Charlton Hill Surgery

Quality Report

Charlton Road
Andover
Hampshire
SP10 3 JY
Tel: 01264 337979
Website: www.charltonhillsurgery.co.uk

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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?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of Charlton Hill Surgery. Charlton Road. Andover. Hampshire. SP10 3JY on 27 November 2014. Overall the practice is rated as good.

This practice has a branch surgery at The White House 1 Newbury Road. Enham Alamein. SP11 6HG. We did not inspect the branch surgery.

Specifically we found the practice was good for providing well led, effective, safe caring and responsive services. It was also rated good for all the population groups we looked at.

Our key findings were as follows:

- Patients were complimentary about the care and support they received from staff. All of the patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.
- Risks to patients were well managed, needs were assessed and best practice guidance followed.
- Staff felt supported by the management and told us they were committed to providing a service that put patients first.
- There was sufficient staff who received regular training and on-going support through an effective appraisal system.
- The practice responded to the changing needs of the different population groups that used the practice. On Monday evenings after 18:30 and Saturday mornings the practice offered pre booked non-urgent appointments.
- The practice worked with other health and social care professionals and organisations to ensure their patients received the most effective support and treatment.
- The practice proactively sought feedback from staff and patients and this had been acted upon. The practice had an active patient participation group. This practice had a better than national average score for dementia diagnosis in older patients.
- GPs supported the elderly in nine local care homes

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?

Good

The practice is rated as good for safe.

Entry and exit to and from the reception and waiting areas were all on one level. There was a clean and tidy waiting area.

Staff told us they were trained in and aware of their responsibilities for safeguarding of vulnerable adults and children. There were systems and processes in place to raise concerns with a culture of reporting and learning from incidents within the practice.

Staff followed suitable infection control practices and the equipment and environment were maintained appropriately.

Vaccines, medicines and prescriptions kept on the premises were stored securely. There were suitable systems for the receipt, storage, record and administration of vaccines.

The practice had suitable arrangements in place for dealing with emergency situations and we saw there was a policy and procedures in place to deal with any interruption to the service provided.

Are services effective?

Good

The practice is rated as good for effective.

There were sufficient staff who received regular training and on-going support through an effective appraisal system.

There were systems in place to ensure there were sufficient staff to meet patient needs. Patient needs were assessed and care and treatment was delivered in line with current legislation and best practice.

The practice had systems and processes in place to make sure that standards of care were effectively monitored and maintained.

The practice worked with other health and social care professionals and organisations to ensure that their patients received the most effective support and treatment.

Information was shared with relevant stakeholders such as the clinical commissioning group and NHS England.

Are services caring?

Good

The practice is rated as good for caring.

Summary of findings

Patients told us that they were well informed about their care and treatment. We observed people being treated with dignity and respect. Staff provided privacy during all consultations and reception staff maintained patient privacy, dignity and confidentiality when registering or booking in patients.

All the patients we spoke with, and the comments we received were complimentary of the care and service staff provided.

Are services responsive to people's needs?

Good

The practice is rated as good for responsive.

The practice understood the needs of their patient population and this was reflected in the practice environment and systems used to meet some of the needs of their patients.

Patients told us they could always get an emergency appointment the same day and waiting time for routine appointments was satisfactory.

The practice obtained and acted on patients' feedback. The practice learned from patient experiences, concerns and complaints to improve the quality of care.

Are services well-led?

Good

The practice is rated as good for well-led.

There was a clear leadership structure and staff felt supported by management and a culture of openness and honesty was encouraged.

The staff worked as a team and ensured that patients received a high standard of care. Staff had received induction, regular performance reviews and attended meetings.

Risks to the safe and effective delivery of services were assessed and addressed in a timely manner. A suitable business continuity plan was in place. The practice had a number of policies and procedures to govern activity and regular governance meeting had taken place.

The practice proactively sought feedback from staff and patients and this had been acted upon. The practice had an active patient participation group.

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

Good

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

Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example in dementia and end of life care. The practice was responsive to the needs of older people, including offering home visits and rapid access appointments for those with greater needs. The GPs supported the elderly in nine local care homes.

The practice also interacted with the voluntary sector, community geriatrics and older mental health services.

People with long term conditions

Good

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

Patients in this population group received safe, effective care which was based on national guidance. Care was tailored to patient needs, there was a multi-disciplinary input and was reviewed regularly.

The practice provided regular clinics for patients with diabetes, respiratory and cardiac conditions. The practice had a diabetes nurse specialist and three GPs, who had received specialist training, to provide diabetic care.

Families, children and young people

Good

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

The practice followed national protocols and staff were aware of their responsibilities and the various legal requirements in the delivery of care to people in this population group. They worked with other health and social care providers to provide safe care.

Immunisation rates were relatively high for all standard childhood immunisations. Patients told us and we saw evidence that children and young people were treated in an age appropriate way and recognised as individuals. We were provided with good examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Good

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

Summary of findings

There was an appropriate system of receiving and responding to concerns and feedback from patients in this group who had found difficulty in getting appointments. The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs of this population group. On Monday evenings after 18:30 and Saturday mornings the practice offered pre booked non-urgent appointments.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the population group whose circumstances may make them vulnerable.

There was evidence of good multidisciplinary working with involvement of other health and social care workers. Staff were trained on safeguarding vulnerable adults and child protection.

We were told that social services had recommended this practice for their care of patients with learning difficulties. The practice had taken part in a learning disabilities audit on completed health checks 2013/2014. This had been conducted by Southern Health NHS Foundation Trust and showed that during the audit dates 51% of patients registered with the practice who were eligible, received a learning disabilities annual health check. This figure was congratulated by Southern Health and the practice was encouraged to improve the uptake for the next year.

People experiencing poor mental health (including people with dementia)

Good

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

The practice ensured that good quality care was provided for patients with mental health illnesses. The practice had a nominated lead who linked with other health professionals and community teams to ensure a safe, effective and co-ordinated service. The practice offered proactive, personalised care that met the needs of the older people in its population and had a range of enhanced services, for example in dementia. Data showed that this practice had a better than national average score for dementia diagnosis in older patients.

Summary of findings

What people who use the service say

During our visit we spoke with 10 patients, including three members of the patient participation group (PPG) and reviewed 30 comments cards from patients who had visited the practice in the previous two weeks. All the feedback we received was positive. Patients were complimentary about the practice staff team and the care and treatment they received. Patients told us that they were not rushed, that the appointments system was effective and staff explained their treatment options clearly. They said all the staff at the practice were helpful, caring and supportive.

Charlton Hill 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, a specialist advisor practice manager and an expert by experience.

Background to Charlton Hill Surgery

Charlton Hill Surgery, Charlton Road. Andover. Hampshire. SP10 3JY is a general practice (GP) surgery that provides NHS services. It is a purpose built surgery located close to the Andover War Memorial Hospital.

The practice had two GP trainers and one appraiser and at the time of our visit had six partner GPs, one female and five male. The practice also had two GP associates and a registrar GP. All the consulting rooms and waiting areas afforded good disabled access. The practice had approximately 11,000 patients on its list. The practice area was described as being 75% urban and 25% rural. The patient list size had increased by 2,000 since July 2011 and the practice visited patients in nine nursing or residential homes within the practice area.

Out of Hours urgent medical care was provided when the practice was closed, Monday to Friday and all day and night at the weekends and public holidays.

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. This 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.

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.

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 asked the practice to send us information about themselves, including their statement of purpose, how they dealt with and learnt from significant events and the roles of the staff. We carried out an announced visit on 27 November 2014.

During our visit we spoke with a range of staff including GPs, practice nurses, the practice manager, administration staff and reception staff. We spoke with patients who used the service. We reviewed comment cards where patients and members of the public had 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?

Detailed findings

• Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks 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 living in vulnerable circumstances

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

The practice had a higher percentage rate than the England average for patients in the age ranges male and female 40-55, 60-70 and females over 85.

The practice showed a better than national average score for the percentage of patients aged 65 and older who had received a seasonal flu vaccination. The practice was also better than national average for the percentage of patients aged between six months and 65 years of age in the defined influenza clinical risk groups that received the seasonal influenza vaccination.

The percentage of children receiving their immunisations were generally better than the Clinical Commissioning Group average for the area.

The practice had a better than average score for having a register for learning disabilities for their patients aged 18 and over. They had a palliative care register and held regular multidisciplinary meetings. Patient satisfaction showed that 86.5% would recommend the practice, 88% were satisfied with telephone access to the practice and 80% were satisfied with the opening hours.

Good

Are services safe?

Our findings

Safe Track Record

The GPs worked closely with the practice manager on governance at the practice and monitored incidents, near misses and significant events. The practice GPs met on a regular basis to discuss safety of patients and safe care of patients. Any learning points were discussed openly and any actions were taken and systems changes were made where appropriate.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. We saw some reports of those events and were able to discuss the process for recording incidents with the practice manager and the GPs. All serious events were discussed at GP partners' meetings and practice meetings. This provided senior staff with the opportunity to discuss the incident and to record any learning points. We saw an example where systems within the practice had been changed to minimise further risks. There had been a fault on the practice alarm system and an employee saw that the message that appeared on the system was ambiguous. The employee thought the alarm had been set when it had not. The fault was repaired and the alarm messages were checked with staff to make sure they were explained properly and understood.

Reliable safety systems and processes including safeguarding

Patients were protected from the risk of abuse, because the practice had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff at the practice had taken part in training in safeguarding children and vulnerable adults at an appropriate level for their role. One of the GP partners who took the lead in safeguarding had taken part in level three training in the subject.

Staff we spoke with were clear about their responsibilities to report any concerns they may have. Staff gave examples of safeguarding, when they would have had concerns and how they would deal with those concerns. Any case of concern was discussed during the clinical meetings.

Staff were also aware of the practice "whistleblowing" policy and understood it.

The practice offered patients the services of a chaperone during examinations if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure.) Staff told that this service was offered to patients and only performed by nurses.

Medicines Management

Arrangements were in place in relation to the management of medicines at the practice. These included safe storage, records and disposal.

The practice maintained a log of daily fridge temperature checks. Staff were aware of protocols to follow if the fridge temperature was not maintained at the optimum temperature. We saw that the medicines cupboard and the vaccines refrigerator in the nurses' treatment rooms were securely locked.

We checked the emergency medicines and found that all the medicines were in date. There was a log maintained with the expiry dates of all the medicines available in the kit. The vaccinations were stored in suitable fridges at the practice. All the medicines and vaccines that we checked were within their expiry date.

There was a GP lead for prescribing and regular audits and reviews of the prescriptions of patients with long term conditions was undertaken using the data collection tools on the practice computer systems. Yearly prescription reviews were undertaken. A prescribing advisor attended the practice on a regular basis and assisted to keep the practice up to date with possible issues. Medicines management was included as a regular slot at the weekly clinical meetings.

Prescription pads were securely kept in a locked cupboard within a designated area of the practice.

Cleanliness & Infection Control

A lead nurse was responsible for infection control procedures at the practice. There were appropriate policies and procedures in place to reduce the risk and spread of infection. Nurses confirmed that the lead nurse for infection control had been on a training course for this subject and had cascaded the training down to other staff.

Patients commented positively on the standard of cleanliness at the practice. The premises and especially the nurses' treatment room appeared very clean and well maintained. Work surfaces were easily cleanable and were clutter free. The room was well organised with well

displayed information, sharps box and foot pedal operated waste bins. We spoke with one of the nurses who clearly described the procedures in place to maintain a clean and safe working environment.

Hand washing guides were available above all sinks both in clinical and patient areas. There were bacterial soap pump dispensers and hand towels in all areas. Personal protective equipment (PPE) such as gloves and aprons were available for staff and they were aware of when PPE should be used. There was good segregation of waste. Clinical waste was disposed of appropriately and after being removed from the practice was kept in locked waste bins to await collection.

The practice contracted cleaning services out to a company and we saw that there were completed regular schedules of areas that had been cleaned. The recommended colour coded cleaning equipment was stored correctly together with Control of Substances Hazardous to Health (COSHH) information.

Equipment

The practice had appropriate equipment, emergency medicines and oxygen to enable them to respond to an emergency should it arise. These were checked regularly by the practice nurses to ensure the equipment was working and the medicines were in date so that they would be safe to use should an emergency arise. The practice had an Automated External Defibrillator (AED). An AED is used in the emergency treatment of a person having a cardiac arrest.

Staff had taken part in emergency life support training and were able to describe their training and felt confident that they could respond appropriately to an emergency in the practice.

Regular checks were undertaken on the equipment used in the practice. Examples of recent calibration checks of equipment by a contactor were seen. Continual risk assessing took place in all areas of the practice and we saw evidence of the assessments in the health and safety file.

Staffing & Recruitment

The provider had a suitable process for the recruitment of all clinical and non-clinical staff. The practice carried out pre-employment checks which included appropriate references, and where required criminal record checks, such as using the Disclosure and Barring Service (DBS). Newly appointed staff received an induction which included explanation of their roles and responsibilities and access to relevant information about the practice including relevant policies and procedures.

The staff we spoke with told us that they had worked at the practice for a number of years. The practice manager and GPs we spoke with told us that they felt the stable and experienced work force provided a safe environment for their patients. Staff at this practice worked as a team to cover the practice opening hours and would adjust their hours to cover any sickness or annual leave.

Monitoring Safety & Responding to Risk

Risk assessments were carried out for safety in the practice and emergency procedures were carried out such as fire alarm testing and evacuation procedures. Changes to risk were monitored and responded to as and when required.

The practice conduct regular fire drills to ensure fire safety was high. The last fire evacuation drill was conducted on 17 November 2014; however this was done when there were no patients in the practice. Continual risk assessment of areas of the practice took place and evidence of the assessments was found in the Health and Safety file.

Equipment testing and fire extinguisher testing were up to date. Equipment was checked regularly and when sourcing new equipment, required standards were checked.

Arrangements to deal with emergencies and major incidents

The practice had appropriate equipment, emergency drugs and oxygen to enable them to respond to an emergency should it arise. We saw that the practice had a business continuity plan. This is a plan that records what the service will do in an emergency to ensure that their patients are still able to receive a service.

Elements of this plan had been recently tested to check that it would be robust in the case of an emergency and the information in the plan was comprehensive and detailed.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice took into account national guidelines such as those issued by the National Institute for Health and Care Excellence (NICE). The practice had regular weekly meetings where clinical and monthly meetings where business issues relevant to patient care, and significant events and complaints were discussed. There were multi-disciplinary meetings known as "white board" meetings attended by GPs and nursing staff to discuss the care of people and follow up of patients discharged from hospital back into the community. These were held on a weekly basis and every month a member of the voluntary sector attended.

The meetings covered various clinical issues. An example seen was in regards to individualising new patient care; all new patients were offered new patient checks and NHS checks as appropriate (of which there was good uptake). Chronic disease management appointments were offered as appropriate, as well as GP appointments when required.

Management, monitoring and improving outcomes for people

The practice had a system in place for completing clinical audit cycles. The practice had systems and processes in place to ensure that standards of care were effectively monitored and maintained. The practice carried out regular clinical audits to ensure the treatment they offered patients was in line with relevant guidance. There was evidence of learning from the audit process. An example seen was a Warfarin audit; the first audit took place in 2014. A review of time in therapeutic range (TTR) will follow. The second audit would be due in February 2015.

The practice managed patients with long-term conditions and staff were aware of procedures to follow to ensure that patients on the quality and outcomes framework (QOF) disease registers were contacted and recalled at suitable intervals. The practice used QOF to improve care, for example, by exploring clinical changes for conditions such as diabetes. The practice used QOF to evidence that they had a register of patients aged 18 and over with learning disabilities, had a complete register available of all patients in need of palliative care or support, irrespective of age, and that the practice had regular (at least three monthly) multidisciplinary case review meetings where all patients on the palliative care register were discussed.

Effective staffing

Staff received appropriate support and professional development. The provider had identified training modules to be completed by staff which included amongst others safeguarding of children and vulnerable adults. Staff were aware of and had received information about safeguarding and training in infection control and basic life support skills. Staff received supervision and an annual appraisal of their performance.

Staff said that they felt well supported by their colleagues and the practice manager. They said they had been supported to attend training courses to help them in their professional development and there was a culture of openness and communication at the practice and they felt comfortable to raise concerns or discuss ideas.

Working with colleagues and other services

The provider worked in co-operation with other services and there was evidence of good multi-disciplinary team working. An example discussed was that the practice was looking at collaborative working with other practices in the Andover area to see if the practice could benefit from joint working.

Staff felt they worked well as a multidisciplinary team and that there was good involvement of other social and healthcare professionals especially in the care of the elderly. We saw evidence of the practice having regular meetings with occupational therapists and, district nurses. The practice also interacted with the voluntary sector, community geriatrics and older mental health services.

We were told that social services had recommended this practice for their care of patients with learning difficulties. The practice had taken part in a learning disabilities audit on completed health checks 2013/2014. This had been conducted by Southern Health NHS Foundation Trust and showed that during the audit dates 30 out of 59 patients registered with the practice who were eligible, received a learning disabilities annual health check. The audit found that in all of the health checks viewed all met minimal standards with some evidence of excellent practice in follow up work following the health checks. The practice was trying to engage with more patients to encourage them to attend the health checks they had been invited to and identify any reasons why the patients did not attend.

Good

Are services effective?

(for example, treatment is effective)

Information Sharing

Where required information was shared in a responsible and comprehensive way. For example care plans for vulnerable patients were shared and uploaded to the ambulance service and Out of Hours.

The practice manger explained that staff were given training and discussed confidentiality. Staff were able to explain the training they had received about information sharing. An example given was that when insurance companies requested details of patient notes no information was released without first obtaining full consent from the patient and checking with the clinical staff.

Consent to care and treatment

Nurses demonstrated a good understanding of their responsibilities for obtaining valid consent from patients, and patients said that they understood about giving consent and did not feel pressured into agreeing to treatment.

GPs and nurses were aware of capacity issues, best interest meetings and deprivation of liberty safeguarding and when it was deemed the patient did not have capacity to consent then they were aware of the requirements of the Mental Capacity Act 2005 and discussed the matter with the next of kin, carer as well as fellow professionals. An example given was a recent case where a capacity assessment was requested for a patient in a legal dispute.

Health Promotion & Prevention

Notices were visible. There were a number of information leaflets available in the waiting area. These gave information to patients about such things as flu immunisation, dementia, smoking cessation, diabetes clinics, sexual health clinics and immunisation for foreign travel.

The practice ensured that where applicable people received appropriate support and advice for health promotion. Information available to patients was effective; there was an extensive pin-board on the wall in the waiting room which was tidy, up to date, and contained notices relevant to the demographics of the patients.

The practice offered appointments with the practice nurses for patients to obtain dietary advice and general health advice and the practice directed patients to health visitors for advice for young mothers with children under five years.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

Staff said that they respected patients' confidentiality and privacy. The receptionists we observed were calm, efficient, kind and discreet, and multitasked effectively. There were no queues at the desk, and patients were directed swiftly. The reception was accessible to patients with disabilities with lower desk height for wheelchair users. There were signs that asked for patients to respect the privacy of other patients. The practice had found that a recent patient survey had highlighted privacy issues at the front desk. The practice were dealing with this and had plans to alter the reception area with the help of a patient participation group member.

The practice had a system that the receptionist took phone calls at the desk only when all the phones in the back office were busy, confidentiality was maintained as at no time did they mention any name or diagnosis or treatment.

The practice ensured that the Out of Hours service was aware of any information regarding their patients' end of life needs. This meant that patients at all stages of their health care were treated with dignity, privacy and compassion.

Care planning and involvement in decisions about care and treatment

All the patients we spoke with and the comment cards completed were complimentary of the staff at the practice and the service received.

Patients said that they felt listened to and involved in the decisions about the care and treatment. Patients expressed their views and were involved in making decisions about their care and treatment. Patients were given appropriate information and support regarding their care or treatment. Patients told us that the GPs took time to explain things to them. Patients said they had the opportunity to ask additional questions if they needed to and felt their concerns were listened to. One patient told us that they had had a medical check-up four weeks previously and during that was asked about any life style choices.

Patient/carer support to cope emotionally with care and treatment

The practice supported patients following discharge from hospital. Discharge letters were monitored and patients were supported on returning home. Patients were contacted by the practice and care and treatment needs were followed up.

We were told that social services had recommended this practice for their care of patients with learning difficulties.

GPs supported the elderly in local care homes and were assigned care homes to be responsible for. This practice had nine care homes with registered patients that they visited.

The practice also had a single point of access for referrals to district nurses and social services to assess patients who were failing with social and medical issues.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had worked with a patient participation group to produce a practice survey for the wider practice population. A patient survey undertaken in 2014 showed that patients were happy with the service and that it met their needs. We also found this to be the case in our discussion with patients and from the comment cards submitted by patients attending the practice on the day of our visit and before. At the request of patients part of the reception desk had been lowered and better posters had been put up.

Following birth, community midwives provided care before handling over to health visitors for further infant care and advice. Postnatal maternal and baby checks were conducted by doctors at the practice approximately six weeks after the birth. Child immunisations were called regularly and non-attenders are notified to the Health visiting service. The practice is achieving over 90% of its immunisation cohort.

We spoke with seven patients on the day of our inspection. All of the patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We observed staff were careful to follow the practice's confidentiality policy when discussing patients' treatments in order that confidential information was kept private. The practice switchboard was located away from the reception desk which helped keep patient information private. Staff were observed being kind and courteous to patients.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. There was a system in place for flagging whether a patient was at risk of abuse or was a carer.

GP services were provided to local care homes on an individual patient basis. Care homes included one for patients with learning disabilities. The practice had access to online and telephone translation services.

The practice was situated in purpose built premises which were compliant with legal access requirements for disabled patients. All consulting rooms were on the ground floor. There was a door bell for patients with reduced mobility to alert staff to open the main practice door for them. The practice had a hearing induction loop in place and there were toilet facilities for disabled patients and parents with children.

This practice had a loop system in place for patients with hearing needs.

Access to the service

The practice was open at the following times

Monday 08:00 - 20.00

Tuesday 08:00 - 18:30

Wednesday 08:00 - 18:30

Thursday 08:00 - 18:30

Friday 08:00 - 18:30

Saturday 08:00 - 10:00

The practice telephone lines were manned from: 08:00 – 18:30, Monday to Friday, excluding Bank Holidays. (Doors opened 08:00 – 18:30).

On Monday evenings (after 18:30) and Saturday mornings the practice offered pre booked non-urgent appointments only. Patients who needed to see a GP in an emergency during these hours were directed the Out of Hours provider.

Clinics were staggered during the working day and routine appointments were offered between 08:10 and 18:10. Same day appointments were available later than 18:10 if required.

Patients, who wanted advice about test results or other matters when their GP was unavailable, were asked for a contact number for the GP to call them back. This was usually after the GP had finished their consultations. Patients were asked to avoid calling for results before 14:00, as before this time results received may not have been reviewed by their GP.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Home visits were provided by the practice. Patients were requested to contact the practice reception before 10.00am. Home visits were only available for patients who were housebound because of illness or disability.

A GP or nurse in some cases phoned back when the request could be dealt with by telephone advice, or when it would be more appropriate for the patient to see a nurse, or indeed arrange a hospital attendance.

The premises and services had been adapted to meet the needs of patients with disabilities. The reception area had been designed to have lower levels for patients in wheelchairs or on mobility scooters to be able to speak with the receptionist at the same level. All the corridors were wide and the toilet facilities were designed to be fully accessible to meet the needs of patients with disabilities.

Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice.

Complaints were responded to in a timely manner and audits were undertaken regularly to review the working procedures and practices which were amended where applicable. The complaints were analysed to try and ensure that there were no repeats. The practice manager used the information to create learning points where required and these were fed back to staff for information although these learning points and actions taken were not always recorded.

The practice had a culture of openness and learning. Staff told us that they felt confident in raising issues and concerns. We saw that incidents were reported promptly and analysed. Complaints were discussed at meetings with the clinical staff, although evidence of this was not seen in the minutes from the meetings.

A patient we spoke with told us that they had raised a complaint with the practice and this had been dealt with by the practice manager, promptly and to the patient's satisfaction.

A complaints leaflet was available on the reception desk and contained information on referring the complaint to the Parliamentary Ombudsman.

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 and strategy that placed the quality of patient care as their priority. The practice values and aims were described as being patient centred and providing a caring service to their patients. These were communicated to patients in the waiting area and on the practice website. Staff were committed to the practice aims and described the ethos of the practice as being focused on high quality patient care.

Nurses and non-clinical staff said that there was effective communication within the practice, and there was a caring ethos of putting patients first that resulted from the GP leadership. Staff told us the practice had an open and equal way of working to ensure that everybody felt part of the team.

The practice had succession planning on their agenda as three partners had moved from the practice in the last four years. The practice wanted an age range of GP's to enable them to plan for the future working and they were also exploring collaborative working with other practices in the Andover area.

Governance Arrangements

We saw good working relationships amongst staff and an ethos of team working. Partner GPs and the practice nurses had areas of responsibility, such as, prescribing or safeguarding it was therefore clear who had responsibility for making specific decisions and monitoring the effectiveness of specific areas of clinical practice.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at governance meetings and action plans were produced to maintain or improve outcomes.

Leadership, openness and transparency

At this practice we saw a leadership structure which had named members of staff in lead roles. For example there was a lead nurse for infection control and the senior partner was the lead for safeguarding. We spoke with members of staff and they were all clear about their own roles and responsibilities. They all told us that felt valued, well supported and knew who to go to in the practice with any concerns.

The practice undertook and participated in a number of regular audits. We saw that incidents were reported promptly and analysed. We noted examples of learning from incidents and audits, and noted that where applicable practices and protocols had been amended accordingly.

The practice had sought and acted on feedback from patients, the public and staff.

Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. We reviewed a number of practice procedures, for example, the complaints handling procedure and recruitment policy in place to support staff. Staff we spoke with knew where to find these policies if required.

The practice had gathered feedback from patients through: patient surveys, comment cards and complaints received.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had an active patient participation group and the practice worked with them to help improve the patient care. All the patients we spoke with and the comment cards patients had completed were complimentary about the staff at the practice and the service that they had received. Patients told us that they felt listened to and involved in the decisions about their care and treatment.

Management lead through learning & improvement

The practice had completed reviews of significant events and other incidents and shared with staff via meetings to ensure the practice improved outcomes for patients.

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. Regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training and that they had staff away days where guest speakers and trainers attended.

Are services well-led?

Good

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

The practice was a GP training practice and provided placements for undergraduate medical students as well as GP trainees. There was a designated trainer, who maintained links with the medical deanery to support trainees.