

# Brook Lane Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

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 Brook Lane Surgery on 15 December 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Brook Lane Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a further announced comprehensive inspection on 5 September 2017. Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had improved systems and processes for reporting significant events.
- The practice had reduced the risk to prescription stationery security during periods when clinical and treatment rooms were not in use.
- The practice had completed actions identified in their health and safety risk assessments.
- The practice had arrangements in place to respond to emergencies and major incidents.

- The practice worked with the patient participation group to conduct surveys and make improvements to the practice.
- The practice had reviewed their governance strategy and created two assistant practice manager posts.
- The practice stock of emergency medicines was not complete as the practice were awaiting delivery of stock. This had been received within two days of this inspection.
- One patient group direction (PGD) for use with vaccines had been signed by staff on 4 September 2017 despite it going out of date in April 2017.

There were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure care and treatment is provided in a safe way to patients.

In addition the provider should:

# Summary of findings

- Continue to review ways to improve identification of patients registered at the practice who are also carers.
- Continue to review patient feedback regarding access to appointments.
- Continue to review ways to monitor the performance of non-clinical staff.

**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?

During our inspection in December 2016 the practice was rated as requires improvement for providing safe services. Some improvements had been made when we undertook this inspection in September 2017 but the practice was not consistently safe. The practice remains rated as requires improvement for providing safe services.

- We found that the practice had improved their system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had improved prescription security.
- Three emergency medicines were not in stock but were on order on the day of inspection. Two days after our inspection, the practice confirmed these were in stock.
- Staff demonstrated that they understood their responsibilities and all staff had received training on safeguarding children and vulnerable adults at a level relevant to their role.
- Nursing staff authorised to administer vaccines had signed a PGD in September 2017 that expired in April 2017.
- The practice had completed actions identified in their health and safety risk assessments including, fire, legionella and infection control.
- The practice had arrangements to respond to emergencies and major incidents.

**Requires improvement**



### Are services effective?

During our inspection in December 2016 the practice was rated as requires improvement for providing effective services. Improvements had been made when we undertook this follow up comprehensive review in September 2017. The practice is now rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to local and national averages.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals for clinical staff. All non-clinical staff were offered an appraisal but only two had

**Good**



# Summary of findings

taken up this offer. Non-clinical staff told us they preferred the open door system over formal appraisals and were happy with this process. There was no mechanism in place to formally monitor performance of non-clinical staff.

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

During our inspection in December 2016 the practice was rated good for providing caring services. The practice remained rated as good for providing caring services at our follow up inspection in September 2017.

- Data from the national GP patient survey showed patients rated the practice similar to others for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

During our inspection in December 2016 the practice was rated as requires improvement for providing responsive services. Improvements had been made when we undertook this follow up comprehensive review in September 2017. The practice is now rated as good for providing responsive services.

- The practice took account of the needs and preferences of patients with life-limiting conditions, for example, patients living with dementia.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients we spoke with said they found it difficult to make an appointment. The practice had implemented ways to improve this. For example, electronic consultations, online appointments and a sit and wait clinic. Urgent appointments were available the same day.
- Information about how to complain was available and we reviewed evidence that showed the practice responded quickly to issues raised.

Good



# Summary of findings

## Are services well-led?

During our inspection in December 2016 the practice was rated as requires improvement for providing well-led services. Improvements had been made when we undertook this follow up comprehensive review in September 2017. The practice is now rated as good for providing well-led services.

- The practice had a vision and strategy in place. There was a documented leadership structure and all staff felt supported by management. Following our previous inspection, the practice had created two assistant practice manager roles to assist in day to day management tasks.
- The practice had a number of policies and procedures to govern activity; all were up to date and had been reviewed.
- The practice had acted upon feedback from staff and patients.
- The practice had an active patient participation group who were working with the practice to make improvements.
- A new induction programme record had been created. This contained detailed information but did not include a checklist of training identified as mandatory by the practice.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The provider had resolved some of the concerns identified at our inspection in December 2016. However there continued to be issues identified for safety and well-led which apply to everyone using this practice including this population group. The practice is now rated as good for effective, caring and responsive and well-led services and requires improvement for safe. The practice is rated as good overall.

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- 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.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Good



### People with long term conditions

The provider had resolved some of the concerns identified at our inspection in December 2016. However there continued to be issues identified for safety and well-led which apply to everyone using this practice including this population group. The practice is now rated as good for effective, caring and responsive services and well-led and requires improvement for safe. The practice is rated as good overall.

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Good



# Summary of findings

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.

## Families, children and young people

The provider had resolved some of the concerns identified at our inspection in December 2016. However there continued to be issues identified for safety and well-led which apply to everyone using this practice including this population group. The practice is now rated as good for effective, caring and responsive services and well-led and requires improvement for safe. The practice is now rated as good overall.

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

- The practice had a corner of the waiting area that was dedicated to children with colourful wall paintings, toys and a TV playing children's TV programmes.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



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

The provider had resolved some of the concerns identified at our inspection in December 2016. However there continued to be issues identified for safety and well-led which apply to everyone using this practice including this population group. The practice is now rated as good for effective, caring and responsive services and well-led and requires improvement for safe. The practice is now rated as good overall.

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and an e-consult (online consulting) service.

Good





# Summary of findings

- 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.

## People whose circumstances may make them vulnerable

The provider had resolved some of the concerns identified at our inspection in December 2016. However there continued to be issues identified for safety and well-led which apply to everyone using this practice including this population group. The practice is now rated as good for effective, caring and responsive services and well-led and requires improvement for safe. The is practice is now rated as good overall.

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 people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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

The provider had resolved some of the concerns identified at our inspection in December 2016. However there continued to be issues identified for safety and well-led which apply to everyone using this practice including this population group. The practice is now rated as good for effective, caring and responsive services and well-led and requires improvement for safe. The practice is now rated as good overall.

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

Good



# Summary of findings

- The practice carried out advance care planning for patients living with dementia.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- The practice had been accredited as a Dementia Friendly practice.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. 223 survey forms were distributed and 129 were returned. This represented approximately 1% of the practice's patient list.

- 81% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.

- 53% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 67% 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 77%.

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

# Brook Lane Surgery

## Detailed findings

### Our inspection team

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

Our inspection team was led by a CQC inspector. The inspection team included a GP specialist adviser and a Practice Manager specialist adviser.

## Background to Brook Lane Surgery

Brook Lane Surgery is located in Sarisbury Green, Southampton in a purpose built premises that is owned and maintained by the partners of the practice. There is a car park with disabled access and parking bays. Brook Lane Surgery was established in 1953 in a partner's house before moving to the current building in 1972. There is a community hospital located next door to the practice.

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

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

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

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

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

We inspected the only location:

233A Brook Lane

Sarisbury Green

Southampton

SO31 7DQ

## Why we carried out this inspection

We undertook a comprehensive inspection of Brook Lane Surgery on 15 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for safe, effective, responsive and well-led. The practice was

# Detailed findings

rated as good for providing caring services. The practice's overall rating was requires improvement. The full comprehensive report for December 2016 can be found by selecting the 'all reports' link for Brook Lane Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up announced comprehensive inspection of Brook Lane Surgery on 5 September 2017 to check what action the practice had taken to make improvements towards the quality of care and to comply with legal requirements.

## How we carried out this inspection

We carried out an announced visit on 5 September 2017.

During our visit we:

- Spoke with a range of staff including administration and nursing staff, GPs and the practice manager. We also spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Visited the practice location.
- 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 in December 2016 we rated the practice as requires improvement for providing safe services as the arrangements around vaccine storage, infection control, pre-employment checks and actions regarding health and safety risk assessments were not adequate. It was also identified that the practice should review their processes for incident reporting and ensure all staff had access to the necessary forms.

Some of these arrangements had improved when we undertook a further comprehensive inspection on 5 September 2017. However, the practice was not consistently safe. The practice remains as requires improvement for providing safe services.

### Safe track record and learning

At our previous inspection in December 2016 we found that the practice had an incident recording form but that this was not accessible to all staff. Staff were aware of the process to report incidents. We saw evidence to demonstrate that when things went wrong processes were followed which included keeping the patient involved. We saw evidence that significant events were discussed with actions identified. However, although there was evidence to demonstrate that significant events review meetings had occurred there was limited evidence to show the frequency as there was not a date booked for future meetings, no formal agenda and no minutes from previous meetings to evidence discussions.

At our inspection in September 2017 staff continued to demonstrate understanding of what to do when things went wrong and what processes to follow. We reviewed the incident reporting policy. Since the previous inspection, staff had gained access to an incident reporting form via the shared drive, however most staff still preferred to report directly to the practice manager when an incident arose. We saw evidence that the practice was recording significant events and that when things went wrong this was discussed in team meetings and actions identified.

### Overview of safety systems and process

At our inspection in December 2016, we found that the practice's systems and processes did not adequately keep patients safe and safeguarded from abuse. For example, audits were undertaken but recommended actions were

not completed and there was a lack of staff training in this area. Temperature checks of vaccine fridges were not always recorded and whilst the practice maintained a log of prescription stationery, this was not stored securely. The practice had also not ensured that all recruitment checks had been completed prior to staff starting employment.

At our inspection in September 2017, the practice had reviewed their staff training needs and all staff had received training in safeguarding adults and children to the level appropriate for their role.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the practice to be clean and tidy.
- The practice had actioned all recommendations following their November 2016 infection control audit. The practice had booked an external infection control lead to come in and undertake their next infection control audit in November 2017.
- All staff had received infection prevention control training.

The practice had arrangements in place for managing medicines and had improved some processes although there still remained some shortfalls in oversight of these arrangements.

- We saw that the practice had reviewed the actions from the previous inspection in December 2016 and were now recording fridge temperatures daily. They had identified that there was an error with the internal thermometer of the vaccine fridge and we saw evidence that this had been resolved with the manufacturer. The practice had removed a fridge which stored specimens overnight and had amended their policy for collection of specimens in accordance with this.
- We reviewed the patient group directions (PGDs) and found that these had been signed by all staff authorised to administer these. PGDs are a set of written instructions to help supply or administer vaccinations to patients. However, the 'flu' vaccine PGD for 2016-2017 had been signed by staff on 4 September 2017 despite the PGD expiring in April 2017.

The practice had a lack of oversight of monitoring emergency medicines for expiration dates and ensuring stock was replaced in a timely manner. For example, three

## Are services safe?

medicines were not in stock but were listed as available. We discussed this with the practice and were told that these medicines had gone out of date and were on order. Two days after our inspection, the practice told us that the medicines had been delivered and were in the emergency medicines cupboard.

The practice had reviewed the security of blank prescription stationery. The practice had reduced the risk of unauthorised access by removing prescription stationery when rooms were not in use. Stationery was logged in and out during these periods.

Since our last inspection, one staff member had been employed by the practice. We reviewed their personnel file and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the disclosure and barring service (DBS).

### Monitoring risks to patients

During the December 2016 inspection, we found that risks were not well assessed or managed. Several health and safety risk assessments had outstanding actions; this included the overarching health and safety risk assessment and fire safety risk assessment. There was no record of fire drills undertaken. Legionella testing had taken place but not always in line with the practice's policy for testing hot and cold water temperatures (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

At this inspection in September 2017, we found that the practice had reviewed their health and safety policies and risk assessments and completed the outstanding actions identified during the previous inspection. The practice had

reviewed their fire policy in March 2017 and their overarching health and safety policy in April 2017. The practice had used an external contractor to undertake a full security risk assessment in June 2017. All hazards and action points were addressed. The practice had an external contractor complete a Legionella risk assessment in April 2017 and any actions to minimise the risk of infection had been completed in June 2017. The practice had one action outstanding around maintaining minimum temperatures of water that they were working with the risk assessors to identify a way to rectify this issue.

### Arrangements to deal with emergencies and major incidents

At our December 2016 inspection we found that the practice mostly had adequate arrangements in place to deal with emergencies and major incidents however there was no formal business continuity plan. At our inspection in September 2017 we found that the practice had rectified this issue. The practice had implemented a business continuity plan that was accessible to staff and was stored off site. The plan contained staff contact details for in the event of an emergency.

The practice continued to demonstrate that they had adequate arrangements to respond to emergencies. For example:

- 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.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 15 December 2016, the practice was rated as requires improvement for providing effective services as the arrangements around staffing and training was not adequate.

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

### Effective needs assessment

At our inspection in December 2016 there were systems in place to ensure that clinicians were aware of relevant and current evidence based guidance and standards including National Institute for Health and Care Excellence (NICE) best practice guidelines. However, there was no checklist to identify when staff members' registration to professional bodies was in date. At the follow up inspection we were told this issue had been identified and resolved with no further incidents of this.

### Management, monitoring and improving outcomes for people

At the December 2016 inspection we reviewed the Quality and Outcomes Framework (QOF) data from 2015-2016. The practice was not an outlier for any clinical indicators and their exception reporting levels were lower than both the clinical commissioning group and national averages. (QOF is a system intended to improve the quality of general practice and reward good practice. 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).

The data available at the time of the follow up inspection on 5 September 2017 remained the same data from 2015-2016 as the following year's data had not been published. However, we were able to review unpublished QOF data which showed that the practice continued not to be an outlier for any indicators and had low exception reporting levels.

At our December 2016 inspection the provider demonstrated that they engaged in quality improvement

including clinical audits and that they learned from these. At this inspection, we saw evidence that the provider had continued to engage in clinical audits including second cycle re-audits.

### Effective staffing

During our inspection in December 2016, we found that staff generally had the skills to undertake the roles they were employed for. However, there were shortfalls in areas such as induction training processes, lack of appraisals for non-clinical staff and lack of opportunities to engage in in-house training or attend meetings. There was also no formal training plan or up to date training records.

At our inspection in September 2017, we reviewed staff training records and personnel files. We found that the practice had created a training booklet which detailed what training opportunities were available to staff. We spoke with staff on the day who said they were encouraged to attend training and had never had a request for training turned down. The practice had policies in place outlining their protocol for appraisals. Practice policy showed that all non-clinical staff were offered an appraisal but that it was up to the staff member whether they took up this offer. The practice told us that only two members of staff had taken up this offer. The practice manager told us that the culture of the practice was an open door policy free for discussions. Non-clinical staff spoken to on the day of the inspection told us that they were happy with the current arrangements in place with this system and that they had access to training when requested. We reviewed the training log and could see that all staff had undertaken training in infection control, information governance and fire safety.

### Coordinating patient care and information sharing

The practice continued to demonstrate that they were working with other agencies and health care professionals to share information and feedback leading to better care being delivered. Staff at the practice continued to engage in multi-disciplinary meetings with other organisations to ensure information was shared when patients were transferred between services and the practice routinely engaged in reviews of patients with complex needs.

### Consent to care and treatment

At the previous inspection there were no issues with the practice's understanding of the mental capacity act,



# Are services effective?

(for example, treatment is effective)

competencies or patients consent to care and treatment. At this inspection we reviewed a sample of patients consent to treatment documents and discussed with staff their understanding of competencies. The practice continued to demonstrate that staff had an understanding and processes were being followed for obtaining consent.

## **Supporting patients to live healthier lives**

The practice continued to offer or signpost patients to additional services to support those with, or those at risk of, developing long term health conditions, such as access to smoking cessation clinics.

At the previous inspection the practice's cervical screening and cancer rates were similar to the CCG and national averages. This was the same for childhood immunisation rates. The data available remained the same as the previous inspection.

# Are services caring?

## Our findings

At our previous inspection in December 2016 the practice was rated as good for providing caring services. The practice remains good for providing caring services.

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

We spoke with eight patients including three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

At our previous inspection in December 2016, results from the national GP patient survey published in July 2016 showed that patients felt generally positive about the care they received and satisfaction scores for consultations with GPs and nurses were generally in line with national and clinical commissioning group (CCG) averages.

Before our inspection in September 2017 the GP patient survey had published survey data for the year 2016-2017. The survey was published in July 2017. We reviewed this data and found that patient satisfaction continued to be in line with national and CCG averages. For example:

- 89% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 86%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- 87% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 89% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared with the CCG average of 87% and the national average of 87%.

At this inspection in September 2017 we found that the practice had used the active patient participation group (PPG) to address some of the issues raised in patient feedback. For example, they conducted a review of the patient call system in the waiting area and updated the information and guidance boards on display in the waiting room.

### 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. We also saw that care plans were personalised and contained a key action points section with dates of each review and actions.

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:

## Are services caring?

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff that might be able to support them.
- Information leaflets were available in easy read format.
- There were several patient information boards on display around the waiting area with information about local support services available both at the practice and in the community. The PPG helped keep these boards up to date.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

At our previous inspection in December 2016, the practice's computer system alerted GPs if a patient was also a carer. The practice had identified 34 patients as carers (0.25% of the practice list). The practice had told us they had plans in place to improve identification when new patients register and to display more information around the waiting area about carers. At the September 2017 inspection we saw that the practice had created a display board in the waiting area which contained information for carers including contact details for local support organisations and how the practice can support carers as well as forms for patients who were also carers to complete. The practice had now identified 83 patients as also being carers which although an improvement continued to be less than 1%.

Staff told us that if families had experienced 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

At our inspection in December 2016 we rated the practice as requires improvement for providing responsive services as the arrangements in respect of learning from complaints was not adequate. Responses from the GP patient survey around patient satisfaction were also lower than clinical commissioning group (CCG) and national averages, particularly around waiting times for an appointment.

These arrangements had improved when we undertook a follow up inspection in September 2017. The practice is now rated as good for providing responsive services.

### Responding to and meeting people's needs

At our previous inspection we found that the practice had reviewed the needs of its local population offering extended hours appointments, facilities for people with disabilities and specialist clinics tailored for people who needed regular blood tests. This remained the case at the follow up inspection in September 2017.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were from 7am-8am on Wednesday and Thursday mornings and 6.30pm-8pm Wednesday and Thursday evenings. In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them. There was also a 'sit and wait' clinic on a Monday afternoon.

We reviewed the national GP patient survey results as part of our initial inspection in December 2016. We found that patient's satisfaction with how they could access care and treatment was slightly lower than clinical commissioning group (CCG) and national averages. From the survey the areas for improvement identified were around patient accessibility to appointments in a timely manner and wait times for appointments. Patients spoken to on the day of inspection spoke of a preference to use the 'sit and wait' clinic rather than book an appointment.

Since the previous inspection the survey has been conducted again and results were published in July 2017. We reviewed this new data as part of our follow up inspection in September 2017.

- 78% of patients were satisfied with the practice's opening hours compared with the CCG average of 74% and the national average of 76%.
- 37% of patients said they could get through easily to the practice by phone compared to the CCG average of 63% and the national average of 71%.
- 82% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 84% and the national average of 84%.
- 75% of patients said their last appointment was convenient compared with the CCG average of 81% and the national average of 81%.
- 53% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 32% of patients usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 61% and the national average of 64%.

Data showed that patient satisfaction remained low for access to appointments and wait times.

We discussed with the practice what they had done to improve this. The practice told us that both telephone and online booking of appointment were available and that the PPG were working with the practice to try and promote the online system further. The practice had also newly implemented an online consultation (e-consult) service for patients to access without having to attend the surgery. This was in its infancy at time of the September 2017 inspection. The practice have provided a dedicated telephone number to a select number of patients that bypassed the main telephone line, types of patients included those who were on the palliative care register. The practice told us of plans to install a new telephone system within the next two months.

Patients spoken to on the day of the inspection continued to comment on the difficulty in getting appointments. Patients told us about the sit and wait clinic available on Monday afternoons but told us of long waits due to the volume of patients choosing to use this system. Patients also commented on the delay in getting an appointment via the telephone.

# Are services responsive to people's needs?

(for example, to feedback?)

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

At our previous inspection in December 2016 we saw that the practice had a system for handling complaints and concerns, however systems and processes were not always followed through to the end and information was not reviewed regularly. For example, lessons learned from complaints were not always recorded and the practice did not carry out an analysis of trends and actions to ensure complaints were resolved.

At this inspection in September 2017 we reviewed the practice's complaints processes and found that;

- The practice's 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.
- Information was available to help patients understand the complaints system. The practice had revised its complaints leaflets available to patients to contain up to date information referencing the correct bodies to raise a complaint with. They had also included reference to the parliamentary ombudsman.

We looked at the summary of complaints received since the last inspection and saw these were satisfactorily handled. They were dealt with in a timely manner with openness and transparency. There continued to be no mention of the parliamentary ombudsman in their complaints response letters; however this information was available via other sources such as information leaflets and on the practice's website.

# 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 in December 2016, we rated the practice as requires improvement for providing well-led services as there were shortfalls in the governance structure and leadership arrangements.

At our follow up inspection in September 2017 we found that the practice had made improvements to these arrangements. The practice is now rated as good for providing well-led services.

### Vision and strategy

The partners had a vision to deliver quality care and promote good outcomes for patients. At our previous inspection we saw evidence that the practice was working with key stakeholders to develop ideas and implement new initiatives. Since December 2016 the practice have continued to work with stakeholders and remain involved in the Hampshire Vanguard 'Better. Local. Care' project that has an aim of better collaborative working between health care services.

### Governance arrangements

At the last inspection we found that the practice had governance arrangements which did not meet the needs of patients. This included reviewing and embedding practice policies, undertaking actions from risk assessments and learning from incidents.

During our follow up inspection in September 2017, the practice told us that they had learned from the previous inspection and had changed their governance structure. The practice had promoted two members of staff to assistant practice managers who would be able to undertake practice manager responsibilities in the absence of the practice manager.

### Leadership and culture

At the previous inspection staff told us that the partners were approachable and that most staff felt supported in their roles. Staff had opportunities to engage in further learning through meetings and events and the partners promoted a culture of openness and honesty. However, we identified that recruitment processes were not always followed and that new starters did not have a formal induction process.

At our September 2017 inspection we saw that a new induction process had been created. This consisted of a tick box to evidence all employment checks had been completed as well as role specific details such as obtaining a password for the computer systems. The induction form did not contain a record to show that staff had received some form of training or learning on key topics (such as safeguarding and fire safety) whilst waiting to be booked onto face to face training or other methods.

All clinical staff had received an appraisal in the past 12 months. The practice offered appraisals as per their policy to non-clinical staff but this was not mandatory. Two members of staff had taken up this offer in the past 12 months. We spoke with one member of staff who explained in more detail why they had chosen not to have an appraisal as they were able to seek support from the management team at any time and would request for the conversation to be documented if required. There was no risk assessment in place to assess the risk if circumstances changed.

Staff had access to further training and the management team sent out a booklet with all training available every six months for staff to make requests.

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

In December 2016 it was highlighted that although the practice sought feedback from staff, patients and the patient participation group (PPG), this was limited. Since the previous inspection the practice have reviewed this.

The practice had an active PPG that met quarterly and the practice manager attended the meetings. The PPG have worked with the practice to help improve services. For example, following patient feedback the practice asked the PPG to review the system which called patients into their appointments to see if a clearer display was required. Following a survey conducted by the PPG it was thought that a new system was not currently required but this would be reviewed in the future. Some members of the PPG attended a patient input group hosted by a clinical commissioning group (CCG) and presented to the other members of the PPG and the practice minutes from these meetings and any relevant learning points that may be helpful to this practice.

The practice collected feedback from staff through meetings and informal discussions and the feedback was

# Are services well-led?

Good 

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

used to improve services. For example one member of staff suggested reviewing the way blood test clinics are managed at the practice and the changes were implemented.

## Continuous improvement

We were told that the practice has the highest percentage of patients registered for using online access within the CCG area. The practice had been approached by the CCG to share what they were doing about online access in order to cascade this to other practices in their locality.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Personal care Surgical procedures 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>There were insufficient quantities of medicines to ensure the safety of service user to meet their needs. In particular:</p> <ul style="list-style-type: none"><li>• Patient group directions had been signed after the document had expired.</li></ul> <p>This was in breach of regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>