

Craneswater Group Practice

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?

Good 

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

Overall summary	Page 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 Craneswater Group Practice	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Craneswater Group Practice on 12 April 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the April 2016 inspection can be found by selecting the 'all reports' link for Waverley Road Surgery on our website at www.cqc.org.uk.

At the time of our visit in April 2016 the practice inspected was known as Waverley Road Surgery. Since then the provider has changed the name of the practice to Craneswater Group Practice.

As a result of the inspection a warning notice was served. The practice was re inspected in November 2016 and was found to have completed the requirements of the notice.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 10 January 2017. Overall the practice is now rated as Good.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and managed.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- Risks assessments for areas such as fire and infection control had been carried out, and there was a system to monitor and act on the findings of the assessments.
- Practice policies and procedures were now appropriately reviewed and updated to ensure their content was current and relevant.
- Systems and processes for ensuring all staff were suitably trained had been addressed and the practice had ensured that all staff had the necessary skills and competencies to carry out their role.
- Systems were now in place to monitor the cleanliness of the premises and protect patients from risk of infection.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Risk assessments for areas such as fire and infection control had been carried out, and there was a system to monitor and act on the findings of the assessments.

Are services effective?

Good



- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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.
- Practice policies and protocols had been reviewed and updated.

Are services caring?

Good



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

Summary of findings

Are services responsive to people's needs?

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded to issues raised. Learning from complaints was shared with senior medical staff, managers and staff.

Are services well-led?

Good



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

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 greater needs.
- A health care assistant had been given specialised training in caring for older patients.
- The practice had multi-disciplinary team meetings with other healthcare professionals to review the needs of older people and coordinated anticipatory care plans with out of hours and secondary care services to manage patients at the end of life.

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, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2015 to 31/03/2016) was 84% compared to the clinical commissioning group average of 79%.
- 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.

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 74% of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2015 to 31/03/2016), which is lower than the national average of 82%. The practice was aware that they were not achieving the desired target level for cervical smears. The practice told us that they continually chased up patients by letter and telephone.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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 and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

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

People experiencing poor mental health (including people with dementia)

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

- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher to the national average at 84%.
- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) which is higher than the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia.
- The practice has signed up for the iSpace dementia friendly GP practice project.

Good



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 above or in line with local and national averages. A total of 281 survey forms were distributed and 109 were returned. This represented about 1% of the practice's patient list.

For example:

- 91% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 87% 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%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 88% 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 80%.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice Friends and Family survey results were positive. Results from the December 2016 friends and family test showed that 94% of patients who replied would recommend the practice.

This was also supported by positive patient responses posted on the NHS Choices website. Patients had made comments about the practice that it was a good practice with good GPs and staff and the practice had responded to comments from patients.

Craneswater Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Craneswater Group Practice

Craneswater Group Practice is the registered location for the provider created by a merger of two practices. The main location is at 34-36 Waverley Road, Southsea, Portsmouth, PO5 2PW and the provider has branch at Salisbury Road Surgery. The two practices are known collectively as the Craneswater Group Practice.

At the time of our visit in April 2016 the practice inspected was known as Waverley Road Surgery. Since then the provider has changed the name of the practice to Craneswater Group Practice.

A branch location is situated at: Salisbury Road Surgery, Southsea, Portsmouth, PO4 9QX. The branch has undergone recent extensive refurbishment including a new reception area, new clinical and treatment rooms and a lift to the first floor of the building. At this inspection we visited both the registered location and the branch practice.

Craneswater Group Practice provides general medical services, with staff working across both. Patients can access services on both sites.

Craneswater Group Practice at Waverley Road is situated towards the end of Portsea Island, Southsea, close to university student flats, older people's flats and homes of multiple occupancy. The current practice population is

10,662, with around 50% of this being working age people (25-64 years). The population is classed as having a fifth higher deprivation score than the average for England. The mix of ethnicities includes small groups of Indian and Polish families, with the majority of patients identifying themselves as White British.

There are five GP partners, two of whom are female and three are male who work across both sites. The practice also employs three salaried GPs. This equates to 6.5 whole time equivalent doctors, one of whom is part time. Craneswater Group Practice is a training practice for doctors who are training to be GPs.

Craneswater Group Practice is also supported by four practice nurses and three health care assistants. The clinical team are supported by a business manager and an operations manager. Also at Craneswater Group Practice Waverley Road, there are 10 reception and administration staff.

The Craneswater Group Practice at Waverley Road is located in two converted Victorian houses. The practice is accessed via a ramp and automatic doors at the front. There are stairs up to one treatment room and one clinical room. There is no lift; staff told us they come downstairs to see patients who cannot manage stairs. There is a second waiting room on the first floor.

Reception has a lowered desk area for wheelchairs users. From reception there is a second door through to the main waiting room with several steps down, with a small lift to enable disabled access.

A further clinical room is located up another small set of stairs. The nurse's rooms and the triage clinical room are off one corridor, on the same level as the ground floor waiting room.

The practice is open from 8am until 6.30pm with appointments starting at Craneswater Group Practice at

Detailed findings

Waverly Road at 9.00am to 12.45pm every morning and 3.15pm to 6.15pm daily. There are pre-bookable appointments which are routinely 15 minutes long, apart from one salaried GP who only offers ten minute appointments. The urgent appointment system is managed using a walk-in system. Any patient can walk-in between 9am and 11am and wait to see a duty GP. Patients can attend either site and urgent appointments are also available in the afternoon. There are extended opening times in the week and on some Saturdays as follows:

The practice offered extended hours on Monday and Tuesday evenings until 8.00pm aimed at patients who could not attend during normal opening hours. Early opening is also offered on Wednesday and Thursday morning from 7.30am and one Saturday morning surgery per month.

Patients are directed to use the NHS 111 system when the practice is closed.

Why we carried out this inspection

We undertook a comprehensive inspection of Waverley Road Surgery on 12 April 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services and was placed into special measures for a period of six months.

As a result of the inspection a warning notice was served. The practice was re inspected in November 2016 and was found to have completed the requirements of the notice.

We undertook a further announced comprehensive inspection of Craneswater Group Practice on 10 January 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, for example the local clinical commissioning group to share what they knew. We carried out an announced visit on 10 January 2017. During our visit we:

- Spoke with a range of staff, GP's, Nurses, managers and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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

At our previous inspection on 12 April 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of cleanliness and infection control were not adequate. Risk assessments for fire and infection control had been carried out but action plans had not always been acted upon.

Identified risks were not mitigated to ensure patients received care and treatment in a safe environment. Not all staff who acted as chaperones had received training to enable them to carry out their role and checks on their good character were not consistent. Processes for handling of medicines did not ensure that patients were protected from harm. Suitable safeguards were not in place to ensure patients received the correct vaccine. Information sheets on safe use of hazardous chemicals were absent. Systems for monitoring and reviewing significant incidents did not ensure that learning from these incidents was consistently shared with all relevant staff to improve practice.

These areas of practice had significantly improved when we undertook a follow up inspection on 10 January 2017. The practice is now rated as good for providing safe services.

Safe track record and learning.

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

- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example we saw that significant events were an agenda item at a recent practice meeting. We saw evidence that staff had managed a situation well where a patient was reassured and calmed after becoming agitated over a prescription matter.

Overview of safety systems and process.

- 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 staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had updated its chaperone policy and had completed an audit with staff to establish that they were aware of the Chaperone policy. The policy detailed that only clinical staff would act as chaperones.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The latest infection control audit, conducted by the infection control nurse for Solent NHS Trust, had taken place on 14 October 2016 with a score of 98%; this was an increase of 9% to the previous score in August 2016 of 89%. We saw that discussion had taken place over minor improvements that could be made and these had been actioned and completed.
- The practice had updated its control of substances hazardous to health policy and had undertaken a risk assessment for the practice. The practice had standardised its products used in cleaning and introduced a matrix for identification of product and review date along with the relevant data sheets with instructions of what to do if there was a spillage.

Are services safe?

- The practice had worked with the cleaning company they had contracted to produce cleaning schedules and check list. There was a monthly “floor walk” to check that cleaning was at the correct standard.

- We reviewed one personnel file of a nurse employed since our last visit in April 2016 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. We also saw that the recruitment policy for the practice had been fully reviewed and updated along with a new recruit welcome induction checklist on 2 September 2016.

Monitoring risks to patients.

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella

(Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that the recommendations made as a result of the legionella assessment had been completed.

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, stored securely and the emergency equipment was complete.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 12 April 2016, we rated the practice as requires improvement for providing effective services. Systems and processes for ensuring all staff were suitably trained did not ensure that all staff had the necessary skills and competencies to carry out their role.

These arrangements had significantly improved when we undertook a follow up inspection on 10 January 2017. The provider is now rated as good for providing effective services.

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 for 2015/16 were 99% of the total number of points available. The overall exception rate for the practice was 6.6% compare to the clinical commissioning group rate of 7.2% and the England rate of 5.7%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the

preceding 12 months) was 5 mmol/l or less (01/04/2015 to 31/03/2016) was 84% compared to a clinical commissioning group average of 79% and national average of 81%

- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 92% compared to the national average of 89 %. The practice exception rate in this area was 8% compared to the national average of 13%.

QOF indicators showed that the percentage of women attending for cervical screening was at 68%; however, on the day of inspection, data showed that this had risen to 74% in 2015-2016. The national average was 82%. This was with an exception rate of 4.4% compared to a CCG average of 10% and a national average of 5%.

There was evidence of quality improvement including clinical audit. Since our last visit the practice had reviewed its audit procedures. At this visit we saw evidence of clinical and non clinical audits. For example the practice had completed an audit of child safeguarding to ensure they complied with the Portsmouth clinical commissioning group children safeguarding requirements. Findings were used by the practice to improve services. For example, recent action taken as a result included a review of prescribing of antibiotics as a result there was a downward trend in prescribing cephalosporin, co-amoxiclav and quinolone items. At the time of our inspection the practice were awaiting the results of a urology audit and a joint injection audit was scheduled for January 2017.

Effective staffing.

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, health and safety, fire safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training was given to staff and updated when required. For example, training records produced confirmed that nursing staff had received immunisation training in June 2016.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to, and made use of, e-learning training modules and in-house training. We saw evidence of a training matrix which details staff training and dates for refresher training. Safeguarding children and vulnerable adults training had been joined together and provided by an external company and we saw records that this training had taken place in September 2016.

Coordinating patient care and information sharing.

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, 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 patient 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 initially unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives.

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

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. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 74%, which was below the national average of 82%. The practice was aware that they were not achieving the desired target level for cervical smears. The practice told us that they continually chased up patients by letter and telephone.

There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Patients aged 60-69, screened for bowel cancer in last 30 months was 57% compared to a clinical commissioning group average of 55% and a national average of 58%. The practice was working to encourage more patients to take part in these screenings.

Childhood immunisation rates for the vaccines given were comparable to the Clinical Commissioning Group (CCG). Childhood immunisation rates for the vaccines given to under two year olds were between 64% and 98% compared to the CCG average of 77% to 99%. And for eligible five year olds were between 68% to 93%, compared to the CCG average of 94% to 100%.

The practice scored above the 90% target set by the clinical commissioning group.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

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

At our inspection in April 2016 we found that the practice was performing well in this domain and was rated as good.

At this inspection we again looked at the caring performance of the practice and found that it continued to perform well.

Respect, dignity, compassion and empathy.

- We observed that members of staff were courteous and very helpful to patients and treated patients with dignity and respect.
- Curtains were provided in consulting rooms to maintain patient privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and we observed them dealing with their needs appropriately.

Results from the national GP patient survey conducted in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was higher or comparable to other practice averages for the majority of its satisfaction scores on consultations with GPs and nurses. For example:

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

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

Care planning and involvement in decisions about care and treatment.

Results from the national GP patient survey in July 2016 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:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.

Staff told us that translation services were available for patients who did not have English as a first language, and we observed staff offering this service to patients. We saw notices in the reception areas informing patients this service was available.

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 259 patients as carers (about 3% of the practice list). Carers were identified using the registration system. Written information was available to direct carers to the various avenues of support available to them.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, Marie Curie support for terminal illness, alcohol support groups, mental health awareness and diabetes support groups.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support. There was a system in the practice that alerted all staff to the death of a patient and the circumstances.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our inspection in April 2016 we found that the practice was performing well in this domain and was rated as good.

At this inspection we again looked at the responsive performance of the practice and found that it continued to perform well.

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, one GP partner had attended a training session to help identify needs of military veterans and was disseminating this learning across the practice. The aim was to identify specific issues and offer additional support for this group of patients.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- 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 and translation services available including British Sign Language services for patients with hearing loss.

Access to the service.

The practice was open from 8am until 6.30pm with appointments starting at Craneswater Group Practice at Waverly Road at 8.45am to 12.45pm every morning and 3pm to 6pm daily. There were pre-bookable appointments which were routinely 15 minutes long, apart from one salaried GP who only offered ten minute appointments. The urgent appointment system was managed using a walk-in system. Any patient could walk-in between 9am and 11am and wait to see a duty GP. Patients could attend either site and urgent appointments were also available in the afternoon. There were extended opening times in the week and on some Saturdays as follows:

The practice offered extended hours on Monday and Tuesday evenings until 8.00pm aimed at patients who could not attend during normal opening hours. Early opening was also offered on Wednesday and Thursday morning from 7.30am and there was one Saturday morning surgery per month.

Patients were directed to use the NHS 111 system when the practice is closed.

Results from the July 2016 national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher or comparable to local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 91% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Listening and learning from concerns and complaints

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

- The 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.
- We saw that there were a large number posters displayed covering information across various services and summary leaflets were available.

We looked at complaints procedures and found that there were no changes since the previous inspection. We found these continued to be satisfactorily handled, dealt with in a timely way, with openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from an analysis of trends in both. Action was evidenced to have been taken as a result that led to improvements in the quality of care.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 12 April 2016, we rated the practice as inadequate for providing well-led services as there was no vision or strategy for the practice, no overarching governance structure and no clear leadership arrangements. The registered provider did not have suitable systems in place to assess, monitor and improve the quality and safety of services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). Systems did not assess, monitor or mitigate risks related to health, safety and welfare of service users. 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.

We found that arrangements had significantly improved when we undertook a follow up inspection of the service on 10 January 2017. The practice is now rated as good for being well-led.

Vision and strategy.

The practice Craneswater Group Practice was created by merging Waverley Road Surgery with Salisbury Road Surgery in April 2016 and since the first comprehensive inspection there was evidence that demonstrated that the leadership had made significant improvements and the practice was observed to be working as a single organisation.

The practice told us they had a clear ethos for patient care and shared this during their inspection presentation. We saw that developments so far included;

- Sharing home visits across the practice.
- Providing a “walk in” surgery since August 2015.
- A joint afternoon duty doctor system since April 2016.
- Protected time for nurse meetings.
- Cross site working
- Extensive refurbishment of the Salisbury Road practice.

Governance arrangements.

There was awareness about the integrated governance system and associated processes; this meant that delivery of high-quality care was now taking place by the leadership, governance and culture in place. The practice had an improved governance framework which we found was operating effectively to keep patients safe.

The two previous locations had now been merged to create one organisation with a joined up governance system. Risks of this had been fully assessed or managed. Staff and patients were moving between sites with no adverse effects observed.

- There was a staffing structure and staff were aware of their own roles and responsibilities,
- A business meeting was held regularly with senior partners and managers to gain an understanding of the performance of the practice.
- The monitoring of performance to measure and improve patient outcomes was effective. There was a programme of continuous clinical and internal audit used to monitor quality and to identify improvements.
- The practice was reviewing policies and procedures and had developed a renewal date matrix to make ensure that updates to policies and procedures were made. Policies and procedures that had been reviewed and updated since our last inspection included checks for emergency drugs, fire marshal policy, chaperone policy and a fire risk assessment check list policy
- Arrangements for identifying, recording and managing risks had been completed and reviewed. Risk assessments had been undertaken and mitigating or corrective actions had been implemented or reviewed. Important safety improvements such as those identified in the fire risk assessment action plans were completed.
- Complaints systems continues as before and there had been a review of significant event learning and themes were now identified to enable change to occur or to prevent incidents from recurring.

Leadership and culture.

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Since our inspection in April 2016 the practice had implemented a new management team and there had been a change of personnel. Each partner had a defined responsibility in this team and had protected time to complete tasks required in those roles.

There was now evidence of actions or concerns and external staff attendance at multi-disciplinary (MDT) meetings through meeting minutes. Since our inspection the practice had introduced a log of MDT meetings showing who attended and the patients discussed.

Are services well-led?

Good 

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

The provider was aware 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). For example, the incident recording form supported the practice to record notifiable incidents under the duty of candour; this was now shared across the practice.

- The partners told us they encouraged a culture of openness and honesty.
- The practice gave most affected people reasonable support, truthful information and a verbal and written apology.
- Information regarding the lessons learnt and improvement actions were now implemented or shared with all the relevant staff of the practice.
- There was a leadership structure in place that supported all staff groups.
- We found that the practice had reviewed how meetings were held, and had included daily informal meetings.
- We noted protected training days called TARGET (Time for Audit, Research, Governance, Education & Training) team away days were held every three months. Portsmouth City teaching Primary Care Trust has supported protected time for learning for GP Practices in the city since 2001, and the Portsmouth Clinical Commissioning Group (CCG) are continuing to support TARGET to allow practices to develop further. The practice is covered by the Out of Hours service during these closures.
- The practice was a training practice for foundation year (FY2) medical students who were gaining broader experience in a range of medical settings before qualifying to become a doctor. One of the practices GPs had recently been re-accredited as a GP trainer as part of the practice's ongoing commitment to staff development.
- Staff had a suggestion box which was utilised by administration staff and analysed every month by the reception manager. This was followed by meetings and agreed actions were recorded. For example, a suggestion was made to have a radio on in the patient waiting area which was adopted. Staff were happy with this and informed us that patients also like having the radio on while they wait to see a GP.

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

The practice encouraged feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service. The patient forum wrote and published a newsletter for the practice detailing new systems (such as walk-in appointments) and provided information on the outcome from meetings. In the November 2016 issue there were articles on updates about the Care Quality Commission inspection, introducing the new operations manager, a Diabetes update and also an explanation from a member of the reception team as to why receptionists ask the questions they do when patients ask for an appointment.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, discussed patient's needs and submitted proposals for improvements to the practice management team. For example, The practice had consulted with the PPG and asked for an opinion when changing types of appointments and moving all extended hours appointments to the Salisbury Road branch.

The practice had gathered feedback from staff through their suggestion box system and meetings that took place during TARGET study sessions. One change made as a result included a discussion on how to improve the locking up system at the end of the day, and how to share out shifts equally amongst administrative staff.

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 and approved of the use of their own suggestion box for improvement ideas.

Continuous improvement.

There was a focus on continuous learning and improvement within the practice. The practice had taken part in local pilot schemes to improve outcomes for patients in the local area. For example, the practice was part of an alliance with five other practices in the area. The alliance had developed an acute visiting service in the Portsmouth City which was helping reduce ambulance calls and pressure on Queen Alexandra Hospital, which is the main hospital for Portsmouth City.