

Forestside Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	6
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Forestside Medical Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Forestside Medical Practice on 13 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review the processes for identifying carers to ensure they are offered appropriate care and support.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

- The partners in the practice were committed to providing compassionate end of life care to patients and their families. GPs routinely provided their personal mobile numbers to allow patients to have ready access to GPs including out of hours.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



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

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Performance for conditions common in older patients was similar to national averages. For example, 84% of patients with high blood pressure had a last blood pressure reading which was within acceptable limits, compared to the national and clinical commissioning group average of 83%.
- In 2014-2015, 100% of patients aged 75 or over with a record of a fragility bone fracture and a diagnosis of osteoporosis, were treated with appropriate bone-sparing medication. This was better than the CCG average of 91% and national average of 92%.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for long-term conditions was similar to or better than national averages. For example, 84% of patients with diabetes had an acceptable cholesterol level in 2014-2015 compared to a national average of 81%. 83% of patients with asthma had an asthma review in the preceding 12 months which was better than the national average of 74%.
- The percentage of patients with a history of a heart attack (on or after 1 April 2011) treated with appropriate medication was 100% compared to a CCG average of 99% and national average of 97%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured review at a minimum annually to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- The practice carried out twice yearly reviews of patients with diabetes to ensure their care and treatment was optimal.
- The practice offered insulin initiation to patients with diabetes requiring this service.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. There was a system in place to follow up children who did not attend for immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 80% of eligible women received a cervical smear in the preceding five years, which is similar to the national and clinical commissioning group average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. For example, the practice met with the health visitors every two months.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services and extended hours as well as a full range of health promotion and screening that reflects the needs for this age group.
- Flu vaccination clinics are offered to patients at weekends and evenings during the flu campaign to promote attendance for patients unable to attend in usual working hours.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice had identified 34 patients with a learning disability. 65% of these patients had received a physical health check in the previous 12 months.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, the practice were part of a project to improve social isolation for people in the community which started in September 2016.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



- Performance for mental health indicators were better than national averages. For example, 90% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- 98% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed care plan documented in the preceding 12 months, compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

- The practice carried out regular welfare checks on patients with serious mental health conditions.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice had taken steps to achieve 'dementia friendly' status and were awaiting confirmation from the awarding organisation.
- The practice had improved their recognition, diagnosis and support given to patients with dementia. In 2016, the practice had identified 93 patients as having dementia. This was an increase of 43 patients since 2014.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. A total of 249 survey forms were distributed and 107 were returned, which is a response rate of 43%. The responses were from approximately 1% of the practice's patient list. These responses showed that the practice performed better than national averages:

- 93% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

- The practice's friends and family test results from January to August 2016 show that 87% of respondents are extremely likely or likely to recommend the practice based on their last experience at the practice.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 53 comment cards the majority of which were all positive about the standard of care received. Patients commented upon how kind and helpful staff were and how they felt listened to and cared for. Two patients commented upon how, on occasion, they felt rushed during appointments.

We spoke with eight patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients also told us they had good access to appointments.

Forestside Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Forestside Medical Practice

Forestside Medical Practice is located at Dibden Purlieu Surgery, Beaulieu Road, Dibden Purlieu, Hampshire, SO45 4JA. The practice is based in Dibden Purlieu, a village on the eastern edge of The New Forest. The practice has approximately 11,200 registered patients. The practice told us that approximately 500 new patients had registered at the practice in the period between February to August 2016.

The practice provides services under a NHS General Medical Services contract and is part of NHS West Hampshire Clinical Commissioning Group (CCG). The practice is based in an area of low deprivation compared to the national average for England. The age profile of the practice's patient population is similar to the national average. A total of 22% of patients at the practice are under 18 years of age compared to the national average of 21% and CCG average of 20%. 2% of the patient population are over 85 years compared to the national average of 2% and CCG average of 3%. A total of 58% of patients have a long-standing health condition, which is slightly higher than the CCG average of 55% and national average of 54%. Less than 1% of the practice population describe themselves as being from an ethnic minority group; the majority of the population are White British.

The practice has six GP partners, four of whom are male and two are female, as well as employing two female salaried GPs. Together the GPs provide care equivalent to approximately 49 sessions per week. The GPs are supported by five practice nurses and one health care assistant who provide a range of treatments and advice and are equivalent to approximately three whole time equivalent nurses. The practice also employs two phlebotomists. The clinical team are supported by a management team with secretarial and administrative staff. The practice is a training practice for doctors training to be GPs (registrars) and a teaching practice for medical students. At the time of our inspection, the practice employed two female GP trainees.

The practice is open between 8am and 6.30pm Monday to Friday. The reception desk and phone lines remain open between these times. Extended hours surgeries are available every Thursday evening until 9.15pm. Appointments with a GP are available until 12.30pm and again from 2pm until 6.15pm daily. The GPs carry out daily home visits to patients who need them. Care to patients is provided on the ground floor of a purpose built building which the practice rents from a private landlord. There are eight consulting rooms and two treatment rooms at the practice. There are also two rooms on the first floor of the practice, used for counselling and physiotherapy. The practice has a lift to support patients who are unable to manage stairs. The practice offers minor surgery to patients, such as the removal of sebaceous cysts, joint injections and removal of in-growing toe nails.

The practice has opted out of providing out-of-hours services to their own patients and refers them to another provider via the NHS 111 service. The practice offers online facilities for booking of appointments and for requesting prescriptions.

Detailed findings

The practice has a branch surgery, known as the Marchwood Surgery, located at Old Malthouse Main Road, Marchwood, Hampshire, SO40 4UZ. We did not visit the branch surgery as part of this inspection. We visited Forestside Medical Practice as part of this inspection, which has not previously been inspected by the Care Quality Commission.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 July 2016. During our visit we:

- Spoke with a range of staff including GPs, a GP registrar, a nurse, managerial, administration and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, one of the vaccine fridges was found to be outside the temperature range for the safe storage of vaccines due to the door being left ajar. This was immediately reported to the practice manager and lead nurse. Manufacturers of the vaccines effected were contacted for guidance and vaccines which were effected were discarded. No patients were placed at risk of harm. The fridge had received annual maintenance and calibration checks. The practice reinforced the importance of checking the fridge door mechanism was secure and implemented this as part of the daily checking of vaccine fridges.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nurses were trained to level 2.

- A notice in the waiting and clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had completed a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We saw that patient notes recorded whether a chaperone was offered and accepted or refused by the patient.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse and a GP were the infection control clinical leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, in the last audit the practice identified that some flooring needed replacing. The practice had a schedule for when this work could take place.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads

Are services safe?

were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had employed a specialist contractor to provide health and safety and premises risk assessments and provide training to staff. The practice had a variety of risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that the practice had acted upon the recommendations of the risk assessments. For example, the practice had introduced a new handbook for staff concerning safety.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice currently had a vacancy for one clinician and were reviewing how best to fulfill this position to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- A first aid kit and accident book were available. We saw that accidents and any investigations from these were appropriately recorded.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Each member of staff was given a copy of the plan to keep securely at home.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.3% of the total number of points available; with overall clinical exception reporting of 9% (the clinical commissioning group (CCG) average for clinical exception reporting was 11% and national average was 9%). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. For all QOF indicators, the practice's exception reporting was lower than local clinical commissioning group averages. The practice told us they contacted patients three times using different methods of communication to encourage them to attend the practice and their practice ethos supported including every patient in QOF reporting.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators was similar to national and local averages. A total of 83% of patients with diabetes, had an acceptable average blood sugar level in the preceding 12 months, compared to the CCG average of 80% and national average of 76%.

- Performance for mental health related indicators was better compared to national and local averages. 98% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to a CCG average of 89% and national average of 88%.
- The percentage of patients with COPD, a chronic lung condition who had a review in the preceding 12 months was 90%, which is comparable to the CCG and national averages of 90%.
- The practice reviewed their QOF performance on a quarterly basis to ensure they were delivering the best outcomes for patients.
- The practice's figures for prescribing were similar to national and CCG averages. For example, 94% of all antibiotics prescribed by the practice were recommended by current guidance, compared to the national average of 95%.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last year, seven of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice carried out an audit of patients who were prescribed a medicine to treat bone problems which required monitoring due to potentially harmful side effects. The practice identified that 72% of 24 patients did not receive an appropriate blood test prior to receiving the medicine. The practice created and implemented a new system and gave training to staff to ensure patients received this medicine safely. When the practice re-audited, 100% of patients had received an appropriate blood test prior to receiving the medicine.

Information about patients' outcomes was used to make improvements. For example, the practice carried out an annual audit of minor surgery to maintain safety and quality. Following an incident of infection after a joint

Are services effective?

(for example, treatment is effective)

injection in a high risk joint, the procedure is no longer offered by the practice. The practice collated patient feedback about minor surgery procedures to improve services.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered safeguarding, infection prevention and control, fire safety, health and safety, equality and diversity, manual handling, information governance and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice held regular 'lunch & learn' sessions for staff ran by the local medical council, for example with regard to The Mental Capacity Act and Information Governance.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Nurses were supported by a lead GP who conducted their appraisals and met regularly with them to discuss clinical issues. Nurses told us the GP was approachable and had an 'open door' policy.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, equality and diversity, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

- The practice takes part in the clinical commissioning group training sessions. The practice closes for half a day, twice a year, for Protected Learning Time. Patients are informed well in advance and supported to use the NHS 111 number during closures.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and were signposted to the relevant service.
- Smoking cessation advice and specialist dietary advice was available by referral.

The practice's uptake for the cervical screening programme was 80%, which was similar to the CCG and national averages of 82%. The practice's exception reporting for this indicator was 2%, which is lower than the CCG average of 4% and national average of 6%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available and appointments were available to women every day. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and performed in line or better than CCG and national averages. A total of 80% of eligible patients attended breast cancer screening

compared to the national average of 72% and CCG average of 74%. A total of 64% of eligible patients were screened for bowel cancer compared to the CCG average of 63% and national average of 55%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for 151 eligible children under two year olds ranged from 73% to 99% compared to a CCG average of 80% to 90%. Childhood immunisation rates for vaccinations for 151 eligible children under five ranged from 93% to 100% compared to a CCG average range of 93% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 53 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 98% 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%.

- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85% and CCG average of 88%.
- 91% 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% and CCG average of 92%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 93% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the national average of 90% and CCG average of 91%.
- 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% and CCG average of 85%.
- 89% 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% and CCG average of 86%.

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.

Are services caring?

- Information leaflets were available in easy read format.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 89 patients as carers, which is less than 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them. The practice also offered carers offered flu vaccinations.

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

The partners in the practice had a commitment to provide compassionate end of life care to patients and their families, including supporting them to die in their own home. GPs routinely provided their personal mobile numbers to allow patients to have ready access to GPs including out of hours. GPs visited these patients and provided medical support with end of life care.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on a Thursday evening until 9.15pm, for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice offers Yellow Fever vaccination.
- There were disabled facilities, a hearing loop, braille resources and translation services available.
- There was a lift in the practice to improve access.
- The practice offered SMS text messaging of appointment reminders and other information to patients who had signed up for this service.
- Baby-changing and breast-feeding facilities were available in the practice.
- Daily phlebotomy services were available to patients at the practice.
- The practice had worked with local charities towards achieving 'dementia friendly' status. The practice made changes to improve the practice environment and services for patients with dementia. For example, staff undertook training about the needs of people with dementia. The practice was awaiting confirmation of their status at the time of our inspection.
- The practice had invested in improving the care of patients with diabetes which affected approximately 5% of the practice's patient population. Three GPs and two nurses had undertaken specialist training in diabetes and were able to initiate insulin for patients requiring this therapy. The practice held twice weekly clinics for diabetes and housed a retinopathy screening van on a weekly basis. The practice carried out regular searches

on patients with diabetes to ensure their care was optimal. For example, a review was undertaken to check the care of patients whose average blood sugar was outside of accepted limits and learning shared with other staff.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours surgeries with a GP were available every Thursday evening until 9.15pm. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them. Routine telephone appointments were also offered and the practice was trialling virtual consultations for patients from Autumn 2016.

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

- 72% of patients were satisfied with the practice's opening hours compared to the national average of 78% and Clinical Commissioning Group average of 80%.
- 95% of patients said they could get through easily to the practice by phone compared to the national average of 73% and CCG average of 83%.
- 87% of patients stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 84% and national average of 76%.

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

Listening and learning from concerns and complaints

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

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

Are services responsive to people's needs? (for example, to feedback?)

We looked in detail at three complaints of 19 received in the last 18 months. These were satisfactorily handled, dealt with in a timely way, and with openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient complained about the attitude of a clinician during a consultation. The patient

received an apology about the attitude of the staff member and additional information relating to the consultation. Complaints were reviewed by the practice at staff meetings so all staff could learn from the complaint to improve care. All of the 19 complaints included information for the patient to direct them where they could take their complaint further if they were not satisfied with the practice response.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The partners reviewed the vision and strategy of the practice formally every year.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept records of written correspondence. Records of verbal complaints and interactions were also kept.

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

- Staff told us the practice held regular team meetings. Actions from meetings were recorded in meeting minutes; however the progress of these were not formally recorded to demonstrate they were completed.
- The GPs met informally every day after the morning session to discuss any clinical issues and offer peer support.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff told us that the practice valued developing their staff.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and

Are services well-led?

Good 

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

through surveys and complaints received. The PPG met with the practice manager and a GP every three months, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG felt that parking was limited at the practice and requested that staff who weren't on-call use the nearby public car park. The practice listened to this and implemented this with staff. The PPG also attended a local support group for military families to find out if their needs were being met and feedback to the practice. As a result, the practice had relayed the families concerns to the local health visiting team and CCG to improve services.

- We noted that the practice responded appropriately to comments left on the NHS choices website.
- The practice proactively sought patient feedback and used this to improve services. For example, the practice commissioned a validated survey to seek detailed feedback on the practice and clinicians. The last survey was conducted in June 2012 and the views of patients had been used to change the extended hours offered to patients. At the time of our inspection a further survey was taking place.

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice were part of a local federation of 17 practices to deliver better care and outcomes for patients in the New Forest area. The federation had secured a care navigator, whose role it was to reduce hospital admissions for patients over 75 years of age and other vulnerable groups. The practice met regularly with the care navigator to discuss relevant patients. The practice are part of a project to deliver virtual GP consultations to patients to encourage access to the practice's services. The practice told us that the system will start in Autumn 2016.