Rooksdown Practice

Quality Report

The Rooksdown Practice
Park Prewett Medical Centre
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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?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Rooksdown Practice on 21 July 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. However, learning from incidents had not always been shared with staff at the practice.
- 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.
- Most patients spoken to on the day, and all comment cards received from patients stated they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it difficult to make an appointment with a named GP and felt that continuity of care had been interrupted due to a high turnover of GPs. Patients reported that they did not know who their named GP was as they had left the practice.
- Urgent appointments were available on the same day.
- The practice was operating out of a temporary building and had been equipped to treat patients and meet their needs. However, the building was not practical for the volume of patients or during periods of hot weather.
- There was a documented leadership structure and most staff felt supported by management but at times they weren't sure who to approach with issues.
- The practice did not provide us information about how they engage with the patient participation group (PPG) and there was no representative available to talk to on the day of inspection.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The areas where the provider must make improvement are:

- Ensure systems in place to monitor effectiveness, quality and safety of the practice are sufficiently embedded and used to mitigate the risk of harm to patients and drive improvement. In particular: complaints handling and significant event management. Ensure learning points identified as a result of complaints or significant events are acted upon and monitored to include reference to the duty of candour when identified.
- Ensure arrangements to manage long term conditions for patients are effective and patients are enabled to have health reviews.
- Ensure policies related to the running of the practice are suitably maintained, up to date and accurate.

The areas where the provider should make improvement are:

- Review systems to monitor and record the number of carers at the practice.
- Review arrangements to ensure patient information is readily available to patients in their preferred language.
- Review arrangements in order that the practice can be reassured that sharps bins are labelled and disposed of in accordance with infection control guidance.

Professor Steve Field CBE FRCP FFPH FRCGPChief 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?

Requires improvement

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

- There was an effective system in place for reporting and recording significant events. However, when things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- When things went wrong patients received reasonable support, truthful information, and a written apology.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However the safeguarding policies had not been adapted to contain practice specific information.
- Patient group directions for administering vaccines had not been completed in an appropriate manner.
- Sharps bins were not labelled sufficiently to ensure patients were not at risk of infection.

Are services effective?

Requires improvement

The practice is rated as requires improvement 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. However, exception reporting was high in some areas. For example, the practice had exception reported 51% of patients with depression in comparison to the CCG average of 23% and national average of 25%. The practice exception reported 30% of patients with cancer in comparison to the CCG average of 17% and national average of 15%. 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.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were undertaken however, none had been repeated to demonstrate quality improvement in patient outcomes. Dates were in place for some audits to be repeated over the next six months.

Summary of findings

- The practice had not identified how to support all patients with long term conditions, in particular those diagnosed with depression.
- 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.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- 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.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement 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. For example, working with NHS England to design a new building to provide better provision of care to patients.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- Feedback from patients reported that access to a named GP and continuity of care was not always available due to the high turnover of GPs in the past 12 months. Patients reported that it was difficult to get an appointment in a timely manner often waiting up to 3 weeks to have a pre-bookable appointment with any GP.
- The practice was operating in a temporary building and offered reasonable facilities in the circumstances.These facilities were equipped to treat patients and meet their needs.

Summary of findings

- However, despite having 13% of the patient population registered as Polish there was no information readily available for patients in this language.
- Information about how to complain was available and easy to understand and evidence showed the practice responded to issues raised. There was limited evidence to show that learning from complaints was shared with staff.

Are services well-led?

Inadequate 

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

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management but at times they weren't sure who to approach with issues.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review or contained information that was not specific to the practice. There were several versions of the same policy available to staff.
- All staff had received inductions but not all staff had received regular performance reviews or attended staff meetings and events.
- The provider was aware of and had systems in place to ensure compliance with requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers must follow when things go wrong with care and treatment).
- Systems were not sufficiently robust to ensure a comprehensive understanding of how the performance of the practice was maintained. We found systems were lacking for ensuring that not all complaints and significant events meetings demonstrated how concerns and incidents were being managed in a manner which mitigated risk and ensuring learning points identified were actioned.

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

Requires improvement

The provider was rated as requires improvement for safety; effective and responsive and inadequate for well-led and good for caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Telephone consultations were available for patients who found attending the practice difficult.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for safety; effective and responsive and inadequate for well-led and good for caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes who received a flu vaccine in the past flu season was 98% which is higher than the clinical commissioning group average of 75% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for safety; effective and responsive and inadequate for well-led and good for caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of eligible patients whose notes recorded that a cervical screening test had been performed in the past five years was 79% which was comparable to clinical commissioning group average of 81% and the national average of 82%.
- Appointments were available outside of school hours. There was no child friendly furniture at the practice but baby changing facilities were available.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for safety; effective and responsive and inadequate for well-led and good for caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of 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 did not offer extended hours appointments for those who could not access the practice during normal opening hours.
- 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. However, there was a low uptake for both health checks and health screening.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for safety; effective and responsive and inadequate for well-led and good for caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Summary of findings

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

Requires improvement 

The provider was rated as requires improvement for safety; effective and responsive and inadequate for well-led and good for caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 89% 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%.
- The percentage of patients with schizophrenia, bipolar affective disorder or other psychoses whose alcohol consumption had been recorded in the past 12 months was 97% which is better than the clinical commissioning group and averages of 90%.
- The practice had exception reported 51% of patients with depression in comparison to the CCG average of 23% and national average of 25%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living 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 those living with dementia.

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. The practice distributed 308 survey forms and 108 were returned. This represented just under 2% of the practice's patient list.

- 80% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 78% and the national average of 76%.
- 79% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 85% and 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 16 comment cards, 10 cards were positive about the standard of care received. Two comments were negative with patients feeling that the service had declined over the past year and cited a high turnover of GPs and lack of continuity of care as a reason. Two comments were neutral about the care received.

We spoke with five patients during the inspection. Three of the five patients were happy with the care they received and thought staff were approachable, committed and caring but were unhappy with the high turnover of GPs impacting upon continuity of care. Two patients we spoke to were unhappy with the quality of care. One had left the practice as a patient (and was there in support of someone else) and the other stated they wanted to leave the practice as they felt their long term conditions and mental health were not being monitored effectively. The practice friends and family test from August 2015 was the most current available and showed that only 39% would be extremely likely to recommend the practice to others. The practice had two responses (15%) stating that they would be extremely unlikely to recommend the practice.

Rooksdown 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 practice manager specialist adviser.

Background to Rooksdown Practice

Rooksdown Practice is part of Cedar Medical Group Limited, whose parent company is Integral Medical Holdings. Rooksdown Practice is located at Park Prewett Medical Centre, Park Prewett Road, Basingstoke, RG24 9RG. The practice is located in the Rooksdown area of Basingstoke which has recently undergone redevelopment. Basingstoke is a large town and hosts national headquarters of several large companies. Rooksdown Practice is currently operating out of a porta cabin and is working with NHS England to get a new build completed. Their website shows that building work is due to commence with the aim of completion in late Spring 2017.

The practice provides services under a Personal Medical Services contract and is part of the NHS North Hampshire Clinical Commissioning Group (CCG). The practice has approximately 6,500 registered patients. The practice has an above average working age population particularly for those between 25 and 45 years old. The practice has 81% of registered patients in paid employment in comparison to the national average of 61%. The practice has a lower than average elderly population, 6% in comparison to the national average of 17%. This percentage drops to 2% for the over 75 age group in comparison to a national average of 8%. The patient population is predominantly White British but there are some patients from other nationalities including, Polish, Hungarian and Asian origins. The practice has identified that 13% of the patient population is Polish.

The practice has three salaried GPs all of whom are female. The practice is currently offering 22 GP sessions per week. The practice also uses locum GPs. The GPs are supported by two part time practice nurses and a health care assistant. The practice also employs a clinical pharmacist. Clinical staff are supported by an operational manager, who coordinates the running of the practice; a practice manager and a team of administration and reception staff.

The practice reception and phone lines are open between 8.30 and 6pm Monday to Friday. The practice offers appointments from 8.30am to 1pm and 3pm to 5pm daily with the duty doctor seeing patients until 6pm. Home visits and telephone consultations are offered in the break between clinics. The practice does not offer extended hours appointments. The practice offers telephone consultations with the GP to establish whether an urgent appointment is needed or pre-bookable appointments which can be booked via the telephone, online or in person. The practice removed its walk in clinic service in June 2016 and is currently reviewing alternative appointment systems that would suit both GPs and patients.The service offers online facilities for booking and cancellation of appointments and for requesting repeat prescriptions.

The Rooksdown Practice has opted out of providing out-of-hours services to their own patients and refers patients to the out of hours service via the NHS 111 service.

Detailed findings

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 21 July 2016. During our visit we:

- Spoke with a range of staff including, administrative staff, the practice manager, nurses and GPs as well as some of the management team from IMH. We also 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 living 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.

Requires improvement

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). Significant events were reviewed by the clinical governance team at a senior management team level and given a risk rating which was filtered down to practice level staff for actioning and learning from incidents.
- 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 some evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient had made an allegation about a male GP and that they felt uneasy during consultations. As a result of repeated allegations a flag was added to this patient's notes to state that a chaperone was required for all consultations.

A patient saw a locum GP in a consultation and was given a medicine that they were allergic to and had an allergic reaction. The practice reviewed the patient's notes and found that it was clearly documented that this patient was allergic. The practice reported that they have reviewed their information given to locums to ensure that they know where to find information about allergies in patients' notes.

However, the significant events records only contained limited information about the outcome and changes to be made to practice if necessary. There were no dates on the forms to document when the event was discussed or how actions identified would be monitored. We also noted that there was a lack of meeting minutes since November 2015 to evidence that these events had been discussed with the wider practice to ensure that actions were taken and lessons learned.

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. Both the safeguarding children and vulnerable adult policies were generic policies and had not been adapted to contain information relevant to the practice. 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. Nursing staff had been trained to level 2 and the health care assistant to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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 and staff had received up to date training. Annual infection control audits were undertaken. The practice scored 48 out of a possible 55 in their most recent audit dated February 2016. The practice identified areas for improvement including ensuring that vaccine stock was

monitored and audited on a monthly basis however, there was not an action plan attached to show how the practice was going to ensure that they implemented this. The practice did have an annual statement which highlighted areas for improvement. The practice had several different policies relating to infection control procedures which contained overlapping information. The practice told us they were in the process of deciding which policies to work from as the Southern Health NHS Foundation Trust policies contained more detail in that the integrated medical care (parent company) policies. Administration staff had not completed infection control training and the practice had identified on the staff training matrix that this was not applicable for this staff group.

- The practice had two sharps boxes that did not have a date of opening on them, one of which had no clinical sharps in. A staff member told us that one of the bins had been newly opened that morning and wrote the date on it immediately. They acknowledged that the other bin was not widely used but had been open for a while. We could not be certain whether this bin had been in the clinic rooms for more than three months.
- 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).
- Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice had a folder containing patient group directions (PGDs) however these had not been authorised in a timely manner in all cases. We saw that the PGDs were signed by nurses in the practice in September 2014, but had not been authorised by a manager until June 2016. Therefore the nurses had been administering medicines without the written authority of a prescriber.
- 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 CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Two files of administrative staff did not have DBS checks but the practice had a risk assessment in their files to explain why this was not needed.

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).
- The layout of the premises met the needs of the service, but we found it to be hot and doors were required to be open to ensure an ambient temperature to work in.
- 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. Staff told us that there had been several GPs leave recently for various personal reasons, including relocation and retirement, and that the practice was using locum GPs to cover the deficit. A staff member told us they didn't think that 22 sessions

for 6500 patients was enough and that one GP has been doing unpaid overtime to try and meet demand. Previous regular locums have become salaried GPs at the practice.

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 stored within the store room. The practice did not keep a list of what medicines should be kept in this box in order to check whether any stock was missing.
- 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.

Requires improvement

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 97% of the total number of points available (559). The practice had a high level of exception reporting for some QOF indicators. For example, the practice had exception reported 51% of patients with depression in comparison to the CCG average of 23% and national average of 25%. The practice exception reported 30% of patients with cancer in comparison to the CCG average of 17% and national average of 15%. 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.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients on the diabetic register with a record of a foot examination and risk classification in the past 12 months was 90%. This is comparable to the CCG average of 90% and national average of 88%.
- The percentage of patients with diabetes on the register whose last cholesterol reading was in an acceptable range was 75% which is comparable to the CCG and national averages of 81%.
- Performance for mental health related indicators was better than the national average For example; the percentage of patients with a diagnosis of schizophrenia, bipolar affective disorder or other psychoses who had a comprehensive agreed care plan in their records was 100% in comparison to the CCG average of 94% and national average of 88%.
- There was evidence of quality improvement including clinical audit.
- There had been seven clinical audits completed in the past year, all of which were single cycle audits. Four of the seven audits had been completed in June 2016 and had therefore not yet had a second cycle to identify whether improvements made were implemented and monitored. We saw evidence that the practice had planned to repeat these audits in six months time.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of the recent infection control audit included placing cleaning schedules in all clinical rooms and plans to purchase new chairs that are wipe clean as part of the new build project. The practice had also run an audit of patients with persistent raised platelet counts but no cancer diagnosis following new NICE guidance. The practice identified eight patients in June 2016 who had multiple raised values in the past year and 21 patients who had an isolated raised value. All identified patients had their records reviewed by the GP to identify what further blood tests were required. Reception staff contacted these patients to book an appointment to have these blood tests and a follow up with the GP. The outcome and impact had not been recorded but identified that a re-audit of these patients would be completed in six months time.

Information about patients' outcomes was used to make improvements. For example, the practice monitored their QOF figures on a regular basis and the lead GP takes responsibility for monitoring exception reporting levels. The practice identified patients who have not attended

Requires improvement

Are services effective?

(for example, treatment is effective)

their appointments for health care reviews and they were contacted by the relevant GP to arrange a new appointment. The GPs at the practice also telephoned patients who had recently been discharged from hospital to assess their wellbeing and amend care plans if required.

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 safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included 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, 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.

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.

- In the past year 14 out of 20 patients with learning disabilities had received a review of their healthcare by a GP.
- The practice had identified 42 patients on the mental health register and 31 of those had had a review of their agreed care plan in the past 12 months.

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:

- 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 . Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

Requires improvement

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 81% 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.

However the practice had a lower than average percentage for patients attending screening programmes for bowel and breast cancer in comparison to CCG and national averages. For example, 57% of eligible female patients at the practice had attended screening for breast cancer in the past 36 months in comparison to the CCG average of 73% and national average of 72%.

The practice recorded 49% of patients aged 60-69 as having been screened for bowel cancer within six months of invitation in comparison to the CCG average of 58% and national average of 51%. 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 CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 48% to 99% and five year olds from 93% to 100% which was comparable to CCG averages of 47% to 98% for under two year olds and 91% to 99% for five year olds.

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.

Good

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.

We received 16 patient Care Quality Commission comment cards. On the whole patients comments reflected that they thought staff were good and treated them with care and respect. Two patients said that they felt the GP service had declined over the past year due to a high staff turnover and lack of continuity of care. Two other patients commented on concerns they had with pre-booking appointments. Patients who made these comments acknowledge that the service was improving and staff were helpful and GPs were doing their best.

We did not speak to any members of the patient participation group (PPG).

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to other practices 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 92% 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 98% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Three of the five patients spoken to on the day of inspection were happy with the care they received and that 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. These patients told us they felt involved in decision making about the care and treatment they received.

However, patients commented on the high turnover of GPs and the impact this has had on the continuity of care with many stating they did not know who their named GP was now. Two patients we spoke to were unhappy with the quality of care. One had left the practice as a patient (and was there in support of someone else) and the other stated they wanted to leave the practice as they felt their long term conditions and mental health were not being monitored effectively.

Patient feedback from the comment cards we received was mostly 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:

- 83% 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%.

Good

Are services caring?

- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format but not on display.

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 53 patients as carers (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice were working with NHS England to get a new building to better suit the needs of patients. This work commenced after the inspection visit.

- The practice were not contracted to offer extended hours appointments for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who 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.
- The practice had a communications book in reception which had basic phrases that people may use when accessing a reception desk of a GP practice. These phrases were in different languages to improve initial communication with patients who do not have English as a first language.
- The practice had identified that 13% of its patient population was Polish however; there were no information leaflets on display in this language.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Between 8am and 8.30am patients are requested to use the NHS 111 service. Appointments were available from 8.30am to 1pm and then 3pm to 5pm daily. The duty doctor will see patients until 6pm. Extended hours appointments were not offered by the practice. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for patients that needed them. The practice had withdrawn its walk in service in June 2016 and advised patients that if it is a medical emergency to contact the receptionists and notify them of this. The practice had an information leaflet in the waiting area about the removal of the walk in service stating they were looking at alternative appointment structures to improve systems for GPs and that they would update patients in due course following a decision being implemented.

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.

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 78%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

Patients told us on the day of the inspection that they were unhappy with the appointment system and stated that there was often a 3-4 week wait for booking a routine appointment. One patient told us that they were unhappy that the practice had removed their walk in clinic for on the day appointments. On the day of inspection the next available appointment to pre-book with any GP was 8th August 2016 which was a two and a half week wait. We were told that patients could usually book an appointment to see a nurse for a routine appointment within the week.

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.

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.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- 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 via an information leaflet and on the practices website.

The practice had received 11 complaints in the past 12 months, three of which were upheld. We saw evidence that these were discussed at practice meetings via the annual submission summary of complaints tracker document provided to us pre-inspection. We observed limited meeting minutes and noted that there were no records of minutes of practice meetings since November 2015 to evidence that these complaints had been discussed with the wider staffing team. The summary of complaints tracker did not record actions taken as a result of the complaint but did evidence some lessons learned. We saw evidence that patients had been written to following their complaint. For example, a patient complained about the high turnover of GPs and the service they were experiencing. The practice sent an email response to the patient addressing their concerns and informing that three new GPs had been recruited to the practice as well as a clinical pharmacist for continuity of care.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The Rooksdown Practice is part of Cedar Medical Limited which is part of Integral Medical Holdings group (IMH) consisting of GP practices, Urgent Care and Walk-in centres. The organisation had a clear mission statement 'To improve the health, well-being and lives of those we care for.' Aims and objectives for GP practices included providing high quality, safe and professional services and to work in partnership with patients. The vision included being the leading GP practice in Basingstoke.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values. However we found that the practice was not able to deliver on this vision. The practice was aiming to become a highly performing organisation with a focus on patient care. There had been a period of instability and staff teams had changed significantly over the past two years. The provider acknowledged during the inspection that although systems and processes were in place to support staff they needed to be confident that staff would work as a cohesive team to drive improvement in the practice

Governance arrangements

The practice did not have an overarching governance framework which supported the delivery of the strategy and good quality care. Systems were in place to monitor the effectiveness and safety of the practice, but these were not sufficiently robust to ensure a comprehensive understanding of the performance of the practice was maintained.

Whilst there was a clear staffing structure and that staff were aware of their own roles and responsibilities we found that:

- The practice had been reactive to areas identified as in need of improvement at other practices under Cedar Medical Limited. For example, the practice had ensured that all relevant policies and risk assessments were available in one place for easy access and stored in the relevant folders.
- We reviewed the policies which had been signed off in November 2015. We found that there were version controls and dates for review. However, we noted some policies contained information from other polices. For example the policy on vaccine management and cold chain standards had information about notifying the Care Quality Commission about serious injury to a patient that used the service.We also observed that central policies provided by the parent company had not been personalised to contain practice specific information such as for the safeguarding children and vulnerable adult policies and the infection control policy. The practice had several policies in place relating to the same topic, for example, the practice had both Integrated Medical Holdings infection control policies and others from an NHS trust. Staff told us that they were still in the process of reviewing these since taking over the service in February 2015; and had kept the trust policies as they felt they contained more detailed information.
- Complaints and significant events meetings did not fully demonstrate how concerns and incidents were being managed in a manner which mitigated risk and ensuring learning points identified were actioned. For example, meeting minutes and significant event analysis did not routinely identify any themes or trends and there was no monitoring of any actions points identified.
- There were no records of practice meetings or nurse meetings minutes from November 2015. We were told that staff meetings had reduced in frequency over the past year due to the takeover but that the practice had an action plan in place to book in meetings for the remainder of 2016. The practice had increased the amount of audits completed having completed four cycle one audits in the month before our inspection of Rooksdown Practice.
- The practice demonstrated a programme of clinical and internal audits however, these were all one cycle audits and therefore unable to demonstrate how these were used to monitor quality and make improvements. Audits completed in June 2016 had a date on for a re-audit in six months time.

Leadership and culture

On the day of inspection the salaried GPs in the practice demonstrated they had the experience, capacity and

Are services well-led?

Inadequate

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

capability to care and treat patients. They told us they prioritised safe, high quality and compassionate care. Staff told us the GPs were approachable and always took the time to listen to all members of staff. Improvements were needed in the overall management of the running of the practice.

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. There was 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 patients reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- Staff told us the practice had commenced regular team meetings. There were no records of practice meetings or nurse meetings minutes from November 2015. We were told that staff meetings had reduced in frequency over the past year due to the takeover but that the practice had an action plan in place to book in meetings for the remainder of 2016.
- 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 salaried GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the salaried GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff had access to an employee newsletter created by the parent company of the practice and provided information updates and examples where staff could learn from other practices such as improving patient involvement and learning points from other practices within the groups CQC inspections.

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 did not provide us information about how they engage with the patient participation group (PPG) and there was no representative available to talk to on the day of inspection. There was no meeting minutes or surveys to demonstrate how the practice had acted upon patient feedback. Patients spoken to on the day of inspection reported that they had never been asked to complete feedback forms or surveys.
- 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. For example, the nursing team told us that they noted that many of their patients who have a need to have their lung functioning tested regularly were coming in for their tests having smoked several cigarettes. The nurses fed this back to the lead nurse and management. As a result of feedback it was agreed that the nursing team could devise a patient information leaflet available for patients in the waiting area. We were unable to see a copy of this leaflet as we were told they had currently run out of copies.

Continuous improvement

The practice also had plans for the building of new premises on the site of the current temporary building. These plans were on display for patients to see what the vision of the new practice would be.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **The registered provider did not ensure that care and treatment of service users was appropriate, met their needs and reflected their preferences.** • **The practice did not act on feedback from patients regarding the appointment system and this needed improvement to ensure their needs were met within a reasonable timeframe.** • **Improvements were needs on the planning of care of patients with long term conditions such as depression and cancers.** **This was in breach of regulation 9 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered provider did not have suitable systems in place to ensure care and treatment was provided in a safe way.** • **Infection control processes did not ensure the safety of patients.** **This was in breach of regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints The registered provider did not have suitable systems in place to act on complaints received. • We looked at 11 complaints received in the last 12 months and found that records did not fully demonstrate whether the process had been followed and whether the matter had been resolved. • Learning points identified as a result of complaints were not fully acted on and monitored. This was in breach of regulation 16 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not have appropriate systems, processes and policies in place to manage and monitor risks to the health, safety and welfare of patients, staff and visitors to the practice. Systems in place to monitor effectiveness, quality and safety of the practice were not sufficiently embedded and used to mitigate the risk of harm to patients and drive improvement. In particular: significant event management. • Learning points identified as a result of significant events were not fully acted on and monitored. • There were no dates on the forms to document when the event was discussed or how actions identified would be monitored. We also noted that there was a lack of meeting minutes since November 2015 to evidence that these events had been discussed with the wider practice to ensure that actions were taken and lessons learned.

This section is primarily information for the provider

Requirement notices

- The practice identified areas for improvement including ensuring that vaccine stock was monitored and audited on a monthly basis however, there was not an action plan attached to show how the practice was going to ensure that they implemented this.
- The practice must ensure that audits are undertaken and repeated to demonstrate the improvement in patient care and treatment.

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.