

# Adelaide Health Centre

## Quality Report

Adelaide Health Centre  
Western Community Hospital  
Southampton  
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Date of inspection visit: 28 June 2016  
Date of publication: 05/10/2016

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Adelaide Health Centre on 28 June 2016. Overall the practice is rated as good.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

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

The areas where the provider should make improvement are:

- Continue reviewing the appointment system in order that patient needs were met.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

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

Good



### Are services effective?

The practice is rated as good for providing effective services.

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

Good



### Are services caring?

The practice is rated as good for providing caring services.

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

Good



# Summary of findings

## 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.
- 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



## Are services well-led?

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

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

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- 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.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- A total of 79% of patients with diabetes had had a foot examination in the preceding 12 months; compared with the clinical commissioning group (CCG) average of 81% and the national average of 82%.
- 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 medicine 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 multi-disciplinary package of care.
- The practice had a high number of patients who used opiate (a strong painkiller) based medicines to address their chronic pain conditions. The practice worked with the local pain team to coordinate care and avoid unnecessary hospital admissions for pain control.
- Patients with a long term condition were able to have their reviews scheduled on Saturdays and Sundays.

Good



### Families, children and young people

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

Good



# 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 practice's uptake for the cervical screening programme was 75%, which was comparable to the CCG average of 70% and the national average of 74%. New patient checks and cervical screening were available at weekends.
- 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 and health visitors.

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

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

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

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless 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.

**Good**



# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- 87% of patients diagnosed with a mental health condition had had an agreed care plan in their records, which was higher than the national average of 77%.
- 83% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- 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 carried out advance care planning for patients 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.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. A total of 308 survey forms were distributed and 97 were returned. This represented 2% of the practice's patient list.

- 86% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 74% 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 84%.
- 79% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 70% 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 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. However, nine comments cards indicated that there was sometimes a delay in getting a routine appointment. Words patients used to describe the service they received included professional, excellent; good care and attention, and helpful. Comments were also made about being listened to and explanations being given.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results from the Family and Friends test in May 2016, showed that 58% of patients would recommend this GP practice. These results were discussed at practice meetings and an action plan implemented to address all areas where patient satisfaction could be improved, for example routine appointments.



# Adelaide Health Centre

## 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.

## Background to Adelaide Health Centre

Adelaide Health Centre is situated in a residential area of Southampton and is operated by Solent NHS Trust. The practice is one of three GP practices operated by Solent NHS Trust. The practice is situated in purpose built premises. All consulting rooms are on the ground floor and the building is compliant with disability access needs.

Adelaide Health Centre has approximately 4,500 patients on its register. There are three GPs, two are female and the other GP is male. The Solent NHS Trust GP practices have a group of advanced nurse practitioners of which a number, depending on demand will be allocated to Adelaide Health Centre. In addition there are three practice nurses. The practice has three healthcare assistants. The clinical team are supported by a surgery manager and a team of reception and administration staff.

Adelaide Health Centre is open from 8am until 8pm daily. GP appointments are available between 8am and 6pm. The practice operates a telephone triage system where a nurse or GP will talk with a patient and then arrange a face to face appointment if needed. Pre-bookable appointments are also available. GPs currently do not offer extended hours appointments; however, advanced nurse practitioners, practice nurses and healthcare assistants are available between 8am and 8pm seven days a week.

The practice is situated in an area of high deprivation when compared with the rest of England. There are higher numbers of male and female patients who are aged 20 to 39 years, with a significant number of females aged 25 to 29 years old. There are also higher than average numbers of children aged 0 to nine years of age.

We inspected the only location at:

Adelaide Health Centre

Western Community Hospital

Southampton

SO16 4XE

## 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 28 June 2016. During our visit we:

# Detailed findings

- Spoke with a range of staff which included three GPs, two practice nurses, a healthcare assistant and members of the reception and administration team. We spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- 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.

# 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 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, in April 2016 a review of patients' records identified that a referral for a two week wait cancer referral had not been made, following a patient attending the practice earlier in 2016. The practice implemented the duty of candour and visited the patient at home and commenced an independent investigation by a nurse external to the practice. This investigation was still ongoing. The practice intended to escalate this concern to board level for recommendations on what further action to take once the result of the investigation was known.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were also all trained to child safeguarding level three. Health care assistants were trained to level one.

- The practice reported that a total of 9% of children on their practice list (29% of the practice population were aged under 19 years old) were subject to safeguarding concerns. They liaised closely with health visitors and school nurses to coordinate the care and treatment of these patients.
- 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 only used nurses or healthcare assistants as chaperones.
- 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 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 CCG pharmacy

## Are services safe?

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. All of the advanced nurse practitioners were Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We were unable to review staff personnel files as these were held centrally by the Solent NHS Trust human resources (HR) department. The HR department sent an email to the practice manager with relevant documentation to be stored locally. We saw evidence that DBS checks were completed and held centrally for each staff member. We saw an example of what recruitment checks would be completed prior to a staff member starting work within the trust. Recruitment checks included 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.

### 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 rota 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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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.

Solent NHS Trust ensured there was 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 85% of the total number of points available.

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 clinical commission group (CCG) averages and the national average. For example, 79% of patients on the diabetic register had had a foot examination in the preceding 12 months; compared with the CCG average of 81% and the national average of 82%.
- A total of 72% of patients on the register had an average blood sugar level reading within acceptable limits; compared with the CCG average of 76% and the national average of 79%.
- Performance for mental health related indicators was better to the CCG and national averages. 87% of patients on the mental health register had an agreed care plan in place; compared with the CCG average of 75% and the national average of 77%.
- The practice had taken steps to address the lower performance in relation to diabetes indicators. One of

the advanced nurse practitioners had protected time to organise recalls and carry out necessary checks. A GP from another GP practice was supporting Adelaide Health Centre with this work. The practice explained that long term sickness of a member of the nursing team had impacted on recording of QOF and systems were now in place to ensure that this did not reoccur. The practice provided us with an action plan which identified where there were shortfalls in QOF outcomes. This included who would be responsible for completing the work and what activities would need to be completed, for example, a GP review.

- There was evidence of quality improvement including clinical audit.
- We were shown examples of clinical audits completed in the last two years; two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. For example, following a cold chain failure at one of the other GP practices in the group, Solent NHS Trust reviewed all the processes and procedures in all their GP practices and ensured learning was implemented and risk minimised.

Information about patients' outcomes was used to make improvements. For example, recent action taken as a result included improving the coding of two week referrals for cancer and ensuring that appropriate follow ups were arranged. In September the first cycle of an audit was undertaken. The results showed only 19 patients had been coded for the two week wait, the total numbers of patients who had been referred were not clear, due to coding not being carried out. Processes were put into place to capture this information. Such as, the administration team starting a spreadsheet in December 2015 to capture when the two week referrals were made.

The results from the second audit carried out in June 2016 showed, that the team had recorded 75 patients on the spread sheet and 73 had been correctly coded on their records, which totalled 97% of patients referred.

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

- 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 on-going 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.

### 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. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 75%, which was comparable to the CCG average of 70% and the national average of 74%. 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. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast

## Are services effective?

(for example, treatment is effective)

cancer screening. A total of 53% of patients aged between 6- to 69 years old had been screened for bowel cancer; compared with the CCG average of 55%; and national average of 58%. A total of 68% of females aged 50 to 70 years old were screened for breast cancer; compared with the CCG average of 68%; and the national average of 73%.

Childhood immunisation rates for the vaccines given to under two year olds ranged from 80% to 97% and five year olds from 68% to 94%.

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- We noted that the reception area was situated away from where patients waited to be seen. The practice also had a smaller waiting area for patients who were anxious. However, on one occasion we were able to hear a conversation between a receptionist and a patient on the telephone. During the conversation we heard confidential information about the patient's needs and the receptionist was discussing care and treatment. The practice manager said there were plans to answer telephones away from the reception area and said they would monitor call handling.
- As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. However, nine comments cards indicated that there was sometimes a delay in getting a routine appointment. Words patients used to describe the service they received included professional; excellent; good care and attention and helpful. Comments were also made about being listened to and explanations being given.

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

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

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

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 82% 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%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.
- The practice were aware of where improvements were needed. They considered that high use of locum GPs had affected patient experience. Since November 2015 they had employed Advance Nurse Practitioners to improve patient access and ensure GP time was used appropriately and effectively.

### 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.



## Are services caring?

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 86% and the national average of 86%.
- 80% 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%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

- Information leaflets were not readily available in easy read format, however, staff were able to explain how they would assist patients to access information that patients were able to understand.

### **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 73 patients as carers (1% of the practice list). The practice had identified which patients on their carers register were aged under 18 years old and an alert was placed on their records. There was a carers folder in the reception area with information on where support could be accessed.

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. When these patients were due to have a health check, letters were sent and followed up with a telephone call to ensure patients were able to attend.
- Patients were able to request a longer appointment.
- Appointments for patients with a mental health condition routinely had 15 minute appointments and the practice was working towards making this a standard appointment length.
- 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 or were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had gender neutral baby change facilities.
- The practice acknowledged that there could be improvements in the information available for patients with a learning disability or patients with dyslexia. At the time of the inspection information was not available in easy read or pictorial formats. Staff said that they were able to access web based information and they would use this when needed and print off relevant information in easy read formats, whilst other resources were put together. We noted that the practice information booklet was able to be produced in an easy read format, audio or Braille on request.

- The practice had a high number of patients who used opiate based medicines for pain relief. The practice worked with the local pain team to coordinate care and avoid unnecessary hospital admissions for pain control.
- Patients with a long-term condition were able to have their reviews scheduled at weekends.
- New patient checks and cervical screening were also available at weekends.

### Access to the service

Adelaide Health Centre was open from 8am until 8pm daily. GP appointments were available between 8am and 6pm. The practice operated a telephone triage system where a nurse or GP would talk with a patient and then arrange a face to face appointment if needed. Pre-bookable appointments and same day appointments were available. GPs did not currently offer extended hours appointments; however, advanced nurse practitioners, practice nurses and healthcare assistants were available between 8am and 8pm seven days a week.

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

- 92% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 86% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

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.

# Are services responsive to people's needs?

(for example, to feedback?)

- 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. For example, leaflets were available from reception as well as on the practice's website. Information signposted patients to other organisations to complain to including NHS England and the Ombudsman.

We looked at 16 complaints received since April 2015 until June 2016. We found complaints were satisfactorily

handled, dealt with in a timely way. There was openness and transparency with dealing with the complaint and language used in response letters acknowledge when patients were upset. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, patients had been having difficulties with the online prescription system. The practice liaised with the pharmacy who received the prescriptions to ascertain the cause, which was an IT failure. The practice put measures in place to ensure patients repeat prescriptions were processed.

# Are services well-led?

Good 

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

## Our findings

### Solent NHS Trust governance:

Solent NHS Trust provided the overarching vision and governance strategy that was rolled out across their three GP practices which included Adelaide Health Centre.

Policies and procedures such as infection control, risk assessments, health and safety, information governance were controlled by Solent NHS Trust.

The trust had a development plan in place outlining the trusts vision for combining the three practices in August 2016. Solent NHS Trust had created a primary health care leadership team who oversaw management of all three practices this included staff such as a clinical director, primary care manager and clinical governance lead. The team had identified a lead GP and a practice manager at each practice to monitor day to day running of each practice as well as be the link between Solent Trust and practice level discussions. These staff attended both practice specific meetings and Trust meetings to enhance flow of information between the two levels.

Significant incidents were all recorded on a Solent NHS Trust tool and discussed at senior level if the risk was determined high enough, this was similar for complaints. Complaints and significant events were always discussed at local level meetings. Solent NHS Trust had a centralised human resources (HR) department who were responsible for completing employment checks and monitoring of training. The practice manager at Adelaide Health Centre was responsible for ensuring all recruitment checks for locums had been completed and that all staff had completed annual appraisals. This was then recorded into the trusts electronic staff monitoring record.

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values

and were regularly monitored. There was a development plan outlining the Solent NHS Trust vision for merging their three practices. Information had been provided to staff and patients on the proposals.

### Governance arrangements

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

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

### Leadership and culture

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

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

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.

# Are services well-led?

Good 

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

- 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 which was made up of the governance team within Solent NHS trust..

- Staff told us the practice held regular team meetings.
- The salaried GPs had protected time for leadership activities such as attending prescribing updates and trust governance meetings.
- 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 GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

## 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. There was a Solent NHS Trust comments and complaints leaflet that encouraged the sharing of views, including how to contact external agencies, such as the Parliamentary Health Service Ombudsman.

Adelaide Health Centre had a patient participation group (PPG) which was newly formed and had one member. We met with this member and they outline plans for how they were working with the practice to encourage uptake. This patient told us that they had recommended sending information to other patients about the PPG with prescription requests. This had been acted on by the practice.

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

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. We saw an example of a mortality review at Adelaide Health Centre that identified learning and actions to reduce unexpected deaths in the practice population in the future. We found the use of mortality reviews was identified for future development within the wider Solent NHS Trust.

We were told the Trust Chief Medical Officer was working closely with all clinical leads within the Trust and NHS England to build on and develop learning from key themes and concerns. Mortality reviews were discussed within the Serious Incident Panel which is represented by all clinical services.