriately, and to check they were within their expiry date and suitable for use. Controlled drugs were stored securely and managed in line with national guidance. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted, with the keys held securely. Prescription forms were also securely stored and we were told of systems in place to monitor their use.
- The practice made some reasonable adjustments for patients who struggled to manage their own medicines, although these were limited. The practice also provided a home delivery service.
- The practice had a system in place to implement safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). We also saw evidence that the practice carried out some audits to ensure that dispensing was in line with best practice guidelines.
- There was a robust system in place for the management of high risk medicines, which included regular monitoring in line with national guidance. Practice staff told us about the procedure for managing repeat prescriptions, and how they dealt with any that had exceeded the authorised number of repeats. All prescriptions were reviewed and signed by a GP before they were dispensed to the patient.

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 97% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed;

- Performance for diabetes related indicators was similar to the national average.
- The percentage of patients with hypertension having regular blood pressure tests at 80% was below the 84% national average.
- Performance for mental health related indicators at 90% was better than the national average at 89%.

Clinical audits demonstrated quality improvement.

- We saw details of three clinical audits completed in the last two years. The practice also regularly, weekly and two weekly, produced a number of QOF audits. An example seen was a hypertension audit with a risk score which was run every two weeks for GPs to action. We saw a Nasal Cautery audit had been completed in 2014-5 to check and see if patients had had further nose bleeds after cautery. Eleven patient records were looked at which identified that eight patients needed no further intervention. Two other patients had had previous cautery in past and nose bleeds had recurred and for

another patient they were re-cauterised in hospital in a routine operation. The practice felt that this was a successful use of nasal cautery and of benefit to the patients.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services or to confirm ongoing expected standards of practice. For example, an audit of infections occurring after joint injections showed that standards of aseptic technique used regarding these injections had continued correctly and prevented patients from developing an infection.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff told us that they received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and

Are services effective?

(for example, treatment is effective)

in-house training. The records we inspected did not always support what we had been told. Staff were able to supply certificates to support that they had had training.

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. Information such as NHS patient information leaflets were also available.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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 records audits.

Supporting patients to live healthier lives.

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

- These included patients in the last months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Information was available on the premises for a number of pathways to support healthier lives and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates were comparable to clinical commissioning group averages. For example, childhood immunisation rates given to under two year olds ranged from 54% to 100% and five year olds from 92% to 100%.

Flu vaccine rates for the over 65s were 70%, and at risk groups 60%. These were also comparable to the national averages.

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.

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.

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

We spoke with two members of the Patient Participation Group. 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 July 2015 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:

- 96% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and national average of 89%.
- 94% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 96%.
- 95% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 86%.
- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.

- 90% said they found the receptionists at the practice helpful compared to the CCG average of 90% and 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 on the comment cards we received was also positive and aligned with these views.

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 in line with local and national averages. For example:

- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 92% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 85% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

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

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. For example on the day of our visit the practice had a diabetic retinopathy screening van and clinic running from the practice annex in conjunction with University Hospital Southampton NHS.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service.

The practice was open Monday: 07:30am to 7:15pm, Tuesday: 08:00am to 6:30pm (closed 1:00pm to 2.00pm), Wednesday: 07:30am to 6:30pm, Thursday: 08:00am to 6:30pm, Friday: 07:30am to 6.30pm.

Appointments are divided into routine pre-bookable appointments up to six weeks in advance, 48 hour routine appointments and 'Urgent' same day appointments.

Appointment reminders as text messages are sent via the practice computer system when an appointment is booked and another two working days before appointment (where permission has been given).

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

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

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 83% patients said they could get through easily to the surgery by phone compared to the CCG average of 83% and national average of 74%.
- 60% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 64% and national average of 60%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints.

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

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

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, we saw a letter from a parent who was experiencing difficulty in getting an appointment for their child to have a nasal flu vaccination. We saw that the practice had made a telephone call to the complainant with a follow up letter explaining the current situation regarding the reasons for the delay in getting an appointment and the action to be taken to have more clinics made available.

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 described their mission statement 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.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There was not a programme to ensure that practice policies and procedures were always in date for the latest information to be available.

Leadership and culture.

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- They 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.
- 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 in doing so and felt supported if they did.
- 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. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the last survey conducted by the PPG had 800 responses and examples of how the practice responded to feedback were, changes to the reception area and a new matrix sign in the waiting area. The practice had also considered improvements to the telephone system and introduction of an option system on the lines.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <ul style="list-style-type: none">• The provider must have an infection control lead, update infection control training for staff as according to their role and carry out infection control audits to improve patient outcomes.• The provider must carry out full work place health and safety risk assessments including for general health and safety as well as fire safety, use of electrical equipment and legionella.• The provider must review and update policies and procedures and ensure all subjects are covered such as for adult safeguarding. <p>This was in breach of regulation 12(1) 12 (2) (a) (b) (g) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>