

Dr Philip West

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	11
Areas for improvement	11
Outstanding practice	12

Detailed findings from this inspection

Our inspection team	13
Background to Dr Philip West	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	27

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Philip West, also known as The Boundaries Surgery, on 17 May 2016. Overall the practice is rated as good.

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

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

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

We saw areas of outstanding practice:

The practice told us they were a patient centred practice and wished to provide the best possible care to patients registered with them. This attitude was reflected in the

Summary of findings

positive GP patient survey responses and comments made by patients spoken to on the day of inspection. Results from the GP patient survey were extremely positive with nearly all scoring in the 90-100% satisfied ranges and all responses being above national averages. Many patients stated they received first class, excellent care and that they loved the practice. Comments also reflected the responsiveness of the practice and examples included being able to attend the daily walk in clinic when pre-bookable appointments were unavailable.

The areas where the provider must make improvement are:

- Ensure a copy of the infection control audit is kept within the practice and actions as a result of recommendations are monitored and implemented in a timely manner.
- Ensure expiry date checks on all medicines and equipment are completed on a regular basis to ensure out of date stock is removed.
- Ensure there is a robust process in place to record and monitor staff training in line with practice policy. All staff must have training according to their role including for safeguarding children and adults

- Ensure all necessary recruitment checks are completed prior to employees starting work.
- Ensure all health and safety risk assessments are completed, and action is taken as needed to maintain the safety of the premises such as for the heating and water supply and the risks associated with legionella.

In addition the provider should:

- Provide practice information in appropriate languages and formats.
- Ensure all policies are updated to reflect current practice for example, ensuring the safeguarding policy contains information about who the safeguarding lead is and having up to date staff contact details in the business continuity plan.
- The practice should reflect on the outcome of significant events and complaints and ensure action is taken and lessons learnt.

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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, policies were not specific to the practice and they did not identify who the practices safeguarding lead was. Not all staff had been recorded as having completed safeguarding training. Also there was a lack of audit process in place to ensure that all patients on high risk medicines were identified, coded and monitored correctly via the practices electronic patient records system.
- The practice could not show it was keeping up to date with infection control protocols as they had not kept a copy of their two most recent audits.
- The majority, but not all arrangements, for managing medicines in the practice kept patients safe. For example, we found an open bottle of medicine with a three day shelf life once opened which did not have a disposal/opening date on it.
- The practice had a business continuity plan in place for major incidents but did not contain contact details for staff that had joined since the last update in 2013.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- The practice attended annual hot topics courses to discuss National Institute for Health and Care Excellence (NICE) guidelines with GPs from other practices.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. For example, the practice attended monthly meetings arranged by the local integrated care team. Attendees included staff from the ambulance service, psychiatric and community nursing teams. Care plans for patients were routinely reviewed at these meetings.

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 higher than others for almost all aspects of care.
- Patients spoke highly of the practice and echoed the feedback collected as part of the GP patient survey. All 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.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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 belonged to the North Hampshire Alliance (a federation of primary care practices operating within the North Hampshire region). The practice also met monthly with the integrated care team run by Southern Health NHS Foundation Trust.

Summary of findings

- There were innovative approaches to providing integrated patient-centred care. For example GPs completed an evidence based health and lifestyle questionnaire designed for patients with a learning disability which formed part of these patients review appointments.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the virtual patient representation group. For example, a staff member told us that the minor operations clinic was moved from the morning to the afternoon following patient requests.
- Patients can access appointments and services in a way and at a time that suits them. Patients can pre-book appointments online or via the telephone. If patients were unable to get an appointment at a convenient time the practice also offered an open surgery service from 10am to 10.45am on a daily basis. This service allowed patients to walk in and wait to be seen by a GP without the need for an appointment.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

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

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice has a larger than average representation of over 65 year olds (25% compared to the national average of 17%).
- The practice offered proactive, personalised care to meet the needs of the older people in its population for example, visiting patients who are unable to attend the practice for urgent or routine care.
- The practice offered an open surgery from 10am to 10.45am daily whereby patients can turn up on the day and wait to see a GP without the need for an appointment. The practice told us this service is popular with the older patients at the practice.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 85% of patients recorded with a diagnosis of asthma had a review of their asthma care within the preceding 12 months in comparison to the CCG and national averages of 75%.
- Longer appointments and home visits were available when needed.
- Patients were offered a double length appointment if they were on six or more different types of medicines.
- 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.

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Summary of findings

- 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.
- 82% of patients aged 25-64 had a record of attending cervical screening within the past 5 years (Clinical Commissioning Group average 81%, national average 82%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered a daily walk in clinic which the practice reported was popular with families with young children who require same day treatment. The practice had also implemented doctor led telephone triage.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments and telephone triage were available for the working age patient population.
- The practice offered an online booking system for 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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Housebound patients and patients in care homes were automatically coded as vulnerable on the practice's electronic patient records system, regardless of circumstances.
- The practice offered longer appointments for patients with a learning disability. An evidence based health questionnaire designed for learning disabled patients was completed alongside the patient at review of care appointments.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff gave some examples of how to recognise signs of abuse in 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).

- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is less than the national average of 84%.
- 94% of patients at the practice who had a diagnosis of schizophrenia, bipolar affective disorder or other psychoses had an agreed care plan in place (CCG 94%, national 88%).
- 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.
- A dementia support worker visited the practice on a monthly basis to help complete respite care planning for relatives of patients with dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages. 231 survey forms were distributed and 137 were returned which was a response rate of 59%. This represented 4% of the practice's patient list.

- 98% of patients found it easy to get through to this practice by phone compared to the CCG average of 77% and national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 79% and national average of 76%.
- 99% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and national average of 85%.
- 98% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 85% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were all positive about the standard of care received. Nearly all comments included that staff were friendly and supportive and that the GPs and nurses provided a high quality of care. Two comments referred to the long waits associated with getting a pre-bookable appointment and for attending the open surgery. However, others commented on how positive it was to have the option of attending open surgery in the mornings (open surgery was a walk-in, no appointment necessary service run by the practice).

We spoke with 14 patients during the inspection. All 14 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Data from the most recent friends and family test was not available on the practice's website or on display in the waiting area.

Areas for improvement

Action the service **MUST** take to improve

- Ensure a copy of the infection control audit is kept within the practice and actions as a result of recommendations are monitored and implemented in a timely manner.
- Ensure expiry date checks on all medicines and equipment are completed on a regular basis to ensure out of date stock is removed.
- Ensure there is a robust process in place to record and monitor staff training in line with practice policy. All staff must have training according to their role including for safeguarding children and adults
- Ensure all necessary recruitment checks are completed prior to employees starting work.

- Ensure all health and safety risk assessments are completed, and action is taken as needed to maintain the safety of the premises such as for the heating and water supply and the risks associated with legionella.

Action the service **SHOULD** take to improve

- Provide practice information in appropriate languages and formats.
- Ensure all policies are updated to reflect current practice for example, ensuring the safeguarding policy contains information about who the safeguarding lead is and having up to date staff contact details in the business continuity plan.
- The practice should reflect on the outcome of significant events and complaints and ensure action is taken and lessons learnt.

Summary of findings

Outstanding practice

The practice told us they were a patient centred practice and wished to provide the best possible care to patients registered with them. This attitude was reflected in the positive GP patient survey responses and comments made by patients spoken to on the day of inspection. Results from the GP patient survey were extremely positive with nearly all scoring in the 90-100% satisfied

ranges and all responses being above national averages. Many patients stated they received first class, excellent care and that they loved the practice. Comments also reflected the responsiveness of the practice and examples included being able to attend the daily walk in clinic when pre-bookable appointments were unavailable.

Dr Philip West

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 medicines inspector, a practice manager specialist adviser and an Expert by Experience.

Background to Dr Philip West

Dr Philip West, known locally as Boundaries Surgery, is located at 17 Winchester Road, Four Marks, Alton, Hampshire, GU34 5HG. The practice is based in a small village on the outskirts of Alton. The practice provides services under a NHS General Medical Services contract and is part of the NHS North Hampshire Clinical Commissioning Group (CCG). The practice is a dispensing practice and dispenses to approximately a third of its patients.

The practice has approximately 3730 registered patients. The practice population has an above average elderly population. 25% of patients are aged over 65 compared to the CCG and national average of 17%. The practice population is predominantly White British but there are a small percentage of patients registered at the practice from Romania and the Philippines. The practice is located in an area of low deprivation in comparison to national average for England.

Dr West is the GP lead and provider for the practice there is also, one salaried GP and one GP on a retainer contract (until June 2016 when they become a salaried GP). This equates to approximately two full time GPs. There is mix of male and female GPs working at the practice. The GPs are supported by four practice nurses who work part time and equate to an equivalent of approximately 1.5 full time

nurses. The clinical team are supported by a management team including a practice manager, secretarial, dispensing and administrative staff. The practice also employs a domestic supervisor.

The practice reception and phone lines are open between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered on a pre-bookable basis from 6.30pm to 7.30pm every Wednesday and from 7.30am to 8.30am every Friday. Morning appointments with a GP are available between 8.30am and 11.30am daily (with the exception of Friday when appointments start at 7.40am). Afternoon appointments with a GP are available from 3pm to 6pm daily (Wednesday evenings appointments are available until 7pm). The practice offers an open surgery from 10am to 10.45am daily where patients can walk in and wait to be seen without the need of an appointment.

Dr Philip West has opted out of providing out-of-hours services to their own patients and patients are requested to contact the out of hours GP via the NHS 111 service.

The practice offers online facilities for booking of appointments and for requesting repeat prescriptions.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 17 May 2016. During our visit we:

- Spoke with a range of staff including, administrative staff and dispensing staff; practice nurses, GPs and a practice manager. We also 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had a low threshold for classifying incidents at the practice. Complaints were also recorded as an incident. All incident recording forms were uploaded, and categorised by type of incident, on the practice's computer system which all staff had access to.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and any actions could be assigned to the relevant person via the workflow function on the practice's electronic recording system.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a box of medicine used to treat attention deficit hyperactivity disorder in children was delivered to the practice. The medicine is listed by the practice as a controlled drug. The delivery had taken place during the hours of 1-3pm when there was no trained dispenser on duty. The medicine had therefore been signed for and left on the counter rather than being immediately recorded and locked in the controlled drugs cabinet, as per the practice's controlled drugs storage policy. As a result, procedures for storing controlled drugs in the absence of a trained dispenser were changed. Staff now lock away

deliveries of controlled drugs in the dispensary until a trained member of staff is available to catalogue the delivery and lock away the medicine in the controlled drugs cabinet.

Overview of safety systems and processes

The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, however these were not consistently safe:

- Safeguarding policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. We observed that the safeguarding children policy used had not been adapted and did not contain practice specific information. Neither the safeguarding vulnerable adult nor children policy named the safeguarding lead for the practice; however, staff were able to name who the safeguarding lead was. We saw that most, but not all, staff had been trained to their appropriate safeguarding level. Two members of the administration staff had not completed safeguarding children training level one. All clinical staff had been trained to level 3 for safeguarding children. Training records provided by the practice did not list safeguarding adult training. The practice therefore could not demonstrate the staff that had received training for safeguarding adults. 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. For example, the practice had recently raised a safeguarding alert with the local social services team. A patient had a change in social circumstances which potentially placed the patient's children at risk. The practice raised their concerns with the patient who agreed that a referral to social services was required to provide additional support to the family.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Chaperoning was completed by clinical staff.

Are services safe?

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy and we were told that the domestic supervisors clean daily. However there was not a record in place to evidence that the premises had been cleaned. We observed records to evidence that the specialist equipment had been cleaned.
- 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. The practice had not kept a copy of their two most recent infection control audits. We were told the current audit was still with the Clinical Commissioning Group and the practice did not hold a copy or have an associated action plan. The practice could not tell us if there were any areas of concern that needed to be addressed.
- It was noted that an infection control audit had been completed in 2013 and an action plan was implemented with changes such as; all clinical waste bins with pedal operated ones were installed and hand hygiene posters were located above each sink area.
- The majority of arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). However, we found a box of syringes in the store cupboard with the sterile use by date having expired in June 2014. We also found in one of the vaccine fridges a bottle of medicine that had a three day shelf life (once opened) without a disposal date/ opening date written on it.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. For example, the electronic system flagged patients who are on Methotrexate (a medicine to treat cancer and autoimmune diseases) when prescriptions were being issued. However, the practice did not have an audit process in place to ensure all patients on high risk medicines were coded correctly on their electronic recording system.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice dispensed medicines to approximately one third of the overall patient population. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- Safety alerts were received by the practice manager and disseminated to the team via the workflow function on the practices clinical system.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment for five of these. Checks included for example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Another file was incomplete and had no record of references, proof of identification or curriculum vitae in their file. There was a signed acknowledgment of accepting a contract. There was no risk assessment in place until the documents had been received.

Monitoring risks to patients

Risks to patients were not consistently 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. There was no overall health and safety

Are services safe?

risk assessment. Individual risk assessments were reported by the practice manager to be completed on an ad-hoc basis. The practice last fire risk assessment was completed in November 2012.

- 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 some other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. However, the practice had not always made actions as a result of recommendations from safety checks. For example, the practice had not carried out actions in response to the findings of the previous boiler service, and not performed a risk assessment to justify this decision. The next service was due in April 2016 but had not been completed. The practice did not have a risk assessment in place for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Locums were used on a regular basis to support staff cover during busy periods. We saw evidence that recruitment checks had been completed for locums working at the practice.
- Patients considered as vulnerable were monitored on the system. For example, the practice identified a potential safeguarding concern with a local care home about how they were caring for patients. As a result of this all patients registered at the practice that were

listed as housebound or living in care homes have now been coded as vulnerable. The practice proactively planned services to meet their needs including offering flu vaccine clinics in the community rather than at the practice.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However, the plan had not been updated since 2013 and therefore did not contain the most up to date staff list or contact details for staff employed since this date. The practice manager and the lead GP held electronic copies of the plan which were accessible quickly and available off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice attended annual hot topic courses to discuss National Institute for Health Care Excellence (NICE) guidelines with GPs from other practices.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available. The practice exception reporting percentages were comparable to CCG and national averages. For example, the practice exception reported 7% of patients with a diagnosis of coronary heart disease from QOF reporting figures in comparison to the CCG average of 9% and a national average of 8%. The practice exception reported 12% of patients with Chronic Obstructive Pulmonary Disorder (a chronic lung condition) from QOF reporting in comparison to the CCG average of 14% and national average of 12%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was similar to the national average. For example, 90% of diabetic patients had a foot examination and risk classification within the past 12 months compared to a CCG average of 90%, and national average of 88%.
- Performance for mental health related indicators was similar to the national average. For example, 94% of patients with a diagnosis of schizophrenia, bipolar affective disorder or other psychoses had a documented care plan in their records compared to the CCG average of 94% and national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. For example, recent action taken as a result of an audit of irritable bowel syndrome (IBS) included developing additional diagnosis specific search tools and templates to be used on the practice's electronic records system. The tools had been created for a variety of diagnoses. (IBS is a common condition which involves reoccurring abdominal pain, constipation and/or diarrhoea). The development of the tools allowed the practice to quickly identify whether patients had been offered relevant screening tests for other diseases that patients may be at risk of as a result of their current medical condition. It also allowed clinicians to enhance their clinical decision making. For example, a GP was able to utilise the template to confirm whether their judgement was correct and successfully identified a patient with early stages of sepsis despite them not presenting with the usual symptoms (sepsis is also referred to as blood poisoning or septicaemia and is a potentially life-threatening condition, triggered by an infection or injury). Treatment was able to be started prior to the paramedics arriving to take the patient to hospital for further treatment.

Information about patients' outcomes was used to make improvements such as ensuring that all patients newly diagnosed as IBS were offered a blood test to be screened for coeliac disease. (Coeliac disease is an autoimmune disorder around the breakdown of gluten and can cause

Are services effective?

(for example, treatment is effective)

damage to the small intestine if gluten is ingested). Results of the follow up of an audit around this showed that 100% of newly diagnosed patients were now offered the blood test.

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 which consisted of three phases with the third phase being a review of learning to date. The induction programme covered such topics as, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions administering vaccines and taking samples for the cervical screening programme.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months as well as an interim appraisal at six months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

The practice had established links with the local Integrated Care Team run by Southern Health NHS Foundation Trust. As part of the Integrated Care Team the practice attended monthly meetings with community teams including community nurses, psychiatric nurses, consultants and the South Central Ambulance Service NHS Foundation Trust. At the monthly meetings staff worked together 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. Care plans were routinely reviewed and updated for patients with complex needs. The practice received reports from the NHS 111 out of hours service and discharge summary letters from hospitals in order to coordinate patient care.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

Are services effective?

(for example, treatment is effective)

- Smoking cessation and dietary advice were available from local support groups.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for breast cancer screening in the last 36 months was 75%, which was similar to the CCG average of 73% and national average of 72%. The practice uptake for bowel cancer screening in the last 30 months was 67%, which was higher than the CCG average of 62% and national average of 58%. There were failsafe systems in

place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 97 % to 100% and five year olds from 94% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 35 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.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. The practice collected feedback through a virtual Patient Participation Group; we were unable to speak to a member of the virtual group during inspection. The practice did not have an active patient participation group but did have a virtual patient representation group.

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

- 100% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 98% of patients said the GP gave them enough time compared to the CCG average of 93% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.

- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

The practice was aware of their above average GP patient satisfaction scores. Staff at the practice told us that they are a patient driven practice and that they wished to provide the best possible care to patients registered with them. This attitude was also reflected in patient comments with many patients stating they received first class, excellent care and that they loved the practice.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were developed for all patients in care homes and that these were shared with the staff and patients. The practice also gave examples of tailoring treatment to the individual. For example, there were two diabetic patients who did not like the treatment package suggested by the nursing team. The GP worked with these patients to educate them around their diabetes care and to identify together a suitable package of treatment. The practice reported that the patients are now more engaged with the nursing team and are happier about the care received. These patients expressed that they did not wish to be part of the annual health checks for diabetes and the practice had therefore agreed to exempt them from QOF reporting.

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

Are services caring?

- 97% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 95% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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

- Staff told us that translation services were not available. The ethnicity of the practice population is predominantly white British; however, there are some registered patients who do not have English as a first language. The practice manager told us that communicating with these patients can be a challenge for staff but stated that most of these patients rely on their children or other friends/family to translate.

- Information leaflets were not available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 66 patients as carers (just under 2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice also provided a self-help guide for patients who had suffered bereavement.

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 is part of the local North Hampshire Alliance (a federation of primary care practices operating within the North Hampshire region). The alliance was designed to mitigate the financial demands on practices that impact upon providing timely and effective patient care and to be the voice of primary care when in dialogue with the local CCG. The alliance was also designed to provide integrated solutions to ensure that the administration of clinical services was delivered in an effective way.

- The practice offered extended hours appointments on a Wednesday evening and Friday morning for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. These included completing an evidenced based health check questionnaire for each patient.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities and a hearing loop available.
- Patients who did not attend their appointment were contacted by the GP.
- Patients were offered a double length appointment if they were on six or more types of medicine.
- A dementia support worker visited the practice on a monthly basis to help complete respite care planning for relatives of patients with dementia.

Access to the service

- The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am every morning and 3pm to 6pm every afternoon. Extended hours appointments were offered

at the following times; 6.30pm to 7.30pm Wednesday evenings and 7.30am to 8.30am Friday mornings. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice operated an open surgery clinic from 10am to 10.45am daily where people could turn up to see the doctor or nurse without an appointment. A telephone triage system is also in place at the practice.

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

- 90% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 78%.
- 98% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. One patient spoke about attempting to pre-book an appointment and being unable to within a week so they attended the daily open surgery and waited to be seen.

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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including a summary leaflet available for patients in the waiting room. The practice did not have information about how to complain on its website. We were informed that the practice was unable to change the old website to include this information and had therefore started developing a new website.

We looked at the only recorded complaint received in the last 12 months and found that this was satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. The practice

Are services responsive to people's needs?

(for example, to feedback?)

categorised complaints using the incident recording form for significant events rather than the complaints form available on their recording system as they felt this allowed for more information to be captured.

We were able to see from the significant events that lessons were learned and that action was taken to improve the quality of care. For example a complaint was made by a family about communication during a period of end of life

care for a patient and an apology was made. As a result the GP also contacted local palliative care services to discuss how to improve communication processes for the future. The practice had not recorded on their significant events summary (submitted to the inspection team pre-inspection) what action the practice had taken as a result of the discussion with the palliative care team.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice had recently employed a practice nurse to help support the demands of the practice in running nurse led clinics and to reduce the need for overtime and to give protected time to complete the non-direct patient care duties such as infection control audits and stock control.

Governance arrangements

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities and the practice.
- A comprehensive understanding of the performance of the practice was maintained.

However not all governance arrangements were robust enough:

- Practice specific policies were implemented and were available to all staff. All staff had easy access to the practice's policies via the online library system. Policies were categorised for quick reference. However there were not arrangements to ensure all policies were up to date and the safeguarding policies did not contain practice specific information such as who the safeguarding lead was.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. However there were not arrangements to ensure that infection control audit records were in the practice with action plans to address any identified concerns.
- There were not sufficient arrangements for identifying, recording and managing risks, issues and implementing mitigating actions such as for safety of patients' visitors and staff using the premises and for ensuring all staff had been fully trained.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the lead GP was approachable and always took the time to listen to all members of staff. The management team described the culture of the practice to be positive, patient centred, friendly and supportive. The leadership structure was a flat hierarchy promoting autonomy of staff working and decision making in their roles.

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

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

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

- Staff told us the practice held regular team meetings every four to six weeks. Significant event review meetings happened on alternate months with the last having taken place in January 2016 all staff can attend these meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the 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.
- We observed thank you cards from previous employees who commented on the team spirit and supportive and friendly environment provided by the staffing team.

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 a virtual patient reference group to collect feedback from, and we saw evidence, in the form of leaflets in the waiting area, demonstrating that the practice was trying to develop a group that could meet face to face. Feedback was also collected through surveys and complaints received. A staff member told us that the minor operations clinics had been moved to the afternoon as a result of patient feedback.
- All patients at the practice are automatically part of the Friends of Boundaries Surgery group which holds regular annual governance meetings in association with the practice. The group held fundraising events to purchase a blood pressure self-check machine and a 24 hour blood pressure monitor.

• 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 to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had participated in a pilot scheme the 2015 winter alongside other practices within the integrated care team area. The pilot aimed to provide more routine care to housebound patients or patients in care homes. Patients were visited by a team of doctors, nurses with a specialist interest in diabetes and pharmacists. The pilot was deemed successful and was set to be rolled out to the wider area, however, the funding was withdrawn and this service has temporarily stopped. The practice is working to identify ways to provide the service again this winter.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The practice did not keep a record of their infection control audits or action plan.• The practice did not have a legionella risk assessment.• The practice had not completed recommendations as a result of risk assessments.• The practice had not ensured that all out of date stock was removed from the practice or ensured that disposal dates were written onto open medicines. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Not all staff had completed safeguarding children training to their required level. The practice did not have a process in place to record whether staff had completed safeguarding adult training. <p>This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>