

Alexander House Surgery

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 Alexander House Surgery on 10 February 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, with the exception of legionella checks and ensuring remedial actions from the fire risk assessment had been carried out.
- Improvement was needed to ensure prescription pads were appropriately logged through the practice.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- Patients said they found it easy to make an appointment with a named GP and that 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 there is a system in place for monitoring the use of prescriptions pads in the practice.
- Ensure recommendations made in the fire risk assessment are actioned.

The areas where the provider should make improvement are:

Summary of findings

- Review checks of water temperatures in line with the recommendations made in the legionella risk assessment.
- Review the programme of appraisals as planned.
- Ensure all staff who act as chaperones have received appropriate training.

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.

Requires improvement



- 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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 with the exception of ensuring chaperone staff training records are appropriately maintained.
- Risks to patients were assessed and managed with the exception of legionella checks and ensuring remedial actions from the fire risk assessment had been carried out.
- Improvement was needed to ensure prescription pads were appropriately logged through the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice similar to others for several aspects of care.

Summary of findings

- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice worked closely with the community mental health teams to support patients with a mental health condition.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- 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.

Good



Summary of findings

This included arrangements to monitor and improve quality and identify risk. However some elements in regard of recording training, tracking prescription pads and monitoring risks required improvement.

- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. The practice is rated as requires improvement for the safe domain.

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.
- The practice offered longer appointments to older patients to proactively address medical and social needs.
- The practice routinely visited care homes in the area to provide care and treatment and administer vaccines.
- The practice had developed a housebound register identifying those patients who needed home visits.
- All GPs held personal lists 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. The practice is rated as requires improvement for the safe domain.

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 identified with diabetes having a foot examination in the past 12 months was 91% in comparison to the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency 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 84%, which was comparable to 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.

Working age people (including those recently retired and students)

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

- 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.
- Well woman clinics were offered on Saturday mornings.
- Telephone triage was available for urgent on the day appointments.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

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

People experiencing poor mental health (including people with dementia)

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

- A total of 95% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the past 12 months which is above the national average of 84%
- Indicators for patients with a mental health condition showed that the practice was performing above the national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive agreed care plan documented was 94% compared with the national average of 88%.
- Patients with a mental health condition which was stable were able to receive their depot medicine injections at the practice.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing in line with local and national averages. A total of 257 survey forms were distributed and 113 were returned. This represented **1%** of the practice's patient list.

- 77% of patients found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 74% and a national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 88% and a national average of 85%.
- 85% of patients described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 88% and a national average of 85%.

- 77% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 81% and a national average of 78%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. For example, patients commented on how clean and hygienic the surgery was and how the staff took the time to listen to patients stating they received excellent care.

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

Alexander House Surgery

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 second CQC inspector and a practice manager specialist adviser.

Background to Alexander House Surgery

Alexander House Surgery is situated in an urban area of Farnborough. The practice has approximately 9200 patients on its register.

Treatment rooms are predominantly on the ground floor with two available on the first floor. There is no lift access to the first floor. Arrangements are made to see patients with limited mobility on the ground floor.

The practice provides services under a NHS Personal Medical Services Contract and is part of the North Hampshire and Farnham Clinical Commissioning Group (CCG).

The practice has a slightly higher than average number of patients who are aged 85 years and older and those aged 40 to 49 years of age. Alexander House Surgery is situated in an affluent area of Farnborough and there are low levels of deprivation.

The practice has five GP partners, who provide a total of 4.75 whole time equivalent staff. In addition there is one nurse practitioner, a practice nurse and two health care assistants. There is a practice manager and a team of administration and reception staff. The practice is a teaching practice for medical students.

The practice is open between 8am and 6:30pm Monday to Friday. Appointments are from 8am to 12pm every morning and 2pm to 6:30pm daily. Individual GP and nurses appointment times vary but these are published both on the website and at reception. Extended surgery hours are offered on Thursdays until 8pm and on the mornings of the first and third Saturday of each month. In addition, pre-bookable appointments can be booked up to two weeks in advance. Each GP triages their own patient list and offers an urgent appointment if a patient required this. Home visits are also available.

We inspected the only location which is situated at:

2 Salisbury Road, Farnborough, Hampshire, GU14 7AW

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

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.

Detailed findings

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 10 February 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient had abnormal blood results and there were delays by the practice and the hospital to follow this up for a formal diagnosis. The patient did receive appropriate care and further investigations, once this had been identified. The incident was discussed at the practice meeting and processes were implemented to ensure there was follow up of the initial management of the condition and consideration of other diagnosis.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 that reflected relevant legislation and local requirements and 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 relevant to their role. GPs were trained to Safeguarding level 3.

- A notice in the waiting room and consulting rooms advised patients that chaperones were available if required. Training had not been provided for all staff that acted as chaperones. We found one member of staff had received training and was required to cascade this training to other members of staff. However, there was no evidence this had been done. The practice had organised chaperone training for April 2016 to ensure all staff were appropriately trained to carry out this role. All staff who acted as chaperones had received a Disclosure and Barring Service check (DBS) or had a risk assessment to demonstrate why a DBS check was not needed. (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 most recent audit carried out in February 2016 demonstrated that improvements had been made as needed from the audit six months previously. For example, ongoing replacement of fabric covered chairs for ones which were easily cleaned. However, one member of staff was reluctant to use foot operated pedal bins in their clinical area, which was an infection control risk.
- Cleaning of the premises was carried out by external contractors, daily and weekly schedules were in place, which were monitored by practice staff, to ensure appropriate standards were maintained.
- The practice undertook minor surgical procedures and arrangements were in place to ensure only single use equipment was used.
- The practice had a protocol for handling specimens and staff confirmed that these were followed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing

Are services safe?

was in line with best practice guidelines for safe prescribing. The practice held a small stock of controlled drugs and these were stored securely and the required records were maintained.

- Systems in place did not ensure that prescription pads used were accurately logged. We found that prescription pads were stored securely. The practice had logged the amount of prescriptions pads, but not the serial numbers, so they were unable to track usage. Printer paper prescriptions were appropriately stored and tracked through the practice.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a GP or nurse was on the premises.
- We reviewed three personnel files of staff that had been recruited in the past 12 months. We 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 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.

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 carried out regular fire drills and checks on the fire alarms and fire extinguishers. The practice had had a fire risk assessment carried out in March 2013, but had not

taken remedial action recommended. For example, a recommendation had been made to fit a carbon monoxide detector near to the boiler, and test the detector monthly, but this had not been carried out.

- A five yearly electrical wiring inspection had been carried out and all remedial work associated with this check had been completed.
- 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). We found that the Legionella risk assessment was complete, but monthly checks on water temperatures had not been carried out as recommended in the risk assessment. This could result in bacteria forming which could pose a risk to staff or patients due to poor water temperature control.
- 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 that enough staff were on duty. The system detailed the minimum numbers of staff who were needed to ensure the smooth running of the practice. Staff were trained and skilled to cross cover different roles, for example, handling prescriptions and reception duties. Staff we spoke with confirmed this.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

Are services safe?

- 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better than the national average. For example the percentage of patients identified with diabetes having a foot examination in the past 12 months was 91% in comparison to the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was below the national average with 78% of patients having a reading of less than 150/90mmHg in the past 12 months in comparison to the national average of 84%.
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients with a diagnosis of bipolar affective disorder, schizophrenia and other psychoses having agreed documented care plans over the past 12 months was 94% in comparison to the national average of 88%.

Clinical audits demonstrated quality improvement.

- There had been 12 clinical audits completed in the last year related to referrals to secondary care; equipment use and prescribing of a specific antipsychotic medicine for patients with a mental health condition and related health checks that they needed whilst on this medicine.
- We looked at a clinical audit which had been completed in the past three years. The lead GP told us that all GPs were expected to undertake three audits per year. For example, one completed audit related to prescribing of a specific antibiotic to ensure it had been prescribed appropriately.

The first cycle undertaken between September 2014 and November 2014 showed that 66 patients had been prescribed this antibiotic and a total of 71 prescriptions had been issued. The results showed that 72% of prescriptions had been prescribed outside of the recommended guidelines.

A second cycle of the audit was carried out between January 2015 and April 2015. A total of 61 patients were prescribed this antibiotic with a total of 61 prescriptions being issued. Results showed there was a 14% reduction in the number of prescriptions for this specific antibiotic. Of the remaining prescriptions only 28% had been prescribed according to the recommended guidance, which was the same percentage as the first audit.

The practice recognised that ongoing work was needed to ensure this specific antibiotic was prescribed when appropriate and planned further medicine reviews to monitor this.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included review of patients' inhaler techniques, which increase the use of spacer devices and improved the effectiveness of treatment that patients were receiving.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and

Are services effective?

(for example, treatment is effective)

safety and confidentiality. We found the programme was comprehensive and completed over a period of two months to ensure staff were competent and confident to carry out their role.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Staff were also offered training to develop their skills. For example, one practice nurse was undertaking a nurse practitioner course and another had commenced a practice nurse course.
- 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 support during sessions, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff had not received an appraisal since 2014 due to the practice manager being on maternity leave. We found that these had been planned for February and March 2016.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.

- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. We also found that care plans were shared with the patient and with care homes and other service providers.

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. All staff had received training on the Mental Capacity Act 2005 and deprivation of liberty. 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 records audits. For example, consent for minor surgery procedures was obtained and the proforma was scanned into the patients' records when it had been completed.

Supporting patients to live healthier lives

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

- These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A health care assistant was trained to offer weight loss programmes and smoking cessation sessions.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 84%, which was comparable to 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.

Childhood immunisation rates were comparable to CCG averages. For example, childhood immunisation rates given to under two year olds ranged from 89% to 97 % and five year olds from 92% to 96%.

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.

All of the 23 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. On the comments cards patients named their GPs in relation to the excellent care they considered they received.

We spoke with two members of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 86% of patients said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 88% and 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 97% and national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.

- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and 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 on the comment cards we received was also positive and aligned with these views.

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 slightly below or in line with local and national averages. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

Staff spoken with were unfamiliar with what translation services were available for patients who did not have English as a first language. There were no notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

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. The practice engaged with the Farnborough locality meetings to share best practice and develop service provision. For example, all GP practices in the Farnborough locality offered after school urgent appointments, aimed specifically at school aged children within their afternoon sessions.

- The practice offered appointments up until 8pm on a Thursday evening for working patients who could not attend during normal opening hours.
- There is a dedicated urgent after school clinic from 3:30pm daily for school aged children.
- There were longer appointments available for patients with a learning disability. Information leaflets had been produced in easy read format for these patients for example, on understanding the different types of antibiotics and about cervical screening.
- The practice had a house bound patient register with an alert on their system to identify these patients and offered home visits for older patients and other patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately. Patients were referred to other clinics for vaccines available privately.
- There were disabled facilities and a hearing loop available. There was no information available in reception about translation services. However, it was noted that the ethnicity of the practice population was largely white British.
- There was no lift access to the consulting rooms on the first floor. However, there was a notice for patients to inform reception if they were unable to use the stairs to access these rooms. Appointments were then provided in a downstairs consulting room.
- All patients had a named GP.
- Patients over 75 were offered double appointment slots.

- Antipsychotic depot medicines (injections) were offered at the practice with an annual check-up also offered. There was a strong link with the local community mental health team to follow up on non-attendance to appointments.
- The practice had begun the process of becoming a dementia friendly practice. This was in its infancy and the practice had started to engage with other organisations to develop ways to adapt the service provided.

Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. Appointments were from 8am to 12pm every morning and 2pm to 6:30pm daily. Individual GP and nurses appointment times varied but these were published both on the website and at reception. Extended surgery hours were offered on Thursdays until 8pm and on the mornings of the first and third Saturday of each month. In addition, pre-bookable appointments could be booked up to two weeks in advance. Each GP triages their own patient list and will offer an urgent appointment if a patient required this.

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

- 61% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 77% of patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and national average of 73%.
- 57% of patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 47% and national average of 36%.

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

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?)

- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system such as a complaints form on the back of the screen located by the reception desk. Patients we spoke with said they would approach the practice manager if they had any concerns. Information was also available on the practice's website around how to make a complaint.

We looked at four complaints received in the last 12 months and found that these were dealt with in a timely

and satisfactory manner. There was openness and transparency when dealing with complaints and when needed an apology was made. We noted that the practice did not record verbal complaints or concerns received to enable themes to be detected more easily.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a privacy barrier had been installed in the waiting area to promote confidentiality, as the area was restricted and concerns had been raised about conversations being over heard.

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 did not have a formalised mission statement, but aimed to provide continuity of patient care and promote health and wellbeing. Staff knew and understood these values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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. Staffing skills and levels were consistently monitored to enable staff to develop in their role and provide cover for each other to ensure consistent patient care and treatment.
- The practice had arrangements for succession planning in place, for example, the lead GP was due to retire in March 2016 and arrangements had been made to facilitate a smooth handover of responsibilities.
- One nurse was in the process of completing a nurse practitioner course in order to take on more responsibilities.
- The practice was aware of the limitations of the current premises and was working with the CCG and local council to find out what alternative premises could be available for the practice to use in the local area.
- 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 which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing

- Recommendations made in the fire risk assessment had not been actioned.
- There was a lack of systems in place for monitoring the use of prescriptions pads in the practice.
- Training for chaperones had not been given as planned.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- They 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 there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. The practice did not hold whole practice away days, but ensured that all staff were able to access regular meetings for their staff group to enable information exchange and discussion around future developments. Staff we spoke with confirmed this. In addition social events were held regularly throughout the year to promote and maintain teamwork.
- 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.

Are services well-led?

Good 

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

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. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a sign was installed indicating where toilet facilities were to assist patients who had to provide urine samples.

- We spoke with two members of the PPG who both considered that there was effective and proactive engagement with the partners. They also said that they produced a newsletter three or four times a year which

included information on practice developments and highlighted health issues. For example, one newsletter had information on sleep apnoea () as this was a condition which affected patients registered with the practice.

- The practice had gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, for example enabling nurses to develop in their roles and attend specific training to enable them to achieve this, such as practice nursing courses. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong 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.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not have suitable systems in place to ensure the safety of patients and staff in the practice. Action was not taken to ensure identified risks were mitigated.</p> <p>Recommendations made in the fire risk assessment had not been actioned.</p> <p>There was a lack of systems in place for monitoring the use of prescriptions pads in the practice.</p> <p>This was in breach of regulation 12(1) (2) (a) (b) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	