

Brune Medical Centre

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Requires improvement	
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 Brune Medical Centre on 19 May 2016. Overall the practice is rated as good.

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

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

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

The areas where the provider must make improvement are:

- Ensure all medicines are stored securely, including vaccines kept in fridges.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- Risks to patients were assessed and well managed, with the exception of the security of vaccines and blank prescriptions.
- 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.

Requires improvement



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.

Good



Summary of findings

- 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?

The practice is rated as good for providing responsive services.

Good



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

Are services well-led?

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

Good



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

Summary of findings

- 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.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older 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.
- Same day appointments were held specifically for older people or those with circumstances that made them vulnerable.
- Named GPs were available for older people to provide continuity of care.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients with clinical indications of pre-diabetes were given additional advice and received an annual review to ensure they were receiving appropriate care.
- Performance for diabetes related indicators were similar to national averages. For example, the percentage of patients with diabetes, on the register, in whom the last average blood sugar reading was acceptable, was 79% which is similar to 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.
- Patients were referred to specialist programmes to support the management of long-term conditions.
- The practice held a “patient carousel” for carers and patients with chronic lung problems. Like a health fair, this event aimed to bring together services for this condition from the local area, to make it easier for patients to access support. It was hosted by the practice.

Summary of findings

Families, children and young people

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

Good



- 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 81%, which was comparable to the CCG average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. For example through the use of a "concern list", which helps the practice identify families they would like to monitor to proactively manage their needs, and by having a health visitor clinic on site.

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).

Good



- 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.

People whose circumstances may make them vulnerable

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

Good



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

Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice provided medical advice and support for a local nursing home and a mental health unit.
- Patients with no fixed address or in temporary housing were able to be registered.

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).

- 84% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- Performance for mental health related indicators were similar to national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 92%, which is similar to the national average of 90%.
- 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.
- The practice provides a dedicated phone line for care homes to access medical support.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. 262 survey forms were distributed and 117 were returned. This represented 1% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by phone compared to 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 national average of 76%.
- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the standard of care received. Patients commented on the excellent service, and that staff were committed, caring, helpful and professional.

We spoke with 11 patients during the inspection. All 11 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring, but several commented on how helpful the whole team was. Most commented about the benefits of being kept informed of changes from the lead GP.

Areas for improvement

Action the service **MUST** take to improve

- Ensure all medicines are stored securely, including vaccines kept in fridges.

Brune Medical 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, a practice manager specialist adviser and an Expert by Experience.

Background to Brune Medical Centre

Brune Medical Centre 10 Rowner Road, Gosport, Hampshire, PO13 0EW is a GP practice in a purpose built health centre facility. It is situated close to a psychiatric unit and a nursing home. It is a training practice for doctors in medical training on four month placements.

Brune Medical Centre has approximately 9200 patients with less than 4% of mixed ethnicity, most patients identifying themselves as White British.

Brune Medical Centre operates a family ethos and is part of Fareham and Gosport Clinical Commissioning Group. The practice provides same day access to patients within Gosport War Memorial Hospital. This is an alternative GP service for patients who cannot get a routine appointment with their own doctor, but are happy to travel to a local community hospital instead.

The practice is part of a group called the Gosport Vanguard, which aims to deliver care in new ways to meet the needs of the local population. This is supported by NHS England to bring together a group of care providers to develop alternative ways of working.

The Brune Medical Centre has four GP partners and one salaried GP, equivalent to three whole time equivalent GPs, with managerial support from a practice manager and a senior nurse manager.

There are two advanced nurse practitioners and three practice nurses, and one health care support worker. The clinical team is supported by fifteen receptionist/administrators.

Primary care services are provided to a nursing home, specialising in dementia care and a psychiatric unit opposite the practice.

The practice building has disabled parking and a large car park with a dropped kerb outside the door. There are automatic doors and an automatic check-in. There is a pharmacy situated next door.

The practice has an open bright reception with toys for children, information boards and large chairs for patients with mobility problems. There is a lowered desk to support access for patients in wheelchairs and a hearing loop. There is a private room for discussions and breastfeeding and accessible patient toilets. All clinical rooms are accessed from one long corridor with clear signage. All care is given on the ground floor.

The practice is open between 8.30am and 6pm Monday to Friday. Appointments are from 8.30am to 5.50pm daily.

Extended hours appointments are offered at the following times on Tuesdays from 6.30pm to 8.15pm and every other Wednesday from 6.30pm to 7.45pm.

Patients are encouraged to use the NHS 111 service or the Gosport War Memorial minor injuries unit if the practice is closed.

Brune Medical Centre was not inspected under any previous inspection regime.

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 19 May 2016. During our visit we:

- Spoke with a range of staff (three receptionists, three GPs, two nurses and the practice manager) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people 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 the significant events.
- In addition to the internal practice system, they used a local reporting tool called Quasar to ensure that system wide incidents were shared with the Clinical Commissioning group and wider to local hospitals and community trusts.

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, Brune Medical Centre learned from a referral for respiratory services which incurred a four week and delayed a specialist opinion. This was shared to the CCG who could then enable a wider cohort of patients to benefit. The referral was delayed and the practices were then told to use the two week wait system. Following feedback and discussion with the hospital and commissioners the four week wait option has now been removed and the practice has discussed this within their clinical team meeting system.

This was a combination of internal significant event analysis and use of the external Quasar incident reporting system

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses, including health care assistants were trained to level 3.
- The practice provided monitoring and support with regard to safeguarding issues in the nursing home they supported by attending meetings with the home and highlighting concerns to appropriate services.
- Behind reception there were "aide memoire" boards for staff with details of safeguarding adult and child contacts and factsheet reminders about mental capacity act and deprivation of liberty.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones was trained for the role and the practice provided guidelines for this role. Staff 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 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 did

Are services safe?

not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). For example, the fridge for storing vaccines was unlocked and located within an unsecured treatment room. Patients and members of the public walked past this room to access another service. Once brought to their attention, the practice told us they intended to buy a lockable fridge.

- 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. Most recently, this related to antibiotic prescribing.
- There were systems in place to monitor the use of prescription forms and pads, and prescriptions forms were mostly stored securely. However, during the inspection we found that blank prescriptions were not kept safely when clinical rooms were unattended. We discussed this with the practice and they immediately amended their policy to improve the security of prescription pads and forms.
- Two of the nurses had qualified as 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.
- Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. The nursing team managed and monitored competencies in the administration of vaccines by a health care assistant to ensure safety.
- We reviewed three 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 Disclosure and Barring Service. There was a comprehensive locum pack which supported the use of temporary staff.

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, most recently on 11 May 2016. 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 was on duty managed by the senior nurse manager and practice manager.

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 was 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 and a copy was also kept off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available, compared to a CCG average of 97% and a national average of 95%

The Health and Social Care Information Centre (HSCIC) data showed the overall clinical exception rate for 2014-2015 was 8% compared to the CCG average of 11% and the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators were similar to national averages. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 86% which is slightly higher than the CCG average of 80% and comparable to the national average of 81%.
- Performance for mental health related indicators were similar to national averages. For example, the percentage of patients with schizophrenia, bipolar

affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 91%, which is comparable to the CCG average of 93% and the national average of 90%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review of referrals.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an improvement in stroke prevention for patients with high risk factors. 33 patients' care was reviewed and identified as high risk for stroke. The practice found they were not taking a preventative medicine to reduce blood clots. The practice then reviewed their suitability for a new medicine and started this where appropriate. After intervention, 11 patients were found to be unsuitable for this medicine. However, 22 patients had their risk of stroke reduced. This became part of the GPs practice, as a rolling continual audit, with the support of the pharmacy specialist.

Information about patients' outcomes was used to make improvements such as conducting a review of patients with indwelling urinary catheters and the most appropriate and effective choice of anti-biotics for urine infections. This led to additional staff training regarding the recommended antibiotic of choice and how to manage infections in this specific patient group.

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 were able to attend updates such as smoking cessation and immunisation updates.

Are services effective?

(for example, treatment is effective)

- 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, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- This practice took part in TARGET training sessions supported by the local Clinical Commissioning group. The practice closed for half a day, once per quarter which was defined as 'Protected Learning Time' in Hampshire. TARGET provided: Time for Audit, Research, Governance, Education and Training. During this time, patients were directed to the NHS 111 service. Practice closures were advertised to patients well in advance.

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 and alcohol cessation and patients were signposted to the relevant services. Smoking cessation clinics were provided by the health care assistant within the practice.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the clinical commissioning group (CCG) average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Practice results for screening were lower compared to local and national outcomes. For example, 64% of females were screened for breast cancer in the last 3 years, compared to a CCG average of 72% and national average of 72 %.

Are services effective?

(for example, treatment is effective)

60% of patients were screened for bowel cancer in the last 3 years, compared to a CCG average of 65% and national average of 58%

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 and national averages. For example,

childhood immunisation rates for the vaccines given to under two year olds ranged from 74% to 98%, compared to the CCG range of 82 % to 99% and five year olds from 90% to 99%, compared to the CCG range of 94% to 99%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 39 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with seven members 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 in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 83% 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 94% and the national average of 95%.
- 87% 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%.

- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were better than local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% 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%.
- 90% 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 available in easy read format.
- There were information boards for patients on safeguarding, chaperone, duty of candour, and how to make a complaint. There was information about dementia, travel health and local support groups such as a healthy eating support group for children aged 7-13 years.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 99 patients as carers, which is approximately 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.

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, Brune Medical Centre was a member of the Gosport Multi Community Provider (MCP) Vanguard which includes a community trust, local GP practices and voluntary agencies. For example, they provide a same day access service at Gosport War Memorial Hospital. This was described as an additional GP service, provided by a group of practices, when patients could not gain an appointment at their own practice. If willing to travel, patients were able to access an alternative GP or Nurse Practitioner, as an alternative to attending the local accident and emergency unit or the minor injury unit.

- The practice is open between 8.30am and 6pm Monday to Friday. Appointments are from 8.30am to 5.50pm daily.
- Extended hours appointments are offered at the following times on Tuesdays from 6.30pm to 8.15pm and every other Wednesday from 6.30pm to 7.45pm.
- 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.
- There were disabled facilities, a hearing loop and translation services available.
- Several staff at the practice spoke additional languages such as Polish.
- We heard about examples of staff taking patients home and dropping in prescriptions to those who could not get out of the house. The practice ensured only staff with additional checks and training was visiting, such as the advanced nurse practitioner.
- The practice used surgery "sign posters", which is funded by the Clinical Commissioning Group (CCG). A

group of trained volunteers attended the practice on certain days and directed patients to additional services such as home help volunteers or day centres that they may benefit from, to stay healthy.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 5.50pm daily. Extended hours appointments were offered on Tuesdays until 8.15pm and alternate Wednesdays until 7.15pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 76% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 76% of patients said they could get through easily to the practice by phone compared to the local CCG average of 70% and 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.
- This was managed during a morning meeting where clinical staff discussed patient needs and agreed the best GP or nurse to see the patient and in which order they should be seen.

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.

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 on the patient information boards and on the practice website.

We looked at 12 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaints.

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, the practice changed the process for printing off registration forms and asking for personal details following a complaint. A patient complained that their personal information was included in the same envelope as that of their spouse. There was a new process in place based on a new confidentiality protocol in the practice. Reception staff received additional information governance training. They learned to only hand out the one envelope at one time and ensure it was collected by the person whose information it contained.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The lead GP wrote several open and honest newsletters to patients explaining the practice challenges, concerns and plans for the future.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice told us they were under pressure due to a lack of trained GPs and as a solution to this had instigated a merger with another provider. This was due to be completed by Autumn 2016.

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.
- There were regular peer review meetings which included GPs and nurses where clinical indications for referral were discussed, details of symptoms and any delays in gaining a specialist opinion were discussed. As a result of these meetings, actions were identified to support improvement.

Leadership and culture

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

capability to run the practice and ensure high quality care. They told us they aimed for a family doctor ethos; they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team 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. We noted team social events were held every few months.
- Staff were supported to attend conferences, training updates and share learning with colleagues, for example, from practice nurse conferences.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

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

Are services well-led?

Good 

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

through surveys and complaints received. The PPG started in 2010 and met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they raised awareness to patients for safe driving week and reviewed the booking in system. PPG members were available to support patients using the new screen. Members of PPG had also visited the local nursing home to find out their views on the GP practice. This gave the practice a greater insight into the needs of the local population.

- The PPG had their own board in reception, which included their statement of purpose, any current news and how to access the minor injury unit and the health visitor drop in clinic. They attended Saturday flu clinics and acted as stewards ensuring the smooth running of the clinic.
- The practice had gathered feedback from staff through staff away days and generally 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,

they gave feedback regarding the phlebotomy service that patients were referred to and how the practice could manage patient expectations. This was relayed to the service manager and improvements were monitored. Staff told us they felt involved and engaged to improve how the practice was run.

- Staff had developed three information boards located behind reception to support the practice processes. One board had local information to support administrative staff access the right doctor on duty and which tasks were allocated to which day. The second had information for staff about information governance, complaints and chaperones, with the third board detailing staff responsibilities for child and adult safeguarding.

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.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	The registered provider did not ensure that all reasonably practicable actions were taken to mitigate risks to the health and safety of service users.
Treatment of disease, disorder or injury	12 (1) Care and treatment must be provided in a safe way to service users. 12 (2) (g) The proper and safe management of medicines: A system was not in place to ensure the safe storage of vaccines kept in fridges. This was in breach of Regulation 12(1)(2) (g).