Brook Lane Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Brook Lane Surgery on 15 December 2016. Overall the practice is rated as requires improvement.

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

- Risks to patients were assessed and managed, but there were shortfalls in implementing changes needed.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt that they could make appointments to see a GP easily.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review according to the document review dates.
- The GP partners had a vision of collaborative working with primary and secondary healthcare.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Ensure that infection prevention audit recommendations are actioned.
- Ensure blank prescription stationery is stored securely and tracked.
- Ensure regular checks are carried out to monitor the temperatures of medicine refrigerators to ensure they are operating within safe limits.
- Ensure the required checks are carried out on staff who are recruited.
- Ensure actions from the health and safety and fire assessments from March 2016 are actioned.
- Ensure there is a business continuity plan in place in the event of a disruption to the service and make sure all staff are aware of the contents and actions to take.
- Ensure staff are given regular appraisals relevant to their role.

Summary of findings

- Ensure complaints are actioned appropriately within the practice.
- Ensure all policies and procedures are reviewed and updated when needed to reflect relevant information and best practice. To include for chaperones, complaints and infection control.

The areas where the provider should make improvements are:

- Consider creating a locum pack so that all the relevant information is easily accessible.
- Review arrangements to promote patient involvement in decisions about their care.
- Continue to identify more patients who are carers and provide them with support.
- Review appointment availability to improve the number of bookable appointments and review arrangements to improve telephone access.
- Review patient understanding of the role of nurse practitioner; consider patient awareness (when making a GP appointment) whether the appointment is with a nurse practitioner instead of a GP.
- Review systems in place which enable staff and patients to provide feedback on the service provision.
- Consider reviewing infection control audit to include all areas of the practice building, including reception and waiting room.
- Review the availability of GP appointments.

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?

Requires improvement

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

- There were processes in place for reporting significant events and for safeguarding.
- 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, required recruitment checks were not consistently carried out prior to a member of staff commencing employment.
- The arrangements for managing medicines were not always consistent.
- Infection control policies did not reflect current guidance, but the practice did undertake annual infection control audits that showed improvement in the cleanliness of clinical areas from 2015 to 2016.
- The practice did not have a business continuity plan in place.
- A fire risk assessment had been carried out in March 2016; recommended actions had not been completed.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable 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.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs with regular multi-disciplinary meetings.
- Not all staff had received an induction or appraisal, and there was no formal practice training schedule for indicating mandatory training needs.

Are services caring?

Good

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

Summary of findings

- Patients said they were treated with compassion, dignity and respect but that they were not always involved in decisions about their care and treatment.
- Only 0.25% of all registered patients had been identified as carers.
- 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.
- Language translation services were easily available.

Are services responsive to people's needs?

Requires improvement

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

- The practice had reviewed the needs of its local population, and had put in place a plan to secure improvements for some of the areas identified. For instance undertaking visits at the local care home three times a week to make sure that patients are seen regularly and to make the GPs available for advice that the care home may want to know.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- Patients could get information about how to complain although the practice information was out of date and therefore incorrect, with, for example, no reference to the Parliamentary and Health Service ombudsman as is required.
- There was a designated responsible person who handled all the complaints in the practice.

Are services well-led?

Requires improvement

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

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure, and most staff felt supported by management, but at times they were not sure who to approach with issues.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review according to the guidance given in the policies themselves.
- Non clinical staff had not received regular performance reviews or attended regular staff meetings and events, which meant that there was limited staff feedback and learning available.

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

Requires improvement

The provider was rated as requires improvement for safe, effective, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were however areas of good practice.

- The practice personalised care to meet the needs of the older people in its population, but care planning was still considered to be under development by the practice management.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had systems in place to keep all clinical staff up to date, with access and alerts to NICE guidelines.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for safe, effective, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients with long term conditions, for example diabetes and asthma, had effective care from the practice and results of patients shown to have good treatment were favourable compared to local and national averages.
- Longer appointments and home visits were available when needed.
- Patients had a formal named GP although there was a recognised problem for the GPs to provide continuity of care. However, the GPs had a 'buddy' system with the aim that care was shared between two GPs rather than all the GPs in order to provide consistency. For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for safe, effective, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were however areas of good practice.

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- 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 undertaken a cervical screening test was comparable to national and local averages at 83% of population group.
- 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.
- The practice directly supported a looked after childrens service.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for safe, effective, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were however areas of good practice.

- 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, despite no named GP. The practice was open for extended hours during the week, and offered a 'sit and wait' clinic on a Monday afternoon for those unable to pre book an appointment.
- 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.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for safe, effective, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were however areas of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and home visits for those unable to attend the practice.

Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Staff were able to easily access a language translation service when needed.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement for safe, effective, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were however areas of good practice.

- The practice is working towards dementia friendly status and all staff have had training in dementia awareness.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 219 survey forms were distributed and 137 were returned. This represented 1% of the practice's patient list.

- 48% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 69% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 83% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards in total. One was positive but the other two commented on the problem of getting an appointment and getting enough time in the GP consultation.

We spoke with eight patients during the inspection. Seven of these patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However three of the patients commented on the difficulties of making a pre-booked appointment to the extent that one wanted to put a complaint in to the practice but had not done so yet. One patient had complex medical needs and found the care given had been good. Another patient commented that she was satisfied with the continuity of care throughout her pregnancy.

Brook Lane Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, an inspection manager and a practice manager specialist adviser.

Background to Brook Lane Surgery

Brook Lane Surgery is located in Sarisbury Green, Southampton in a purpose built premises that are owned and maintained by the partners in the practice. There is a car park with disabled access parking bays.

The Brook Lane Surgery was established in 1953 in a partner's house before moving to the current building in 1972. There is a community hospital located next door to the practice and nearby is also an 80 bedded care home.

Brook Lane Surgery has a General Medical Services Contract to supply services, which includes cervical screening, contraception, vaccination, immunisation, child health, minor surgery and anti-coagulation monitoring. The local clinical commissioning group (CCG) is the NHS Fareham and Gosport CCG.

The practice has five GP partners (equal to four whole time equivalents) and a salaried GP; there are two male doctors and four female doctors. There are also two GP registrars, two nurse practitioners, four practice nurses, two health care assistants, a practice manager partner, plus reception and administration staff. The practice also employed a gardener and cleaning staff.

The practice has been a training practice for GPs for 13 years, mostly supporting doctors training to be GPs. However the practice was also involved in training GPs returning to practice, medical students and also allowed school sixth form students access for work experience.

The practice is open from 8am in the morning until 6.30pm on Mondays, Tuesdays and Fridays with clinical session from 8am to 12 noon and then from 2.30pm until 6.30pm. On Wednesdays and Thursdays there are additional extended surgery sessions from 7am to 8am and then from 6.30pm to 8pm in the evening. On Monday afternoon the practice operates a 'sit and wait' session for patients to turn up and wait to see a GP without a booked appointment.

At the time of inspection the practice had approximately 13,000 registered patients. The demographics of the patient population show a greater than average percentage of patients over 50 years of age and a smaller than average percentage of patients under the age of 40 years. The local area is not considered to be a deprived area.

We inspected the only location:

233A Brook Lane

Sarisbury Green

Southampton

SO31 7DQ

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 December 2016. During our visit we:

- Spoke with a range of staff including GPs, nurse practitioner, practice nurses, health care assistants and administrative staff.We also 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).

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- There was a recording form available on the practice computer system for all significant events.However, the practice had a policy for staff to fill out a form; we found that no one other than the practice manager could gain access to the document. Therefore there was a risk that some events could be reported late or remain unreported, although reception staff informed us that if the practice manager was absent then staff would inform a GP if they were concerned.
- 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, from reported events, 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. However, there was one event where the patient was unhappy that they had been seen by a nurse practitioner instead of a GP.We saw evidence on the day that patients were still having consultations with nurse practitioners when they have requested a GP appointment.
- We saw evidence of one significant event meeting in the previous year to which all staff had been invited and which included a detailed significant event audit report.There was no evidence of an agenda or date for future significant event meetings and no minutes from any previous meetings.

We reviewed three significant events that had been reported and reviewed with action points. For example, one particular event occurred when a pregnant mother was not offered a pertussis (whooping cough) vaccine and the new born baby had then proceeded to contract whooping cough. The reporting of this event had resulted in a system of the practice nurses and the midwifery team making sure that their list of patients were updated continuously to prevent avoidable omissions of treatment. As a further action, all women at 20 weeks pregnant now routinely received a letter from the practice inviting them to have a vaccination and explaining the importance of receiving it.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, but there were some shortfalls:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and the GP safeguarding lead was able to demonstrate good joint working with the clinical commissioning group (CCG) safeguarding leads, social services and the police, especially with regard to caring for patients in local residential facilities.
- There were several prominently displayed notices that 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
- We observed the premises to be visibly clean and tidy in the majority of areas, but there were areas of flooring where there was obvious soiling of carpets and damage to wooden flooring.
- There was a nominated infection control lead who liaised with the local CCG infection prevention teams to keep up to date with best practice. This member of staff was in the process of updating the practice's infection control policy with the assistance of the CCG, as the policy had not been reviewed since the beginning of 2015. On the day of the inspection the practice was not able to demonstrate when staff had last had training in infection control.

Requires improvement

Are services safe?

- The most recent annual infection control audits had been undertaken in November 2016 with the CCG. The audit covered clinical areas and processes only. The 2016 audit showed that not all actions recommended in the previous audit in November 2015 had been actioned. For example, refridgerators and clinical drawers were not being cleaned monthly as recommended in the 2015 audit.
- A fridge used for storage of specimens in the practice was not secure with no processes in place to check that the temperature was maintained within acceptable levels.
- We found there were no infection control audits of non-clinical areas and the practice did not have any plans to implement one, despite the communal areas containing children's play equipment and the receipt of specimens at the reception desk.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice to keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal), were not always consistent.
- Blank prescription forms and pads were not securely stored. Blank prescription stationery was left in unlocked printer trays in unsecured areas which were accessible to unauthorised personnel and members of the public. The practice did however maintain a log of prescription numbers so that these could be tracked for each printer.
- Temperatures were not always regularly recorded for the vaccine refrigerators. However records showed that the refridgerators had not gone out of range.
- 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.
- The two nurse practitioners were trained as independent prescribers and could therefore prescribe medicines for specific clinical conditions. Both nurses received mentorship and support from the medical staff for this extended role.
- Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants (HCAs) were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We looked at several examples of both patient group directions and patient specific directions. These were all appropriately authorised and signed by staff who administered the medicines.
- 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 of recently employed staff. We found that some recruitment checks had been undertaken prior to employment for the staff but that there were some omissions. For example, there was a lack of proof of identification for two staff members, with no evidence of satisfactory conduct in previous employment or evidence of a full employment history for these staff members. This was contrary to the practice's own recruitment policy and procedure. There was however evidence of qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. All staff were issued with their own smartcards which required identity checks before staff could obtain them.
- Smart cards were used to access computers but they were not always removed when not in use and therefore this was a security risk. However all staff knew that they had to lock computer screen when not using it.

Monitoring risks to patients

Risks to patients were not assessed and well managed.

- The practice had a Health and Safety Assessment in March 2016 which highlighted 23 items that needed to be actioned within six weeks of the assessment. At the time of our inspection in December 2016 only seven of these had been actioned.
- The practice had also had a fire risk assessment carried out in March 2016 which had highlighted six urgent actions, but at the time of our inspection only four of these had been undertaken. Urgent actions from this assessment included installing fire seals around the fire doors to make them compliant with fire door requirements and also installing fire door signage. Although the fire alarm was tested regularly, there was no record of fire drills taking place.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control

of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had implemented their own policy for a weekly rota to undertake water checks from all outlets but this had not been followed for the outside taps since July 2016.

- An equipment calibration check had taken place in June 2016.
- 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 ensure enough staff were on duty. When there was an unexpected clinical staff absence then there a process of blocking appointments to reduce the workload of the practice. Reception staff were multi skilled to enable them to cover all the different roles when needed.
- GP to patient number ratios were observed to be low, but the practice demonstrated that they rarely needed locums, except for recent maternity leave, and clinically the levels were stable. However when locums were needed there was no locum pack containing information for them although some relevant information was displayed on the consulting room walls. All the other essential information could be difficult to locate as there was no filing system in place, however all locums were given full training in using the DXS system.

Arrangements to deal with emergencies and major incidents

The practice had some 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 practice manager's office.
- 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 in a locked cupboard, but the key to the cupboard was accessible to unauthorised staff and members of the public.
- The practice did not have a comprehensive business continuity plan in place for major incidents such as power failure or building damage. However, there was an occasion when the practice had to close due to unforeseen staffing shortages and a neighbouring practice provided support.

Requires improvement

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.
- However there were no checklists in place to ensure that clinical staff registration was up to date at all times, resulting in a period when one member of the nursing staff was unregistered for three weeks and therefore unable to fulfil all nursing duties in that time.This was identified by the nursing staff immediately but there was a delay for the registration to be processed.

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. In most clinical areas that the framework monitors there was a substantially lower level of exception reporting than local and national averages. (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). For example, the number of registered diabetic patients excepted when measuring acceptable sugar levels in the preceding 12 months was only 6%, compared to the clinical commissioning group (CCG) exception average rate of 18%.

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.For example the percentage of patients with diabetes who had an acceptable blood pressure reading was 80% compared to the clinical commissioning group (CCG) average of 78% and the national average of 78%.
- Performance for mental health related indicators was similar to the national average.For example the percentage of patients diagnosed with dementia who have had a face-to-face review in the last 12 months was 83% for the practice, compared to a CCG average of 85% and a national average of 84%

There was evidence of quality improvement including clinical audit.

- There was data from six recent clinical audits available on the day of the inspection; two of these were completed audits where the improvements made were implemented and monitored. For example, an audit on management of heart disease with a resulting action that led to the introduction of new protocols for GPs and nurses to provide consistency of treatment going forward.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- The practice was very proactive in taking part in local and national research projects. Research findings were used by the practice to improve services. For example, recent action was taken as a result of a trial on the management of sore throats resulting in more efficient and appropriate approach to treatment.

Information about patients' outcomes was used to make improvements such as changes to medicine prescribing templates and protocols. As a training practice, outcomes were also used for use as case studies for registrar learning.

Effective staffing

Staff generally had the skills, knowledge and experience to deliver effective care and treatment but there were some shortfalls evident on the day of the inspection

- The practice did not have a written induction programme despite the practice recruitment policy stating that there should be a formal induction process for all new staff. There was a staff handbook that was issued to all new starters.
- The practice could demonstrate how they ensured role-specific training and updating for clinical staff. For

Requires improvement

Are services effective?

(for example, treatment is effective)

example, 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 practice did not consistently identify learning needs of non-clinical staff through appraisals and staff meetings. We found that non-clinical staff had not received an appraisal at all in their time in employment. There were limited opportunities for administration staff to have in house training and contact with colleagues through meetings. There was evidence that nursing staff and GPs had their own peer appraisal system which resulted in regular clinical appraisals. The clinical staff also had minuted staff meetings that did promote learning and information sharing.
- There was no evidence that there was a specified training programme for staff, and the training matrix looked at on the day of inspection was not updated to show which training had been undertaken and when.We found evidence that all staff had received basic life support and safeguarding training to the appropriate level for their position. There was also evidence that there had been training days for the whole practice on the Mental Capacity Act 2005, dementia awareness and fire safety training. However there was no training provision for infection control. The practice did encourage skill advancement through an outside run training agency with staff encouraged to sign up for a variety of programmes. These included clinical and non-clinical courses and staff were allotted extra hours to accommodate their attendance.

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. For example, those reviewing patients with long-term conditions could share care plans with other outside agencies, such as the ambulance services, health visitors and district nurses, to promote better communication and feedback, leading to better care being delivered.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those who were living care homes. Patients were signposted to the relevant service.

Requires improvement

Are services effective?

(for example, treatment is effective)

- A counsellor was available on the premises, who could see patients directly or through referral by the clinicians in the practice.Information on smoking cessation, diet and healthy lifestyle advice was displayed in the waiting area.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

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 91% to 98% and five year olds from 88% to 95%.

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. Those patients considered to be vulnerable with complex needs were able to book double length appointments. Where a GP felt that the patient required an extra clinical time there was a 'buddy' system so that there was continuity and communication of care between two partners.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- In reception there was a courtesy notice requesting that patients stand back from the reception desk while waiting to speak to the reception staff so that patients had privacy while making enquiries.
- All of the three patient Care Quality Commission comment cards we received were generally positive about the GP service experienced.

We spoke with three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They commented that there was a good joining pack when they first arrived and one member though that they had 'landed on their feet' as they found the practice was very good.

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

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 84% 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 95% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%

Care planning and involvement in decisions about care and treatment

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:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. On the day of the inspection we witnessed a GP using a language service to speak to a patient during a consultation.
- Information leaflets and posters were available in easy read format.

However there were no action plans in place to further improve patient satisfaction in how they are involved in their care.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access

Good

Are services caring?

a number of support groups and organisations. Information about support groups was also available on the practice website. Armed service veterans were coded on registration and had preferential referral into secondary care.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified only 34 patients as carers (0.25% of the practice list). The register of carers had been managed by the practice management for the last three years and not through the clinical staff. There was no specific support for carers that had been identified. The practice had plans in place for future identification of carers when new patients registered and to display more information to carers in the waiting area.

Staff told us that if families had suffered bereavement then those close family members had an alert added to their notes to advise staff of their circumstances if they attended the practice. Arrangements on contacting the family were left to the clinicians to deal with on an ad hoc basis.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. The practice has many registered patients in residential accommodation, including two nearby care homes and also had homeless patients on their register.

- The practice offered extended opening hours, with clinics starting at 7am on a Wednesday and Thursday morning, and running until 8pm on these days, aimed at working patients who could not attend during normal opening hours.
- There were longer appointments available for patients who were considered to be vulnerable.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. This included many of the patients living in care homes or supported accommodation.
- Same day appointments were available for emergency consultations only.
- Patients were able to receive travel vaccinations available on the NHS.
- There was a daily blood clinic for all registered patients and all patients had access to blood results, if requested, online, with a follow up telephone call if necessary.
- There were disabled facilities, with automatic doors in the entrance, and translation services were available.
- There was collaboration with the local fire service to proactively assess vulnerable and frail patients to help them to maintain their independence and avoid acute medical attendance. This involved a GP from the practice working with specialist fire officers to show the patient how to move safely into a chair after a fall, without the need for assistance.
- Patients were able to be referred to services provided by the NHS who were based in the premises. These included a community midwife, a hearing specialist and a counselling service. When needed patients were able to self-refer, without the need for a GP referral.

Access to the service

The practice was open between 8am and 6.30pm Monday, Tuesday and Friday and from 7am until 8pm on Wednesdays and Thursdays. The reception desk remained open at all times that the practice was open; however the telephone system was diverted to the NHS 111 service between 1pm and 2pm. There was a 'sit and wait' session on Monday afternoons for those who preferred to turn up and wait rather than book an appointment in advance. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them on the day. The patients could also access via the online booking service to book appointments themselves.

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

- 48% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 73%.
- 42% of patients felt that they did not have to wait too long to be seen, compared to the CCG average of 56% and the national average of 58%.
- 77% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 75% and the national average of 79%.
- Patient feedback on the day of inspection included a comment that it was 'close to impossible' to get an appointment and stated that they had waited for 2 hours with a toddler in the 'sit and wait clinic' as they were unable to get a booked appointment.Another said that there was too little time with the GP per appointment.

Of the five patients interviewed on the day of the inspection, two stated that they had difficulty making appointments although three stated that they now tend to use the 'sit and wait' clinic instead now by preference. One patient who stated that they had tried and failed to get an appointment. They had ended up calling the NHS 111 service who had advised an urgent GP appointment. Eventually the patient did manage to see a GP and was consequently admitted to hospital for a substantial period of time. Recently a newly appointed nurse practitioner had

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

been employed permanently for 30 hours per week to help with the increasing demand for more clinical appointments, but there were no plans to increase the number of GPs.

In response to complaints about the telephone system the practice had employed 4 part time receptionists in the last 18 months to help answer the telephone system faster and assist with face to face reception duties. The practice had also introduced online appointment bookings and electronic prescriptions to try and help the pressure on the telephone system. The practice had not obtained feedback to see if this had improved the appointment and telephone system. On the day of the inspection a GP did state that the practice may have to consider telephone triage as a means of more effectively using the limited appointments.

There were appointments available on line for those registered with the online booking system and also an electronic prescription service for more convenient pharmacy requirements. The telephone system had a separate 'bypass' line for use by the emergency services, the local care homes and, for a limited time each day, repeat prescription callers.

There was a high level of home visits for vulnerable patients and those living in local care facilities. The practice provided good support to local care facilities with advice on treatment and training for care staff when required.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were generally 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 through leaflets and signage at reception and on the practice website.However the leaflet was at least three years out of date as, despite a due by review date of 3/11/16, the leaflet made reference to Hampshire Primary Care Trust and ICAS.No reference was given to how to complain to the parliamentary ombudsman.

We looked at nine complaints received in the last 12 months and found that they were satisfactorily handled in the response given to the patient. However the practice was unable to show that lessons were always learnt from individual concerns and complaints. They had not carried out an analysis of trends and actions were not monitored to ensure they were effective and resolved.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The partners had a vision to deliver quality care and promote good outcomes for patients. There were plans involving the local clinical commissioning group (CCG) to look at opportunities involving the community hospital which was on the same site as the practice.

- One GP was the lead for research into looking at new initiatives of working at scale that would incorporate using the local community hospital and a nearby care home. The practice is also working with the Hampshire Vanguard 'Better. Local. Care.' that has an aim of better collaborative working between health care services.
- The practice described themselves as 'pragmatic' in their vision of how they work together as a practice, in that they worked through problems in a practical way when they presented themselves.The clinical staff interviewed on the day of the inspection generally considered that they worked hard as a team for the benefit of the practice and patients.

Governance arrangements

There was a clear staffing structure and staff were largely aware of their own roles and responsibilities. However the practice had shortfalls in their governance arrangements:

- At the time of the inspection the practice manager was on a period of leave and other staff were undertaking the delegated responsibilities.
- There was a system for reviewing and updating policies and procedures. The practice had not consistently followed this and policies such as the infection prevention and control policy which were due to be reviewed in 2015/16 had not been reviewed.
- Policies and procedures were not readily available to staff; for example on the day of the inspection the practice could not show us a policy on chaperone training.
- The practice did not have a full comprehensive understanding of the performance of the practice. For example, a programme of continuous clinical audit was used to monitor quality and to make improvements. There was a recent infection control audit of clinical areas that was driving improvement but no further practice audits were evidenced.
- There were arrangements for identifying, recording and managing risks with significant event meetings and there was limited evidence that all concerns were acted upon.Staff were unable to access the significant event form without the assistance of the practice manager which could cause unnecessary delays or omissions.
- Where risk assessments had been completed, they had not always been acted upon. For example the fire risk assessment had been completed but not all actions taken. This also exposed patients to risks of harm.
- The practice did not have future plans in place to ensure more access to appointments

Leadership and culture

Staff told us the partners were approachable and always took the time to listen to all members of staff. The nursing staff that we spoke to felt well supported and felt the practice encouraged continuous improvement and learning. The nursing team were also proactive in looking forward to implementing improvements in shared learning, ensuring specialist nurse leads for all key areas of disease, such as asthma, and introducing peer review of patient outcomes and treatments.

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.
- There were social staff events outside of practice hours to encourage the staff to socialise together out of work.

Are services well-led?

Requires improvement

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

- There was a clinical leadership structure in place but this was not consistent for all staff groups. Most staff said they felt respected, valued and supported, particularly by the partners in the practice.
- The clinical staff we spoke to felt that there was an open and encouraging approach with the partners, and there were regular multi-disciplinary meetings with outside agencies that provided staff feedback, corroboration and learning. However the non-clinical staff did not have regular meetings with an opportunity for staff feedback.
- The practice manager had an open door policy for all staff to speak about anything at all, but there were no regular 'all staff' practice meetings.
- New staff did not benefit from a structured induction programme, training and ongoing development. Non clinical staff appraisals were not undertaken.
- The practice had a recruitment process in place which included relevant background checks and requests for written references, but this was not consistently followed.

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

The practice received feedback from patients, the public and staff.

- The practice received some feedback from patients through the patient participation group (PPG) and through surveys and complaints received. However one complaint we reviewed had been regarding the use of supplementing GP appointments with nurse practitioner appointments, even when the patient requested to see a GP. On our visit staff explained that this still occurred despite the complaint. There was no explanation on the website that nurse practitioners take some GP appointments, and no explanation of what a nurse practitioner role involves.
- There was a link on the practice website for patients to contact the PPG with thoughts, concerns and ideas. The PPG met quarterly when the practice manager was also in attendance. However, the patient participation group (PPG) was not usually asked for their opinion on how the practice was run or received updates from the practice.
- There was some evidence that patient feedback was acted upon. For example, acting on patient concerns, the practice had installed brighter natural lights in the waiting room so that the area had greater visibility.
- There was no formal process for gathering feedback from staff.

Continuous improvement

The GP practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. These included the 'Better. Local. Care.' initiative with Southern Health and 'Working at Scale' research programme with other local care providers. The practice was also proactive in discussing more efficient ways of using the local community hospital site and nearby care home which it would like to turn into a 'hub' to make use of primary, secondary and residential facilities.

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 **How the regulation was not being met:** • Recruitment checks were not implemented according to the practice's own recruitment policy. • Risk assessment for health and safety and fire had not been actioned in a timely way. • Action had not been taken to address identified concerns with infection prevention and control practice. • Specimens were not securely stored in a refrigerator. • Medicine refrigerators were not consistently monitored to make sure that the temperature was always within current acceptable limits. This was in breach of regulation 12(1) (2) of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **How the regulation was not being met:** • The practice's complaints policy and procedures did not contain current information. This was in breach of regulation 16(2) of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person did not have the appropriate systems, processes and policies in place to manage and monitor risks to the health, safety and welfare of patients, staff and visitors to the practice. • We found that there were no systematic processes in place to ensure that practice policies and procedures were appropriately reviewed and updated to ensure their content was current and relevant. This did not enable staff to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice. • There was no business continuity plan for the practice in case of a major event. • Prescription stationery was not kept securely or logged appropriately. This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** Staff did not receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform: • Training records did not demonstrate that all staff had the necessary skills and competencies to carry out their role. • Non clinical staff did not have regular appraisals to support learning and development. This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014