

The Lee-on-the-Solent Medical Practice

Quality Report

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

Ratings

Overall rating for this service		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?		Requires improvement	

Summary of findings

Contents

Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to The Lee-on-the-Solent Medical Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Lee on the Solent Medical Practice on 27 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- There was a commitment to improving patient safety in the practice evidenced by the Patient Safety Champion.
- Risks to patients were assessed and managed, with the exception of the application of the complaints process, prescription tracking and safeguarding training.
- 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. The practice had gathered feedback from patients through the Patient Participation Group who were involved in feedback for changing the telephone system to make access easier for patients.
- 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.

Summary of findings

- The practice ran a personal list system, with named GPs for all patients, to promote continuity of care for patients.
- A specialist Primary Care Community Nurse role was introduced due to the high number of elderly housebound patients and the requirement for home visits. This nursing role increased responsiveness to home visit requests and led to a reduction of GP home visits by 70%.

The areas where the provider should make improvement are:

- Review the emergency medicines available to keep patients safe, particularly the availability of atropine for patients receiving contraceptive implants for example coils (IUCDs).
- Review the updates provided for staff who require adult and child safeguarding training, ensuring evidence of attendance is overseen by the management team.
- Review the prescription pad tracking system, ensuring it remains effective and monitored to keep patients safe.
- Review the system for monitoring the recruitment process, including the system for professional registration checks, ensuring this is consistently applied.
- Review the way the complaints policy and process to allow patients to seek additional support from NHS England or an ombudsman.

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.

Good



- 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. However some staff needed safeguarding training updates.
- Risks to patients were assessed and managed, with the exception of emergency medicines for when Coils are fitted and prescription tracking
- Recruitment processes were in place but were not always consistently applied.
- There was a commitment to safety in the practice. The practice signed up to NHS England's safety campaign which encourages safety improvement across the organisation. The practice attended additional training in 'Sign Up to Safety' which helped them increase their incident reporting so learning could be shared to improve practice and safety.

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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.

Summary of findings

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



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. For example, they employed a pharmacist for the practice, as part of the NHS England pilot programme to support prescribing guidelines.
- The practice offered late appointments until 7.30pm on one evening a week.
- 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 offered a range of access options including, daily bookable telephone appointments, weekly early morning and late night clinics and nurse clinics and an e-consult service.
- 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 requires improvement for being well-led.

- Overarching governance framework was unable to fully support the delivery of the strategy and good quality care. Systems or processes were not fully established and operated effectively to ensure the governance systems of the practice kept patients

Requires improvement



Summary of findings

safe. For example, systems related to prescription security, access to an emergency medicine, application of the complaints process, recruitment processes and the overview of training updates for adult and child safeguarding.

- The practice had an improvement plan with a clear timeframe to complete the actions identified. The actions sought to improve the patient experience and acknowledged that change had an impact on service delivery. This included arrangements to monitor and improve quality and identify risk. Leadership was transparent and open about the work in progress, but the changes had yet to be fully embedded.
- 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.
- 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 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. For example, the practice introduced a visiting service for older people in their homes and in care homes. The role of Specialist Primary Care Community Nurse (SPCCN) role was introduced to increase the practice's response to home visit requests and led to a reduction of GP home visits by 70%.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Around 30% of the practice population are over 65 years of age.
- The SPCCN service ensured older frail people were discussed at least every three months at the multi-disciplinary meeting. They worked closely with community staff to ensure care plans were in place to avoid admission to hospital and that end of life care was delivered according to patient preference.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients in whom the last blood pressure reading was within acceptable limits was 90%, which was higher than a local clinical commissioning group average of 78% and a 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.

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 85%, 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.
- There were monthly meetings with health visitors to discuss the needs of families.

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.
- There were text reminders for appointments and the option to cancel appointments via the e-consult service.
- The practice offered a range of access options including, daily bookable telephone appointments, late night clinics and an e-consult service.

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 those with a learning disability. These patients were offered health assessments and the practice had completed 76% of these checks in the last year.

Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- There was a private room available for patients to wait which was used for patients who were distressed.

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).

- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia.
- The practice was going through the process to be awarded “Dementia Friendly” status.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 96%, which was comparable to a local CCG average of 93% and a national average of 89%.
- 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.
- An older person’s mental health consultant undertakes a clinic on the premises, once per quarter reducing the need to travel for patients and increasing clinician access to expert advice.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with or above local and national averages, 218 survey forms were distributed and 128 were returned. This represented just below 2% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 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 21 comment cards which were all positive about the standard of care received.

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. The patient interviews were positive about the practice and used words like 'professional' and 'attentive' to describe staff. They also commented on the calm atmosphere in the waiting room and how it felt like a traditional family practice.

The Lee-on-the-Solent Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Lee-on-the-Solent Medical Practice

The Lee on the Solent Medical Practice is located at Lee on Solent Health Centre, Manor Way, Lee on Solent, Hampshire, PO13 9JG.

The Lee on the Solent Medical Practice provides general medical services to around 7088 patients in Lee on the Solent, a coastal area with average deprivation compared to the rest of England. Less than 1% mixed of the patient population are from Asian and Indian ethnicities, with the majority of the practice population identifying themselves as White British. Around 30% of the practice population are over 65 years of age.

There are two male GP partners and two female GP partners who together provide approximately 3.5 whole time equivalent GPs.

There are three practice nurses and one health care support worker, and a Specialist Primary Care Community

Nurse. At the time of our inspection, the practice had along with two other practices, appointed a clinical pharmacist to assist with complex medicine issues. The pharmacist was employed by the practice for five sessions a week.

The Lee on the Solent Medical Practice is based in a purpose built health centre, shared with one other GP practice and community services like podiatry. It contains a room for patients who require privacy located off of the main reception waiting area. The reception is light and airy with noticeboards displaying a range of information for patients and there is a children's area.

The clinical staff are supported by a newly appointed practice manager and deputy practice manager who manage the 14 part-time clerical, reception and administrative staff.

The practice is open between 7.30am and 6pm Monday to Friday. Appointments are from 8.00am to 6.30pm daily. Extended hours appointments are offered until 7.30 pm on Monday evenings and from 7.30am on Tuesdays and Wednesdays. GPs and nurses offer telephone consultations with a triage clinic to assess patient's needs held every morning and an emergency clinic held every afternoon.

When the practice is closed, the public are encouraged to use the NHS 111 service.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 September 2016.

During our visit we:

- Spoke with three GPs, a practice manager, deputy practice manager, two administration staff, three practice nurses and a health care assistant 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.
- The practice received updates from the local clinical commissioning group (CCG) system for reporting significant events. This was discussed at practice meetings, which allowed analysis of themes and the sharing of learning from neighbouring practices. For example, the practice had made ten reports to the CCG over a three month period. This demonstrated how the practice highlighted problems within the wider NHS system such as a data breach made by another organisation affecting patients.

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, the minutes showed a discussion following an information governance breach related to loss of personal data. In July 2016, three prescriptions were accidentally placed in a collection bag for one care home which should have been placed in the bag for a different care home. The data breach was discovered by a care home manager and fed back to the practice. One of the practice admin team immediately delivered them to the correct home.

We saw evidence of an investigation, and analysis of the factors influencing this event. A new prescription handling

procedure was introduced. This was shared with all the administration team. A sign-off sheet was created to assure the practice that staff had read and understood their role. The new process included a training update stressing the importance of data protection. This was completed by September 2016.

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.

There was a commitment to safety in the practice. The practice signed up to NHS England's safety campaign which encourages safety improvement across the organisation. One nurse had received additional training in 'Sign Up to Safety' which meant she was able to explain and encourage the use of incident reporting and recording safety incidents or near misses.

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, like flu jabs and medicines against a patient specific prescription or direction from a prescriber. There was a training schedule, competency assessment record and appraisal system in place, in addition to in-house training.
- 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 and there were arrangements for confidential protection of data including registers for children of concern, those on risk registers and vulnerable adults. 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.
- At the time of inspection, we found that all practice nurses and health care assistants were trained to child

Are services safe?

safeguarding level 1, and were overdue an update to meet the required level. This was discussed with the senior nurse and practice manager during inspection. The practice team rectified this within 24 hours of the inspection. All nurses undertook training to safe-guarding level 2, with a plan to attend the level 3 update on 18 Nov 2016.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A 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.
- The infection control lead nurse disseminated information to all staff by attending the nurse meeting and via email. Annual infection control audits were undertaken, most recently on 18 April 2016 and we saw evidence that action was taken to address any improvements identified as a result. Additional hand hygiene audits were undertaken in August and September 2016 for all clinical staff.
- The arrangements for managing medicines, including emergency medicines 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 teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. In addition, there was a pharmacist, new in post in the last two months, which meant that the practice benefited from an independent review of their prescribing trends and comparisons against guidelines and best practice. The practice told us the

aim for development of this role was to ensure discharge medicines were correct and available and that repeat prescribing was safe and consistently in-line with best practice recommendations.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- There were systems in place to monitor and track the use of blank prescription forms; however they were not tracked as they came into the building. The practice had a method of keeping pads safe when they were removed from clinical rooms at the end of the day for secure storage overnight. During inspection, this was highlighted to the practice who re-wrote their prescription security protocol to include tracking from delivery.
- We reviewed five personnel files and found some gaps in the application of the recruitment policy. There was a lack of appropriate recruitment checks undertaken prior to the employment of one nurse recruited within the last three months. This nurse had no reference check because she was already known to the GPs from close recent working as a colleague.

The remaining four files we examined showed there was evidence of proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications and the appropriate checks through the Disclosure and Barring Service.

However, during inspection we discovered there had been no system to monitor professional registration with the appropriate professional body, for example, the Nursing Midwifery Council (NMC) for nurses. This was discussed with the practice manager and the inspection team checked all nursing registration and found that all nurses were registered as appropriate. The practice manager wrote a new protocol within 48 hours of inspection as part of the recruitment policy to ensure there was a systematic approach to this in the future.

Monitoring risks to patients

- There was an acknowledgement of an aim for improvements supported by an action plan and the recent review of clinical and administrative staff. For example, there was an improvement plan with a

Are services safe?

number of identified actions put in place, noted in the areas where the provider should make improvements. However, there were systems that were not operated effectively identified during inspection.

- 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 2 October 2015. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly, for example emergency lighting was tested on 19 September 2016. 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). This was managed and monitored by NHS Property Services who owned and managed the health centre building and provided documented evidence of this.
- 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 practice manager and their deputy.

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.
- During the medicines checks, we found there was no access to the emergency medicine known as atropine (an emergency medicine used in case of shock), used during the clinical procedure for Intra-uterine Contraceptive Devices (IUCD) implants. The guidelines from the Royal College of Obstetrics and Gynaecology Faculty of Sexual & Reproductive Healthcare (2015) were discussed and the practice nurse told us she would order this to add to their stock by the end of the day. We saw evidence that this was completed.
- 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.

Arrangements to deal with emergencies and major incidents

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 100% of the total number of points available. This was comparable to the national average of 95% and a local average of 97%.

Data published in October 2016, for the year 2015/16 showed the overall exception reporting rate for clinical indicators was 9%, which was 3 percentage points below the clinical commissioning group (CCG) average of 12% and in line with 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 2015/16 showed: Performance for diabetes related indicators was further slightly lower than the national average. For example, the percentage of patients in whom the last blood pressure reading was within acceptable limits was 86%, which was higher than a local

CCG average of 78% and a national average of 78%. The exception report rate for this indicator was 28% which was comparable to the CCG average of 26% but higher than the national average of 13%.

Performance for mental health related indicators was higher than the national average. For example, data published in October 2016 showed the percentage of patients with schizophrenia or similar psychoses who had a comprehensive care plan was 93%, which is higher than the local CCG average of 90% and a national average of 88%.

The exception report rate for this indicator was 31% which was 9 percentage points higher than the CCG average of 22% and comparable to the national average of 14%.

The practice recognised two factors that may have affected the data set in QOF, one was the change from one clinical system to another and the second was the high "did not attend rate" for chronic disease clinics. This was under review by the practice.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored. There were two non-clinical audits such as a review of emergency equipment. There were three audits planned for December 2016.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit by a nurse and GP to review the care of patients with a condition called COPD. Chronic obstructive pulmonary disease (COPD) is the name for a group of lung conditions that cause breathing difficulties. As a result of new guidelines, 11 patients were reviewed by the GP and their medication was changed to match the guidelines. The practice shared this with the clinical team to ensure all clinical staff were aware of the new guideline, specifically, which inhaler was now licensed for use to improve these patients symptoms.
- Information about patients' outcomes was used to make improvements. For example, the practice acted upon a recommendation for patients receiving a medicine to help the bladder relax. Guidelines received in September 2016, recommended that patients had

Are services effective?

(for example, treatment is effective)

their blood pressure monitored prior to treatment due to the risk of side effects. The practice found 45% of patients had this monitoring and 1 out of 28 patients had the medicine stopped due to an increase in blood pressure. The practice then implemented a recall system for the remaining patients receiving this treatment. They are in the process of delivering the intervention and re-auditing the outcome.

Effective staffing

The practice completed a staffing review following changes in practice management and the administrative team. For example, they had introduced a deputy practice manager.

In addition, the health care support worker role was developed and extended so they could give injections after appropriate training and the practice developed a new role of a specialist primary care community nurse.

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, who attended regular updates and had protected time for training and meetings. For example, the practice demonstrated systematic training and competency assessment for the health care support worker role and skills development.
- 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, such as a 'handling difficult circumstances' session at a TARGET training meeting.
- TARGET training sessions were supported by the local clinical commissioning group. The practice closed for half a day, once per quarter for 'Protected Learning Time'. 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. The practice ensured older people and those at risk of hospital admission were discussed at the multi-disciplinary meeting with community matrons and district nurses, co-ordinated by the specialist primary care community nurse.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and local voluntary services like a befriending service. Patients were signposted to the relevant service.
- A dietician was available by referral and smoking cessation advice was available from the practice-based health care assistant.
- There were monthly meetings with health visitors to manage child and family concerns.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 84% and the national average of 82%.

Data for 2015/16 showed there was an outlying exception report rate for cervical screening of 4%, compared to the local CCG average of 6% and a national average of 6%.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening

test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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 cancer screening. For example, patients screened for bowel cancer in the last 30 months was 67% which was comparable to the local CCG average of 66% and a national average of 58%. The percentage of females, aged 50-70 years, screened for breast cancer in the last 36 months was 76% which was comparable to a local CCG average of 72% and national average of 72%.

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 70% to 100% , compared to a local CCG average of 82% to 99% and five year olds from 89% to 100%, compared to a local CCG average 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. For example, the practice had completed health checks for 76% of the patients with a learning disability.

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 21 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. Patient comment cards used words including professional, warm, polite, friendly, patient and helpful to describe staff. There were no negative comments.

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 published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above the local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% 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%.
- 93% 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%.

- 93% 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%.
- 92% 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%.
- 92% 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 in line with or above local and national averages. For example:

- 93% 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%.
- 93% 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%.
- 84% 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.

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

Are services caring?

a number of support groups and organisations, for example, diabetes charities, healthy eating advice, Age Concern, a Stroke support group and an ex-military personnel support charity. 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 96 patients as carers (just over 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them on a noticeboard in reception.

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 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, the practice was part of a pilot project to test the e-consult system to improve access for patients who could not attend during usual working hours. This was evaluated positively and was implemented across the CCG.

- The practice offered extended hours until 7.30 pm on Monday evenings and from 7.30am to 8am on Tuesday and Wednesday mornings for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, the practice acknowledged and acted on complaints regarding the telephone system. A new telephone system is being installed in November 2016.

Access to the service

The practice is open between 7.30am and 6.00pm Monday to Friday. Appointments are from 8am to 6.30pm daily. Extended hours appointments are offered until 7.30 pm on Monday evenings and from 7.30am on Tuesday and Wednesday mornings. GPs and nurses offer telephone consultations with a triage clinic held every morning and an emergency clinic held every afternoon.

In addition to pre-bookable appointments that could be booked up to four 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 mixed, when compared to the local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 88% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice told us they were aware of complaints regarding the telephone system and how some patients found it difficult to get through on the phone. They had liaised with the Patient Participation Group (PPG) and ordered a new telephone system to make access easier.

Patients told us on the day of the inspection that they were always able to get appointments when they needed them and were positive about the system for same day access.

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.

Patients were asked to call for a home visit and these are triaged by the primary care specialist community nurse according to need. Visits requiring medical attention were then distributed among GPs who triage their own workloads, according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

The practice responded to the elderly housebound population and their needs for home visits, before the end of surgery, by recruiting a specialist Primary Care community nurse (SPCCN) who co-ordinated the home visiting service, including proactive weekly visits to local care homes. The SPCCN identified the most vulnerable 2% of the older population, providing care plans for admission avoidance and end of life care and co-ordinating multi-disciplinary work with community staff. The GPs are then provided with updates and a clinical discussion takes place to ensure safe care is provided. The SPCCN delivered adult minor illness clinics in the afternoons.

Are services responsive to people's needs?

(for example, to feedback?)

The practice audited the impact of the SPCCN role on home visits and found that GPs delivered 49 out of 160 home visits in July 2016 compared to 133 out of 133 home visits in July 2015. This represents a reduction in GP workload of 70%. The audit also found that patients were highly satisfied with the service and complimented the practice on its responsiveness and support for housebound patients.

Listening and learning from concerns and complaints

There were 11 complaints received in the last year which included those via NHS choices website, written letters, face to face or verbal comments and those that came via NHS England.

The practice had an inconsistently applied system in place for handling complaints and concerns. For example, we found that five of the complaints had no written response to the patient. Instead, there was a written record of the concern and the conversation and how the investigation was conducted. There was one example that did not signpost patients to the NHS Ombudsman if they were unsatisfied with the practice response. We alerted the practice to this who acted immediately and amended the complaints policy and how it would be applied in the following the inspection. We saw evidence that there was a review of the complaints process by the practice within 48 hours of inspection, although it would take time for this to be embedded within the practice.

- Its complaints policy and procedures were re-written within 48 hours to ensure they were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website, in the newsletter and a practice leaflet dedicated to complaints.
- All other complaints were dealt with satisfactorily, in a timely way and with openness and transparency.

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, one patient complained about staff attitude when trying to get an appointment. The practice manager investigated, reviewed the contributory factors, spoke to the patient and apologised. The outcome of this was that the complaint was shared with the whole practice and discussions were led regarding communication with patients. The whole practice team were able to attend a “handling difficult situations” training session to ensure staff were able to respond to patients in a different way in the future. The practice documented their discussion and the learning.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a 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.

Governance arrangements

We found on inspection that not all governance systems or processes were fully established and operated effectively to ensure the governance systems of the practice kept patients safe. For example, systems related to prescription security, access to an emergency medicine, application of the complaints process, recruitment processes, registration checks and the overview of training updates for adult and child safeguarding. The practice responded and updated their governance framework and policies to better support the delivery of the strategy and good quality care.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice conducted a staffing review to ensure the roles of staff that had left the practice were appropriately replaced to meet the needs of the practice. For example, the health care support worker role was developed and extended and the practice has developed the role of the specialist primary care community nurse.
- There was a nominated practice lead for safety who had undertaken additional safety training. They told us impact of this was that they were able to role model use of the clinical commissioning group incident reporting system to colleagues so patient safety was optimal.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained for example not all patients had their long term conditions reviewed, and not all patients had positive health promotion such as for women through cervical cytology.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. There was an action plan documenting the practice goals and objectives and identifying areas for improvement, prior to inspection. For example, the telephone system was changed, there was a review of access to appointments and policy changes were made as new managers were appointed.

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.

The practice had recently implemented staff changes, with a new practice manager and deputy practice manager. Together with the lead GP they had identified improvements and created an action plan. This was in the process of being implemented and considered a “work in progress”.

There was an open approach regarding the work that had yet to be completed.

The inspection process highlighted several systems which required improvement and these were all recorded and acted upon within 48 hours. However, the examples were not identified until the day of inspection and as such, had yet to be embedded or operated effectively.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

- During the inspection, it was identified that the complaints policy was not always correctly followed and not fully embedded. This was rectified within 48 hours. The practice gave affected patients reasonable support, truthful information and a verbal and written apology.

Are services well-led?

Requires improvement 

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

- The practice aimed to keep 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. These were divided into monthly partners and managers meetings, six weekly nursing meetings, with whole practice meetings every two months.
- 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 told us there was daily availability of the lead GP and senior nurses.
- 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 through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. of over

The practice had gathered feedback from patients through the friends and family test on a tablet computer in the waiting room and via social media presence. They had run an online survey which received 900 responses.

The July-Sept 2016 Friends and Family feedback was analysed by the practice and provided three main points for the surgery to act on. The action plan detailed how the practice aimed to improve the telephone system, promote the use of the e-consult system and review the appointment system to make more routine slots available.

- The practice received feedback 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. Staff told us they felt they were provided with good pastoral support and were involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice lead GP demonstrated engagement with the project 'Looking at future transformation Primary Care in Gosport' by leading some of the working groups on behalf of the CCG. For example, they acted as pilot site for the e-consult service which has been implemented across the local area.

The patient survey and friends and family test formed part of the practice improvement plan.

The aim was to run a more local additional survey via email and build a targeted action plan based on local need within the next three months.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems or processes were not fully established and operated effectively to ensure the governance systems of the practice.</p> <p>The practice governance systems did not always operate effectively:</p> <p>For example, systems related to prescription security, access to an emergency medicine, application of the complaints process, recruitment processes such as professional registration checks for the Nursing Midwifery Council (NMC) and the overview of training updates for adult and child safeguarding.</p> <p>This was in breach of regulation 17(1) 17 (2) f of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>