

# The Bermuda Practice Partnership

## Inspection 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 location

Good 

Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

# Overall summary

**This practice is rated as Good overall.** (Previous inspection November 2017 – Requires Improvement)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The Bermuda Practice Partnership on 10 April 2018. This inspection was conducted to follow up on a breach of regulation that was found in the previous inspection, which were related to the safe and well led domains.

At this inspection we found:

- The practice had made improvements since the last inspection including the signing and authorising of all patient group directives for immunisations; the correct and safe disposal of cytotoxic drugs (cytotoxic drugs are medicines that contain chemicals that are toxic to cells); practice policies, such as for infection control, were now being followed; and all single-use items that were seen during inspection were now within their expiration date and safe to use.
- The practice had recruited a new practice manager who had been in post since February 2018.
- The practice continued to use a self-help internet and mobile application on a daily basis and was being developed further to help those with substance misuse, and patients with frailty.
- The practice had introduced an additional self-help initiative for patients with new babies and young children, which contained information and self-management advice on illnesses and conditions that may affect small children and young babies.

- The practice had introduced weekly meetings for all staff, partners and clinicians to share learning from complaints and significant events, changes in the practice were communicated and feedback from patients was provided.
- The practice had improved their uptake for cervical screening to be in line with the national average.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was focus on continuous learning and improvement at all levels of the organisation.
- However actions needed as identified in a fire risk assessment carried out in May 2017 had not all been completed. As a result we made a referral to the local fire safety service.

The areas where the provider **should** make improvements are:

- Review the fire safety risk assessment to resolve any actions not yet completed.
- Review arrangements for identifying and registering patients who are also carers.
- Review arrangements for summarising new patient care records onto the practice systems.
- Review how effectiveness of the new arrangements for the security of prescription pads, such as the recording of script serial numbers.

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

## Population group ratings

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

## Our inspection team

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

## Background to The Bermuda Practice Partnership

The Bermuda Practice Partnership is situated within the Popley suburb area of Basingstoke, in the north area of Hampshire. The practice provides health services to approximately 13,230 patients. The practice is registered with the Care Quality Commission to provide to regulated activities for the treatment of disease, disorder or injury, surgical procedures, diagnostic and screening procedures, maternity and midwifery services and family planning.

The Bermuda Practice Partnership is located at:  
Shakespeare Road,  
Popley,  
Basingstoke,  
Hampshire,  
RG24 9DT.

The practice is part of the NHS North Hampshire Clinical Commissioning Group (CCG). The practice is most commonly known to patients as the Bermuda and Marlow practice. The premises are leased through NHS property services.

The practice has a branch surgery which is open once a week on a Wednesday so was not visited during this

inspection. The branch surgery is located at:  
Fort Hill,  
Winklebury Centre,  
Winklebury Way,  
Basingstoke,  
RG3 8BJ

The practice has two GP partners, two salaried GPs and a GP registrar. Both GP partners are male and work full time. The GPs are supported by a nursing team consisting of three advanced nurse practitioners and two practice nurses. The practice also has a health care assistant and a phlebotomist. The clinical team are supported by a management team including a practice manager, secretarial and administrative/reception staff. The practice is a training practice for qualified doctors training to become GPs.

The Bermuda Practice Partnership had opted out of providing out-of-hours services to their own patients and patients are requested to contact the out-of-hours GP via the NHS 111 service.

# Are services safe?

At our previous inspection in November 2017, we rated the practice as requires improvement for providing safe services as the practice failed to ensure cytotoxic drugs were being disposed of correctly; examples of single use equipment were found to be out of date, the practice's policy on infection control was not being followed and the practice's patient group directives were not all countersigned by an authorised person.

**The practice remains rated as requires improvement for providing safe services.**

## Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. The training matrix provided by the practice prior to inspection showed that all staff had received safeguarding adults and children training. All GPs and nurses were trained to level three for safeguarding children.
- They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control (IPC). Clinical staff were reported to be responsible for their own room which they used. Each clinician completed infection prevention and control audits every two months; these audits were then reviewed by the IPC lead for the practice and actioned appropriately. Evidence of March 2018 IPC audits were seen during inspection and the actions, for example re-stocking of the hand sanitiser bottles and the practice's six-monthly deep clean had been completed.

- The practice had arrangements to ensure that equipment was safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe. The practice's sharps bins were found to be managed appropriately and were maintained according to national guidance.

## Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety. Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.

- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Records kept by the practice demonstrated that all clinical staff had completed basic life support training, use of a defibrillator and anaphylaxis management training (Anaphylaxis is a life threatening allergic reaction, usually to a medicine).
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. All staff at the practice had undertaken fire safety training in the previous 12 months. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients, but this was not consistent. Since September 2017 a total of 283 new patients had registered with the practice. Of these there was a total of 48 patients whose records had not been summarised to provide a complete medical history, this figure included 35 new babies and one overseas patient.

The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. However, these systems were not

# Are services safe?

always followed as an incident had occurred in March 2018 when documents that had arrived at the practice for urgent review had been added to the practice's Workflow system without being checked. The documents were then not reviewed for three days. An investigation by the practice indicated human error has the cause for this incident.

- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- The practice did not have a system for the recording the serial numbers of prescription pads used by GPs on home visits. Since the inspection visit, the practice has provided us with an updated policy on prescription security.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

## Track record on safety

The practice had an adequate track record on safety. .

- There were comprehensive risk assessments in relation to most safety issues. A fire risk assessment was completed in May 2017 and had produced 23 recommendations for the practice to action, four of which had not yet been completed. Actions remaining included various matters such the fitting of fire detectors in the public toilet areas and cleaning store; these had also been identified as requiring action at our inspection in November 2017. The day after the inspection, we made a direct referral to the Hampshire Fire and Rescue Service to request a further assessment of the practice in relation to fire and patient safety.
- Since inspection, the practice has reported to us that a visit by Hampshire Fire and Rescue Service took place on 17 May 2018.

- At the time of inspection, the practice provided evidence that a meeting to discuss the outstanding actions from the original fire risk assessment with the landlord of the building and NHS Property Services had been arranged for 27 April 2018.
- Since inspection, the practice has reported to us that the meeting with the landlord of the building and NHS Property Services did take place as planned. It has been reported by the practice that the outstanding actions have been escalated and were awaiting confirmation from the Health and Safety Director in order to be completed.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, a clinical incident that resulted in a complication following the application of compression bandages, had led to a health care professional being referred for additional specialist training in tissue viability.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. A comprehensive record of recent safety alerts received and actioned by the practice was reviewed. The minutes from the clinical meetings demonstrated that safety alerts were discussed by clinicians in a timely way. A safety alert regarding a medicine used to treat ovarian and breast cancer was identified as posing a safety risk to patients. An initial patient search by the practice showed no patients were prescribed this particular medicine so no further action was required and the details of this were correctly documented in the record held by the practice manager.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

## We rated the practice and all of the population groups as good for providing effective services overall

(Please note: Any Quality and Outcomes Framework (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- However, the practice's QOF data on the monitoring of long-term conditions, such as hypertension and diabetes, remained below the clinical commissioning and national averages. The practice confirmed they were aware of the QOF data and they reported that they had made reductions in their exception reporting for patients with long-term conditions. However, the results of this have not yet been published.
- We saw no evidence of discrimination when making care and treatment decisions.
- During the previous inspection in November 2017 the practice had recently introduced the use of a self-care internet and mobile application, devised by the practice themselves. It was intended to help patients manage long-term conditions and encourage healthy lifestyles. During this inspection, the practice provided evidence that this application remained in use and had been further developed to include social prescribing.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used a frailty assessment for those patients who were severely frail to ensure a

comprehensive assessment was completed. The assessment was used to ensure patients' well-being and to highlight any problems particularly with medicines and to reduce risks of falls.

- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- However, 60% of patients with diabetes had measured a blood pressure within accepted limits in the previous 12 months, which is below the clinical commissioning group (CCG) average of 73% and the national average of 78%.



## Are services effective?

- In addition, 67% of patients diagnosed with hypertension whose last blood pressure was below accepted limits in the previous 12 months, which is again below the CCG average of 82% and the national average of 83%.

### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice provided unverified evidence that the uptake for cervical screening had risen from 75% to 80% since November 2017, which was in line with the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was comparable with the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

### People whose circumstances make them vulnerable:

- 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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. At the time of inspection, the practice had a register for people

who may be vulnerable totalling 769 patients. This was not broken down into separate categories, apart from those registered as having a learning disability, which at the time of inspection totalled 71 patients.

- The practice undertook annual health checks for patients with a learning disability.
- The practice implemented a system whereby the notes of patients with safeguarding concerns were actively coded as such so the notes could be highlighted in the future.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 98% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is above the national average.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 88% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to the national average.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

### Monitoring care and treatment

# Are services effective?

- The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice provided evidence of an audit completed in March 2018 that examined the prescribing practise of clinicians regarding the use of a particular antibiotic for urinary tract infections. The first cycle of the audit showed prescribing was not in line with locality guidelines, but following reminders being sent to all clinicians, in the period between February and March 2018, the number of prescriptions for this antibiotic had been reduced from 26 to 16.
- Where appropriate, clinicians took part in local and national improvement initiatives.

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. All staff had received an appraisal within the previous 12 months and all clinicians were within their revalidation period. (Revalidation is the process in which clinicians demonstrate they are up to date and fit to practise). The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or

variable. For example, the practice had arranged for a health care professional to be signed up for additional training following an incident where clinical care had resulted in a complication for a patient.

## Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. The practice proactively used and promoted the use of the self-care internet and mobile application, to support patients in managing their own health and well-being.



## Are services effective?

Support provided by the application included advice on insomnia, anxiety and depression, musculoskeletal conditions, and diabetes education, as well as support links for substance misuse.

- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

**Please refer to the Evidence Tables for further information.**

# Are services caring?

**We rated the practice as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Feedback provided by the practice from responses received after patients had used the vasectomy clinic provided by the practice demonstrated a consistently excellent service.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice was aware of the July 2017 GP Survey results and had undertaken their own Friends and Family surveys to gain a more up to date opinion from patients. In particular the percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern was below average.
- Comments received from patients via the Care Quality Commission comment cards, completed for the inspection, praised the clinical team, reported excellent care and of being treated with professionalism, care and kindness.
- The practice provided unverified data from their own Friends and Family survey, undertaken in March 2018, which demonstrated 87% of patients were very likely or likely to recommend the practice to others.

## **Involvement in decisions about care and treatment**

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given).

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available. There was no hearing loop available in the practice for those that were hard of hearing to access.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them. However, the practice's carers register showed only 63 patients were recorded as carers, which was less than 1% of the patient population.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- 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.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the Evidence Tables for further information.**

# Are services responsive to people's needs?

**We rated the practice, and all of the population groups, as good for providing responsive services.**

## Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- The practice had also introduced a self-help booklet for new parents with young babies, called The Little Orange Book. The booklet provided easy to understand information on common illnesses for young children, such as coughs and colds; advice on how to self-manage certain illnesses, such as fevers, constipation and rashes; and when to access medical care.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours. The practice was in the process of introducing E-consult and was planning to go live with the system in May 2018. (E-consult is a secure online triage and consultation tool used by general practices, for patients to self-manage and consult with their own GP through the practice's website).
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent

appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

### Families, children and young people:

- We found there were systems 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 (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group 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 Saturday appointments.

### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Patients considered to be living in circumstances that made them vulnerable were included on the practice's register, which at the time of inspection totalled 769 patients.

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

# Are services responsive to people's needs?

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients who failed to attend appointments or failed to collect prescriptions were proactively followed up by a phone call from a GP.

## Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

## Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, the practice had noted that a theme of complaints was the triage system. As a result, the practice had put an explanation of the triage system onto the website, receptionists were trained to explain the triage process to patients, notices were put up in the waiting area, the patient handbook was updated to reflect the triage system and all new patients were advised upon registering.
- Another complaint trend identified was the perceived poor attitude of staff when speaking with patients on the telephone. The practice was able to record telephone conversations. When concerns were raised about the attitude of staff they used the recordings to review calls and used them as a learning resource in meetings held with staff.

**Please refer to the Evidence Tables for further information.**

# Are services well-led?

At our previous inspection in November 2017, we rated the practice as requires improvement for providing a well-led service. This rating was the practice's second rating of requires improvement in this domain, following an initial inspection in April 2017. In November 2017, this rating was due to the shortfalls around the governance for not ensuring processes and procedures were fully embedded for staff to follow.

**We rated the practice and all of the population groups as good for providing a well-led service.**

## Leadership capacity and capability

Leaders had the capacity and skills to deliver sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them, for example they had recently employed a new practice manager, and were due to interview a candidate for a new frailty nurse post within the practice in the days following our inspection.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. The staff reported that the newly introduced weekly staff meetings had improved the relationship between the practice leaders and the practice staff.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

## Vision and strategy

The practice had a clear vision and credible strategy to deliver sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

## Culture

The practice had a culture of sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. Additional specialist training courses were booked for staff members to support their clinical care.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. The GPs and the nurse practitioners confirmed that the nurse practitioners were encouraged to refer difficult cases to the GPs to make sure the nursing team did not feel pressured into taking on tasks beyond their competency.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out,

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understood and generally effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating to a certain degree, as the new weekly staff meetings were used to communicate changes to all staff. However, when staff had left the practice their responsibilities had not always been reallocated promptly, resulting, for example, in the delay in the summarising of newly registered patient records.

## Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. However, the fire risk assessment actions remained incomplete. The practice has since engaged with Hampshire Fire and Rescue Service, following a referral made by the CQC, and have arranged for a fire safety audit to be undertaken in May 2018.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group (PPG).
- The practice had carried out their own 'You Said, We Listened, We Did' engagement process with their patients and stakeholders in the previous 12 months, which was completed on 28 March 2018. The practice was able to demonstrate that five of the seven suggestions received had been completed; the remaining two suggestions were ongoing tasks.
- The service was transparent, collaborative and open with stakeholders about performance. The most recent PPG meeting was held on 6 April 2018, and minutes from the meeting were seen. Items discussed with the PPG included an update from one of the GP partners, an introduction to the new practice manager, as well as a summary of the practice's most recent complaints and significant events.

## Continuous improvement and innovation



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There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. The practice reported they were proactively recruiting additional staff, namely a dedicated frailty nurse, with interviews due to take place two days after inspection.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Significant events and

complaints were now standardised agenda items at all practice meetings. The practice now held weekly meetings for the partners, clinical staff and the whole practice. Learning was shared at all these staff meetings and used to make improvements.

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

**Please refer to the Evidence Tables for further information.**