

# Dr R G Crispin & Partners

## Quality Report

The Clanfield Practice  
2 White Dirt Lane  
Clanfield, Waterlooville  
Hampshire  
PO8 0QL

Tel: 023 9259 3285

Website: [www.theclanfieldpractice.nhs.uk](http://www.theclanfieldpractice.nhs.uk)

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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Crispin & Partners on 15th August 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- 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.

- The practices performance collected for the Quality and Outcome Framework and performance against national screening programmes to monitor outcomes for patients were low compared to the national average for 2014/2015.
- Patients said the they had difficulty booking appointments in advance.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure all staff receive appropriate training to carry out their role. In particular safeguarding, infection control and basic life support in accordance with practice policy.
- Ensure that clinical audits are undertaken regularly to demonstrate clinical learning and development.

# Summary of findings

The areas where the provider should make improvement are:

- Review arrangements to make sure appropriate sink taps are provided for hand washing.
- Review the booking of appointments in advance.
- Ensure that patients' conversations cannot be overheard in the reception area by patients queuing behind them.
- Ensure that patients who are also carers are identified for support to be offered as needed.
- Ensure that staff who act as chaperones are trained to undertake the role.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

- Risks to patients who used services were assessed; the systems and processes to address these were not implemented well enough to ensure patients were kept safe, for example safeguarding, basic life support and chaperoning training and infection control.
- 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.

**Requires improvement**



### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data showed patient outcomes for were low compared to the national average. For example :
- Performance for diabetes related Quality and Outcomes Framework (QOF) indicators was lower for patients with diabetes with 57% of patients having a blood test to monitor average blood sugar compared to the national average of 77%.
- Performance for patients with schizophrenia, bipolar affective disorder and other psychoses related QOF indicators was lower than the national average. A total of 27% patients had an agreed care plan in the last 12 months compared to the England average of 88%. The practice had a total of 16 patients on its register.
- Performance for patients with asthma was lower than the national average. A total of 73% of patients with asthma had an asthma review in the preceding 12 months, compared to the England average of 75%.
- Performance for patients with chronic obstructive pulmonary disease (COPD), a condition which causes breathing difficulties,

**Requires improvement**



# Summary of findings

was lower than the national average. A total of 61% of patients with COPD had an assessment of breathlessness using the medical Research Council dyspnoea scale in the preceding 12 months, compared to the England average of 90%.

- Not all staff had received appropriate training to carry out their role in particular safeguarding, infection control and basic life support to deliver effective care and treatment.
- There was little evidence that audit was driving improvement in patient outcomes.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was evidence of appraisals for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## 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 comparable to 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



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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. However patients commented on the difficulty booking appointments in advance.
- 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.

Good



# Summary of findings

## Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were aware of the vision and their responsibilities in relation to it.
- There was a 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. These meetings did not routinely involve all relevant staff.
- The practice had a governance framework which did not always support 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
- The practice met with the patient's participation group which was active. However staff did not have formal mechanisms for providing feedback on the service provided.
- There was a limited focus on continuous learning and improvement at all levels.

## Requires improvement



# 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 requires improvement for the care of older people.

The provider was rated as requires improvement for safety, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group.

- Care and treatment of older patients did not always reflect current evidence-based practice, and some older patients did not have care plans where necessary.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older patients were mixed.

**Requires improvement**



### People with long term conditions

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

The provider was rated as requires improvement for safety, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group.

- Performance for diabetes related Quality and Outcomes Framework (QOF) indicators was worse than the national average. For example; 57% of patients with diabetes at the practice had a blood test to monitor average blood sugar compared to the national average 77% and 65% of patients with diabetes had a cholesterol test compared to the England average of 80%.
- Longer appointments and home visits were available when needed. However, not all these patients had a named GP, a personalised care plan or structured annual review to check that their health and care needs were being met.

**Requires improvement**



### Families, children and young people

The practice is rated requires improvement for the care of families, children and young people.

The provider was rated as requires improvement for safety, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. However there were examples of some good practice:

**Requires improvement**



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Performance for cervical screening was similar to the England average. A total of 81% of women aged 25-64 whose notes recorded that a cervical screening test in the preceding 5 years, compared to the England 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.

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

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

The provider was rated as requires improvement for safety, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. However there were examples of some good practice:

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



## People whose circumstances may make them vulnerable

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

The provider was rated as requires improvement for safety, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. However there were examples of some good practice:

- The practice held a register of patients living in vulnerable circumstances including and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Requires improvement



# Summary of findings

- 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 requires improvement for the care of people experiencing poor mental health (including people with dementia).

The provider was rated as requires improvement for safety, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. However there were examples of some good practice:

- 87% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.  
There were 16 patients on the practices mental health register, 27% of patients had an agreed care plan in 2014/2015 compared to the England 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.
- 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.

**Requires improvement**



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. A total of 236 survey forms were distributed and 114 were returned. This represented 1% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 79% 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%.
- 83% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 77% 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%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received. However nine of the comment cards commented on the length of time to wait for appointment and the difficulty of booking appointments in advance. Patients commented that staff were helpful, caring and treated them with dignity and respect.

We spoke with six patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, concerns were raised about the wheel chair access and the availability of pre-booked appointments.

The practice's latest friend and family test for the period January 2016 to July 2016 showed that 433 people responded with 59% (257) and 24% (105) saying they were extremely likely or likely to recommend the practice.

# Dr R G Crispin & Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr R G Crispin & Partners

Dr R G Crispin & Partners is located in a purpose built building in Clanfield, Hampshire. The practice has approximately 7,800 patients registered.

The practice provides services under a NHS General Medical Services contract and is part of NHS South Eastern Hampshire Clinical Commissioning Group (CCG). The practice is situated in one of the least deprived areas of England. The practice has a lower than national average number of patients aged 20 to 45 years old. A total of 19% of patients at the practice are over 65 years of age, which is higher than the national average of 17%. A total of 49% of patients at the practice have a long-standing health condition, which is slightly lower than the national average of 54%. Approximately 2% of the practice population describe themselves as being from an ethnic minority group; the majority of the population are White British.

The practice has five GP partners, three of the partners are female and two are male. Together the GPs provide care equivalent to approximately 31 sessions per week. The GPs are supported by three part time practice nurses. The clinical team are supported by a practice manager and assistant practice manager with administrative and clerical staff. The practice is a training practice for doctors training to be GPs.

Clanfield Surgery is open between 8am and 6.30pm Monday to Friday. Extended hours surgeries are available every Wednesday and Thursday mornings from 7am to 8am and one Saturday per month from 9am to 12pm. The GPs also offer home visits to patients who need them.

The practice has opted out of providing out-of-hours services to their own patients and refers them to Hampshire Doctors on Call who are run by Partnering Health who provide an out of hour's service via the NHS 111 service. The practice offers online facilities for booking of appointments and for requesting prescriptions.

The practice was also part of the East Hants Multi-Specialty Community Provider Vanguard. (The vanguard is made up of providers and commissioners of health and social care which focus on the development of an integrated health, social care and wellbeing systems for patients to support them in the community).

We inspected the only location:

The Clanfield Practice

2 White Dirt Lane

Clanfield, Waterlooville

Hampshire

PO8 0QL

## 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

# Detailed findings

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 15th August 2016. During our visit we:

- Spoke with a range of staff which included GPs, the practice manager, assistant practice manager, practice nurses, administrative and clerical 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, following an incident when a patient collapsed in reception hitting their head against the waiting room door. The practice ensured that staff understood that there was a quick dial feature on the phone system for them to call 999 for an ambulance.

### 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, but not all staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses should be trained to safeguarding level three however not all the nursing staff had received safeguarding training. .

- The practice had a chaperone policy in place which stated 'chaperones should be clinical staff familiar with procedural aspects of personal examination', however it did not clarify the training required for staff who were non clinical or whether staff would require a risk assessment if they did not have a Disclosure and Barring Service check (DBS). The practice had a DBS risk assessment in place for whether specific roles required a DBS. Information provided by the practice did not include that staff had attended chaperone training. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place but not all staff had been trained in infection control. We looked at the hand washing and hygiene protocol and found that that this was not being followed. For example in the nurses treatment room we found that the mixer tap was not lever operated and that the liquid soap dispenser was not wall mounted as set out in the practice's protocol. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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 three 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 a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Not all staff received annual basic life support training; the training matrix provided by the practice showed gaps in training for a nurse and some reception staff.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 76% of the total number of points available.

The practice's exception reporting was similar to the national average; the practice scored 11% compared to the CCG average of 10% and national average of 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).

Data from 2014/15 showed:

- Performance for patients with diabetes related Quality and Outcomes Framework (QOF) indicators was worse than the national average. A total of 57% of patients with diabetes had a blood test compared to the England average of 77%. The practice had a total 319 patients on the diabetes register. We found that 45 patients had been excepted from this outcome which equalled 14% compared to the England average of 12%.
- Performance for patients with diabetes who had a cholesterol test was 65% which was worse than the

England average of 80%. The practice had a total of 319 patients on the diabetes register. We found that 59 patients had been excepted from this outcome which equalled 19% compared to the England average of 12%.

- Performance for patients with schizophrenia, bipolar affective disorder and other psychoses related QOF indicators was worse than the national average. For example: there were 16 patients on the practice's mental health register; 27% (four) of patients had an agreed care plan in the last 12 months compared to the England average of 88%; and 33% (five) of patients had their alcohol consumption recorded compared to the England average of 89%.
- Performance for patients with asthma was worse than the national average. A total of 57% of patients with asthma had an asthma review in the preceding 12 months, compared to the England average of 75%. The practice had a total of 415 patients on the register for asthma. We found that 66 patients had been excepted from this outcome, which equalled 16% compared with the England average of 7%.
- Performance for patient's chronic obstructive pulmonary disorder (COPD) was worse than the national average. A total of 61% of patients with COPD had an assessment of breathlessness using the medical Research Council dyspnoea scale in the preceding 12 months, compared to the England average of 90%.
- Performance for patient's hypertension was worse than the national average. A total of 73% of patients with hypertension had a blood pressure reading in the preceding 12 months, compared to the England average of 84%.
- Performance for patients with atrial fibrillation was worse than the national average. A 92% of patients with atrial fibrillation with CHADS2 score of 1 were currently being treated with anticoagulation medicines or antiplatelet therapy, compared to the national average of 98%.
- Performance for patients diagnosed with dementia related QOF indicators was better than the England average. A total of 87% of patients with dementia had their care reviewed in a face to face review in the preceding 12 months, compared to the England average of 84%. We found that there were a total of 37 patients

# Are services effective?

## (for example, treatment is effective)

on the register who were diagnosed with dementia however six patients, which equalled 16%, had been excepted from this outcome which was higher than the England average of 8%.

- QOF Performance for cervical screening was similar to the England average. A total of 81% of women aged 25-64 whose notes recorded that a cervical screening test in the preceding 5 years, compared to the England average of 82%.

We spoke to the practice about their QOF results from 2014/2015 the partners informed us that there was no lead identified for the QOF and staffing problems with the loss of two GPs and a nurse from the practice. The practice recruited two GPs and two nurses in 2015 and now had a GP partner and nurse identified as the lead for QOF within the practice. The practice provided unverified data which showed the QOF results for 2015/2016 were 96%.

There was evidence of quality improvement including clinical audit.

- The practice provided details of one clinical audit they had completed in the last two years, where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken following a contraceptives and weight audit included venous thromboembolism (VTE) and migraine history. (Venous thromboembolism (VTE) is the formation of blood clots in the vein.)

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as infection prevention and control, fire safety, health and safety and confidentiality
- The practice provided role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- The practice held training records for the staff. We found that one nurse and four receptionists had not undertaken basic life support training, none of the nurses and three GPs had undertaken safeguarding

adults training and one nurse had not completed safeguarding children level three. Three GPs, two nurses and 13 reception staff had not undertaken infection control training and none of the GPs, nurses and 11 reception staff had not undertaken equality and diversity training.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals 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.

### 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

# Are services effective?

## (for example, treatment is effective)

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:

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

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of

82.5% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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 vaccines given were comparable to national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 86% to 100% and five year olds from 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

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.

As part of our inspection we also ask for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the service experienced. However nine of the comment cards had additional comments on the length of time to wait for appointment and the difficulty of booking appointments in advance. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG) and three patients. They also told us they were satisfied with the care they received and that staff were helpful, caring and compassionate. However, concerns were raised about the wheel chair access and the availability of pre-booked appointments. Comment cards highlighted that staff treated patients with dignity and respect. The practice's latest friend and family test for the period January 2016 to July 2016 showed that 433 patients responded. A total of 83% said they were extremely likely or likely to recommend the practice to others.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.

- 86% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 96% 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%
- 90% 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%.
- 82% 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%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% 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:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 86% 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%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%

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

## Are services caring?

- Staff told us that a for patients who did not have English as a first language.
- 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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 36 patients as carers (0.4% of the practice list). We found that the practice had not actively identified carers and most had been identified when patients had registered as new patients.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available, however we observed that wheel chair users would have difficulty getting through the doors as they did not open automatically.

### Access to the service

- The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were available every Wednesday and Thursday mornings from 7am to 8am and one Saturday per month from 9am to 12pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The GPs also offered home visits to patients who need them.

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

- 79% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

- 88% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they had to wait three to four weeks to see their preferred GP.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

GPs triaged patients by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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's website and in the practice leaflet that was in reception and waiting area.

We looked at 10 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a patient complained about the delay in starting a medicine suggested by their hospital consultant. This was discussed at a practice meeting which resulted in GP following up on the suggested change with the patient.

# Are services well-led?

Requires improvement 

(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 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 were aware of the values and vision but not routinely involved in how they were implemented.
- The practice had business plans which reflected the vision and values; these had been due to be reviewed in May 2016.

### Governance arrangements

The practice had an overarching governance framework however this did not always support the delivery of the strategy and good quality care. For example:

- There was a limited programme of clinical audit.
- Not all staff received training appropriate to carry out their role in accordance with practice policy.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

### Leadership and culture

On the day of inspection the partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and 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 written records of verbal interactions as well as written correspondence.

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

- Staff told us the partners and practice managers met weekly, non-clinical staff meetings were bi monthly. The nurses did not have regular meetings or formal meeting with the GPs. However nursing staff told us that they were able to meet with GPs and the practice manager if they needed to. The practice did not routinely hold whole staff meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with the GPs and the practice manager and felt confident and supported in doing so.
- Staff said they felt respected and supported by the partners in the practice. All staff were able to offer ideas for how the practice could improve but there were no formalised systems for this. Staff said they would ask for anything they needed or if they had ideas on improvements, this was usually achieved by speaking with their line manager who then spoke with the GP partners.

### 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 complaints received. The PPG met regularly where they were updated, for example the introduction of a new electronic patient checking in system, the practices discussions with the PPG regarding a housing development and practice news.
- The practice had gathered feedback from staff through 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 limited focus on continuous learning and improvement at all levels within the practice. The practice

# Are services well-led?

Requires improvement 

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

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. As part of the East Hants Multi-Specialty Community Provider Vanguard the practice was looking to the future with being part of the 'web GP' trial so that patients could be triaged via the

internet. (The vanguard is made up of providers and commissioners of health and social care which focus on the development of an integrated health, social care and wellbeing systems for patients to support them in the community).

## Requirement notices

### Action we have told the provider to take

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

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

##### Regulation 13(1) & 13(2)

- Staff did not consistently receive training on safeguarding adults and children to ensure they were aware of their responsibilities and were competent to identify and act on situations where service users may be at risk of harm.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

##### Regulation 17(1)

The registered person did not have systems and processes established to assess monitor and improve the quality and safety of services provided.

- The practice did not consistently participate in local audits, national benchmarking, accreditation, peer review and research.
- Programme for training were not reviewed to ensure that all staff had attended mandatory training such as safeguarding, infection control and basic life support