

# Testvale Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Testvale Surgery on 28 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

The practice has a patient information and resource centre staffed by volunteers from their patient group Mondays to Fridays, for four hours per day.

The areas where the provider must make improvement are:

The provider must assess, monitor, manage and mitigate risks to the health and safety of service users. This is in relation to health and safety risk assessments, maintenance and checking of a defibrillator, Legionella assessments, equipment calibration and premises electrical testing.

# Summary of findings

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- 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.
- The provider had not always assessed monitored, managed and mitigated risks to the health and safety of service users. This was in relation to health and safety risk assessments, maintenance and checking a defibrillator, Legionella assessments, equipment calibration and premises electrical testing.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

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

**Good**



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. The practice was reviewing telephony options (purchase of a new telephone system) to help manage phone demand in the morning and after lunch. In addition, as part of the Totton Vanguard Fast Follower work, Testvale Surgery was working with the other Totton Practices to collaborate to improve same day emergency response.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. The Friends of Testvale had agreed to fund automatic doors to the entrance of the practice to improve the access to the premises.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice has a patient information and resource centre staffed by volunteers from their patient group Mondays to Fridays, for four hours per day.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

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 this.
- 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.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

# Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had access to a care navigator who supported patients aged 75+ with long term conditions and their carers to access timely care and community support services.

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.
- 97% of patients with diabetes had received influenza immunisation in the preceding 1 August 2014 to 31 March 2015. The national average was 95%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 66% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months. This was lower than the national average.

Good



# Summary of findings

- 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 practice was comparable to national averages for the percentage of women aged 25-64 who had had a cervical screen test in the last five years. The practice percentage was 80%, compared to the national average 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had early morning appointments from 7.30am three days a week and late appointments until 7.30pm one day a week.

The practice had a walk-in service for emergencies and injuries and unlimited telephone access.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

**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 with dementia).

- 84% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months, which is above 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 with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 264 survey forms were distributed and 113 were returned. This represented 0.9% of the practice's patient list.

- 77% found it easy to get through to this surgery by phone compared to a clinical commissioning group (CCG) average of 83% and a national average of 74%.
- 91% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 89% and a national average of 86%.
- 93% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 89% and a national average of 85%.
- 87% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a national average of 80%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients

prior to our inspection. We received 27 comment cards which were all positive about the standard of care received. Patients reported that the staff always went out of their way to help and the atmosphere in the practice is calm and always clean. That they were listened to by GPs and nurses who respond appropriately and have a very caring attitude.

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

Testvale Surgery takes part in the Friends and Family test concept and between April 2015 and December 2015 they received 780 individual pieces of feedback from patients relating to the care provided at Testvale Surgery. The majority of the feedback was very positive.

Practice feedback was summarised in individual reports which were available for patients in the waiting room. Any actions or changes agreed as a result of the feedback were also included in the folder as "you said we did" actions.

# Testvale Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to Testvale Surgery

Testvale Surgery is located in a purpose built detached property at 12 Salisbury Road, Totton, Southampton, Hampshire, SO40 3PY.

Testvale Surgery has an NHS Personal Medical Services contract to provide health services to approximately 13000 patients in and around the Totton area of Southampton. The practice covers a mixed urban rural population and has 1324 patients over the age of 75years. This practice has been a training practice since 1988.

The practice has seven GP partners, three male and four female, two female salaried GPs and at the time of the inspection two registrar doctors.

The practice has a nurse practitioner, three practice nurses and two healthcare assistants.

The clinical team are supported by a practice manager, IT manager, website manager, reception supervisor and a team of 12 receptionists, typist and administration support staff.

The practice is open Monday to Friday 8am to 6:30pm and operates extended hours clinics on certain days. The practice reception opens at 8am and closes at 6:30pm Monday to Friday. The reception is closed on weekends

and on public holidays. The practice has early morning appointments from 7.30am three days a week and late appointments until 7.30pm one day a week. They have a walk-in service for emergencies and injuries and unlimited telephone access.

Phone lines are open from 8am to 6.30pm Monday to Friday (excluding public holidays); the appointments line is closed from 1pm to 2pm Monday to Friday. The practice website also gives full details of times individual GPs are available for appointments.

Same day appointments can be booked at any time from 8.00am on the day the patients needed the appointment for.

There is an automated telephone system giving the available options to help patients get through to the correct department directly. Calls come in they are put into a queuing system until there is a member of staff available to take the call.

The practice offered telephone consultation appointments with the GP or nurses which could be arranged via the reception team. The practice also offered home visits if required and appointments with the practice nurses if the patient felt they did not need to speak with a GP.

Urgent appointments were also available for people who needed them. Routine appointments could be made well in advance usually up to four weeks in advance. Appointments could be made by phone, on line or by visiting the practice. The practice offered online booking of appointments and requesting prescriptions.

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

# Detailed findings

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 January 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning.

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, some significant changes in practice identified in 2015/16 had included:

- Question and answer sheet on Children's flu developed for GPs;
- Changes in the process for children arriving early to the flu clinics;
- Changing practice from batch printing to individual printing of cytology forms in front of patients with confirmation of name and date of birth;
- Changes in the process for an annual hormone replacement therapy check to be carried out;
- Repeat urine dip stick training with Health Care Assistant and changes in process for testing for unwell children;

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

### Overview of safety systems and processes.

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of

staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Although the Infection Control Policy was generic and had not been personalised to the practice with leads.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She 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. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse was on the premises.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to

## Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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

### Monitoring risks to patients.

Risks to patients were assessed and generally well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. A health and safety policy was being updated at the time of the inspection and was made available to the inspection team after the inspection. There was a poster in the practice which identified local health and safety representatives.
- The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw that the re calibration checks were due in January 2016 and had not yet been completed. We were shown evidence that these checks would be done in February 2016. However, the practice was overdue a five yearly full premises electrical check. We were told this was scheduled for the near future.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice did not have a legionella assessment at the time of the inspection although we told that an assessment was due to take place in February 2016. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents.

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. On checking the defibrillator pads these were seen to have passed their expiry date by several months even though the check list had been completed. The practice responded immediately to this fact and replaced the pads with new pads the day after our visit. The pads being out of date may have had a negative impact on patient safety.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- A first aid kit and accident book was available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment.

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people.

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96.2% of the total number of points available. Data from 2014-2015 showed;

- Performance for diabetes related indicators was similar to the clinical commissioning group (CCG) and national average. For example, 97% of patients with diabetes had received influenza immunisation in the preceding 1 August 2014 to 31 March 2015. The national average was 95%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average at 83% against 84%.
- Performance for mental health related indicators was similar to the national average.

Clinical audits demonstrated quality improvement.

- We saw evidence that 11 clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a Quinine audit which was carried out between March and May 2015 with the aim of de-prescribing quinine for all

patients in line with the latest guidelines. The audit found 125 patients with a repeat prescription for quinine. Patients were sent a letter informing them of the change, information about exercises and drug holiday feedback sheets. This resulted in 125 patients were taken off quinine in line with the guidance. Following review in May 2015, only 25 patients had been restarted on quinine for clinical reasons.

### Effective staffing.

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

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



# Are services effective?

(for example, treatment is effective)

## Coordinating patient care and information sharing.

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

## Consent to care and treatment.

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

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

- The process for seeking consent was monitored through records audits.

## Supporting patients to live healthier lives.

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

- These included patients in the last months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The Friends of Testvale Surgery also assisted patients to obtain information about living healthier lives.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates were comparable to clinical commissioning group (CCG) averages. For example, childhood immunisation rates given to under two year olds ranged from 77% to 99%, the CCG average was 80% to 99% and five year olds from 94% to 100%. The CCG average was 94% to 100%

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### **Kindness, dignity, respect and compassion.**

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 94% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 96%.
- 93% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 86%.
- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.

- 91% said they found the receptionists at the practice helpful compared to the CCG average of 90% and national average of 87%.

### **Care planning and involvement in decisions about care and treatment.**

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 87%.
- 91% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 83% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified patients who were carers. Written information was available to direct carers to the various avenues of support available to them. The practice also had a care navigator attached to the practice who worked with the practice GPs to provide support and advice to patients to enable them to live more independently.

## Are services caring?

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs.

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had been able to obtain funding to employ a care navigator. The care navigator supported patients aged 75+ with long term conditions and their carers to access timely care and community support services.

- The practice offered a 'Commuter's Clinic' and had early morning appointments from 7.30am three days a week and late appointments until 7.30pm one day a week for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were disabled facilities, translation services available and several of the partners were able to provide foreign language assistants to patients.
- The practice had over many years developed in conjunction with the Friends of Testvale Surgery (FOTS) a patient information and resource centre located in an office in the waiting area of the practice. This office staffed by volunteers was open Monday to Fridays from 09.00am to 12 noon and 3.00pm to 5.00pm. The FOTS provided a free service to patients and actively provided printed medical information in the form of leaflets about blood pressure, cholesterol lowering, diet, nutrition and smoking. The FOTS also help with printed medical travel advice, helping patients use the blood pressure machine and body mass index monitoring machine. The FOTS assist patients with replacement NHS hearing aid batteries, carers corner a rack of information situated in the waiting area with information for the elderly and disabled. This facility has a positive impact on the patients at the practice as they

have a group of patients who are happy to help them when they are in the practice. The practice was responding according to the needs of patients and what they would like to happen at the practice.

### Access to the service.

The practice is open Monday to Friday 8:00am to 6:00pm and operates extended hours clinics on certain days. The practice reception opens at 8:00am and closes at 6:30pm Monday to Friday. The reception is closed on weekends and on public holidays. The practice had early morning appointments from 7.30am three days a week and late appointments until 7.30pm one day a week. They have a walk-in service for emergencies and injuries and unlimited telephone access.

Phone lines are open from 8.30am to 6.30pm Monday to Friday (excluding public holidays); the appointments line is closed from 1pm to 2pm Monday to Friday. The practice website also gives full details of times individual GPs are available for appointments.

Same day appointments can be booked at any time from 8.00am on the day the patients needed the appointment for.

There is an automated telephone system giving the available options to help patients get through to the correct department directly. Calls come in they are put into a queuing system until there is a member of staff available to take the call.

The practice offered telephone consultation appointments with the GP or nurses which could be arranged via the reception team. The practice also offered home visits if required and appointments with the practice nurses if the patient felt they did not need to speak with a GP.

Urgent appointments were also available for people who needed them. Routine appointments could be made well in advance usually up to four weeks in advance. Appointments could be made by phone, on line or by visiting the practice. The practice offered online booking of appointments and requesting prescriptions.

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

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 77% patients said they could get through easily to the surgery by phone compared to the CCG average of 83% and national average of 74%.
- 63% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 64% and national average of 60%.

The practice was reviewing telephony options (purchase of a new telephone system) to help manage phone demand in the morning and after lunch. In addition, as part of the Totton Vanguard Fast Follower work, Testvale Surgery was working with the other Totton Practices to collaborate to improve same day emergency response.

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

## **Listening and learning from concerns and complaints.**

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

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

We looked at six complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### **Vision and strategy.**

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### **Governance arrangements.**

The practice manager has done a lot of work on the information governance toolkit. The practice achieved 97% with only one area at level two.

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### **Leadership and culture.**

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG known as the friends of Testvale surgery which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example,
- The practice annual training included two components relating to customer skills training and patient care. These units will run for the first time in January and March 2016.
- Same day emergency appointments can now be booked either in the morning or afternoon, without the need for a patient to try and call back at the busiest times of the day;
- The practice had invested in additional healthcare assistant and phlebotomist time to increase the volume of daytime and weekend phlebotomy appointments;
- The Friends of Testvale have agreed to fund automatic doors to the entrance of the practice to improve the access to the premises;

# Are services well-led?

Good 

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

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

## **Continuous improvement.**

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Work had commenced with Commissioning Support South to allow Testvale Surgery the infrastructure to text patient's reminders about appointments.

## Requirement notices

### Action we have told the provider to take

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

| Regulated activity   | Regulation   |
|--|--|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>The provider must assess, monitor, manage and mitigate risks to the health and safety of service users. This is in relation to health and safety risk assessments, maintenance and checking of defibrillator, Legionella assessments, equipment calibration and premises electrical testing.</p> <p>This was in breach of regulation 12(1), 12 (2) (a) (b) (c) (d) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |