

St Peters Surgery

Quality Report

49-55 Portsmouth Road

Woolston

Southampton

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Website: www.stpeterssurgery.nhs.net

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St. Peters Surgery on 18 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of those relating to fire safety and the management of business continuity.
- 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 there was continuity of care, with urgent appointments available the same day, however patients said there was more difficulty in making routine appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure a comprehensive fire risk assessment is completed and actions are taken to improve fire safety.

Summary of findings

- Ensure an effective business continuity plan is completed and maintained so emergencies can be effectively managed.

The areas where the provider should make improvement are:

- Review the processes for the identification and support of patients who may also have caring responsibilities, so that their needs are appropriately met.

- Review the processes for checking emergency equipment and medicines.
- Continue to review arrangements for routine appointments to give patients access in a timely way.

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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- 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 and staff were kept safe. For example, there were risks relating to fire safety and business continuity.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

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 several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



Summary of findings

- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- Performance indicators for conditions commonly found in older patients were comparable to national averages. For example, 87% of patients diagnosed with high blood pressure had an acceptable blood pressure reading in the preceding 12 months compared to a national average of 83%.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients were actively identified and supported by a dedicated team conducting extended assessments to ensure this patient groups' needs were met.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data for patients with diabetes were comparable with national figures. For example, the percentage of patients with diabetes, on the register, who had a flu vaccine in the preceding 1 August to 31 March was 99%, compared to a national average of 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- A total of 86% of eligible women attended for a cervical smear in 2014-2015. This is higher than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice been part of a group of practices to commission a family navigator. Family navigators offer health promotion advice, support and signposting to families where a child or young person's life impacted by a health issue.

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.
- A text messaging service for reminders to attend appointments and routine reviews was offered to patients.

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 those with a learning disability.
- The practice had 20 patients with a learning disability. The practice had developed appropriate information about health checks for this patient group. At the time of our inspection, 42% of patients had received a health check.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- A total of 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 100% compared to a national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. A total of 260 survey forms were distributed and 100 were returned, which is a response rate of 38.5%. The completed surveys represented responses from approximately 2% of the practice's patient list. Results were in line with national averages:

- A total of 64% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- A total of 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- A total of 87% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- A total of 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards which were both positive about the standard of care received. Patients commented upon the efficiency and friendliness of staff and that they felt listened to.

We spoke with seven patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Some patients commented upon the difficulty in making routine appointments.

St Peters Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to St Peters Surgery

St. Peter's Surgery is located in a residential area of Woolston, Southampton, Hampshire. The practice is based in a purpose built centre built in 1996, which is leased from a private landlord. All of the 11 treatment or consulting rooms are located on the ground floor. The first floor is accessible by staff only and is used for management and administrative duties and for meetings. The practice has ample car parking for patients, including dedicated bays for disabled drivers and good public transport links. The waiting area in the practice is large, bright and airy and has a children's play area and a range of seating including high-backed chairs. There is a private pharmacy attached to the practice.

The practice provides services under a NHS General Medical Services contract and is part of NHS Southampton City Clinical Commissioning Group (CCG). The practice has approximately 5,300 patients registered most of whom live within a four mile radius of the practice.

The practice is located in an area considered to be in the fourth most deprived band out of ten for England. The average life expectancy for both males and females is comparable to local and national averages. A total of 65% of patients at the practice are working or are in full-time education compared to the national average of 60%. The

practice population has a similar number of patients with a long-standing health condition compared to the national average. A total of 49% of patients registered at the practice have a long-standing health condition compared to the national average of 54%.

The practice has two male GP partners as well as employing a regular female locum GP. Together, the GPs provide care equivalent to approximately three full-time GPs. A practice nurse and a health care assistant, both of whom are female, also provide a range of services to patients such as wound care and long-term condition reviews. Together the nurses are equivalent to approximately 1.5 full time nurses. The clinical team are supported by a practice manager, two administrative staff, six receptionists and a cleaner. The practice is also a training practice for doctors training to be GPs (GP registrars). At the time of our inspection, the practice was supporting three GP registrars.

The practice is open from 8.30am until 6.30pm Monday to Friday. The practice phone line is open from 8am until 8.30am Monday to Friday for emergency calls. The reception desk closes for lunch at 12.45 and re-opens at 1.45pm. Phone lines for emergency calls, remain open during this time. Morning appointments are available between 8.30am and 12.30pm daily. Afternoon appointments are available from 2pm until 6.30pm daily. Extended hours appointments are offered on Wednesdays and Thursdays from 7am until 8am and on Saturday mornings from 8am until 11am approximately every six weeks. St. Peters Surgery has opted out of providing out-of-hours services to their own patients and refers them to the out of hours service via the NHS 111 service or the Minor Injuries Unit based in Southampton.

Detailed findings

The practice offers a range of additional in-house services to patients including antenatal care, counselling, phlebotomy, travel advice, joint injections and sexual health services.

We carried out our inspection at the practice's only location which is situated at:

49-55 Portsmouth Road

Woolston

Southampton

SO19 9RL

The practice was previously inspected by the Care Quality Commission on 5 September 2013 under our previous methodology, where it was found to be compliant.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 October 2016.

During our inspection we:

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents. There was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Significant events were a regular agenda item at weekly clinical meetings and monthly all practice meetings. The practice carried out a thorough analysis of the significant events.
- One of the GPs had designed a template to ensure any learning and required actions resulting from significant events were captured and could be used for reflection and development of clinical staff.

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 patient mistakenly received two vaccinations of the same medicine. The practice contacted the appropriate organisations to seek advice. The patient was not placed at increased risk of harm and received reassurance and an apology from the practice. The practice discussed the incident at a clinical meeting and amended the process prior to vaccination to ensure full checks were made.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.

- A notice in the waiting and clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. The practice had conducted an appropriate risk assessment to determine that non-clinical staff performing chaperone duties did not require a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Curtains in treatment rooms were disposable and had been changed at the correct frequency, however we noted that curtains in clinical rooms were fabric. Fabric curtains were not dated to indicate when they had last been washed or changed. This meant the practice could not be reassured the fabric curtains did not pose an infection control risk. We raised this with the practice who took the decision to immediately order replacement disposable curtains. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the last audit in May 2016 identified that wooden toys in the practice were an infection risk. The practice removed these toys and replaced them with items for children which could be cleaned. A regular cleaning schedule for these was in place. All staff were offered vaccines to protect against Hepatitis B infections and records were kept to reflect the immunisation status of clinical staff.

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines in the practice were safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The practice employed a non-clinical Medicine Manager to help prescribers and staff with accuracy, consistency and to reduce the risk of errors of prescribing.
- Vaccines were stored in fridges that were appropriately maintained and calibrated. Twice daily temperature readings of fridges that store vaccines were taken and recorded. Evidence indicated fridges were maintained in the correct temperature range and that appropriate action was taken if temperatures went out of range.
- Patient Group Directions (PGDs) had been adopted by the practice to allow registered nurses to administer medicines in line with legislation.
- The health care assistant was trained and competent to administer vaccines, and was administering vaccines against a patient specific prescription or direction from an appropriate prescriber.
- We reviewed the files of five staff who had been employed since April 2013 and found appropriate recruitment checks had consistently been undertaken prior to employment. These checks must include proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

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, however these were not consistently safe. The practice did not have a completed fire risk assessment and had not carried out a fire drill in the previous three years. The practice policy stated this would be a minimum of

annually. We raised this with the practice who told us a fire risk assessment was completed on the 7 November 2016 and a fire drill was undertaken on the 11 November 2016. Staff had received recent fire safety training and we saw that weekly tests of fire alarms and emergency lighting was checked.

- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice had employed an external contractor to conduct a risk assessment for Legionella in July 2016 and were working through the actions identified to improve safety (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.

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. 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. We found there was no checklist for which emergency medicines and equipment, nor risk assessment to record what should be held by the practice. This meant the practice could not be reassured when checking that the emergency medicines and equipment were complete.

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Some of the equipment we checked was out of its original packaging. We raised this with the practice nurse after the inspection who explained that the manufacturer did not place an expiry date on the packaging of equipment as such equipment was for single use only. The nurse explained a visual check was undertaken monthly to check for signs of deterioration, however we could find no records of these checks on inspection. The practice told us after inspection that a checklist was now in place.
- The practice had an incomplete business continuity plan for major incidents, such as power failure or building damage, as the details of emergency contact numbers and local processes needed in an emergency were not included or made readily available to staff. The practice told us after inspection this was completed on the 4 November 2016.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The records of patients new to the practice were summarised by a GP to ensure familiarity with the patient's history and that appropriate treatment was in place.

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 96.3% of the total number of points available. The practice's exception reporting rates for all clinical domains were comparable to the averages for England (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). The practice achieved an overall clinical exception reporting of 5.4%, compared to a clinical commissioning group (CCG) average of 11% and national average of 9%.

In 2014-15, the practice was not an outlier for any QOF indicators. Data from 2014-15 showed that performance for clinical indicators were in line with or better than national averages. For example:

- Performance for diabetes related indicators were similar to national averages. For example, 76% of patients with diabetes had an acceptable average blood sugar reading in the preceding 12 months compared to the national average of 78%.

- Performance for mental health related indicators were better than national averages. For example, 95% of patients with severe enduring mental health problems had a care plan documented compared to a CCG average of 87% and national average of 88%.
- A total of 76% of patients with asthma had an asthma review in the preceding 12 months compared to the CCG average of 79% and national average of 75%.
- The practice's figures for prescribing were similar to national and CCG averages. For example, 94% of all antibiotics prescribed by the practice were recommended by current guidance, compared to the national average of 95%.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last year, five of which were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included changing the investigations needed for patients prescribed an anti-coagulant (a medicine to control blood clotting). Following an audit conducted by the GP trainees, 27 patients were identified who had been prescribed the medicine without the recommended check of creatinine clearance (a blood test to assess kidney function). These patients and the new guidance was discussed at a clinical meeting. The practice contacted five patients whose treatment required amending and followed these up to ensure treatment was appropriate; the remaining 22 patients were receiving the correct dose. The practice changed its systems to ensure the correct blood test was used to monitor the doses of anti-coagulants for all patients.

Information about patients' outcomes was used to make improvements. For example, the practice changed the way in which patients with diabetes were contacted to attend their diabetic review appointments to encourage attendance. The practice changed the invitation letter to patients and a nurse also telephoned patients to

Are services effective?

(for example, treatment is effective)

encourage attendance for a specific care process (urine testing). Following these actions, the uptake for review appointments increased to 83% from 77% over a three year period.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as health and safety, safeguarding, infection prevention and control, fire 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 or giving vaccines.
- The practice were committed to the training and development of staff. Staff told us they had a range of opportunities to undertake training, not only that which was considered to be mandatory. For example, staff were offered training in leadership.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Nurses and health care assistants 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 all staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. Staff we spoke to told us that the practice's appraisal process was positive and made them feel valued members of the team.
- 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.
- This practice took part in TARGET training sessions which were supported by the local clinical

commissioning group. The practice closed for half a day, two to three times per year for Protected Learning Time. TARGET provided: Time for Audit, Research, Governance, Education and Training. During this time, patients were directed to the NHS 111 service. Practice closures were advertised to patients well in advance.

- GP trainees we spoke to felt well-supported by the practice and were given frequent opportunities to discuss appropriate care and treatment for patients.
- The practice had been re-approved to provide training to trainee GPs in April 2016 for a further four years.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice attended locality meetings to ensure they were up to date with best practice; for example regarding prescribing, safeguarding and information governance.

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.

Are services effective?

(for example, treatment is effective)

- 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:

- 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.
- Specialist smoking cessation advice was available from a local support group. The practice referred patients who needed specialist dietary advice to local health trainers.
- Staff proactively identified patients who might be eligible for the Flu vaccine and offered this opportunistically to patients.

The practice's uptake for the cervical screening programme was 86%, which was higher than 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 demonstrated how they encouraged uptake of the screening programme by offering appointments every day of the week, and ensuring a female sample taker was available and by discussing the procedure opportunistically with patients.

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

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Breast screening uptake for eligible women was higher than the Clinical Commissioning Group (CCG) average at 71%, compared to a CCG average of 68%. Uptake for bowel cancer screening was the same as the CCG average at 55%.

Childhood immunisation rates for the vaccines given were comparable to CCG and national averages. For example, immunisation rates for the vaccines given to 67 eligible children under two year olds ranged from 73% to 97% compared to a CCG average range of 73% to 96%. Childhood immunisation rates for 84 eligible five year olds ranged from 70% to 99% compared to a CCG average range of 73% to 95%. The practice had an effective system in place to follow-up on patients who missed immunisation appointments.

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. The practice had a comprehensive range of health promotion leaflets available to patients in the reception areas.

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 and they could offer them a private room to discuss their needs.

We received two patient Care Quality Commission comment cards which were positive about the service experienced. Patients commented upon how the practice offered an efficient service and staff were helpful and caring.

Patients we spoke to said that staff responded compassionately when they needed help and provided support when required.

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

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

However, some indicators from the national GP survey relating to nursing staff were below local and national averages. A total of 79% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 91%. In addition, 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average and national average of 85%. The practice had employed new nursing staff in 2015, and up until this time had used different nurses to cover absence and vacancies. On our inspection, we found that the views and comments of patients did not align with the survey findings. Patients we spoke to commented upon how caring, kind and helpful the nurses at the practice were.

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 card we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average and national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 91% had confidence and trust in the last nurse they saw or spoke to compared to a CCG average and national average of 97%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.

Are services caring?

We saw notices in the reception areas informing patients this service was available. The practice website and reception self check-in screen was available in a range of languages.

- The practice had developed their own resources for patients with learning disabilities to help them make decisions about their care.

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 15 patients who were also carers which amounted to less than 1% of the practice list. Patients were asked about any caring responsibilities when they registered at the practice and there was a range of information to help carers receive support and advice.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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. Information about what to do in the event of bereavement was clearly outlined on the practice website and via an information leaflet.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice attended locality meetings with other professionals to plan how health and social care for Southampton residents could be better integrated.

- The practice offered a range of extended hours appointments for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice had a hearing loop for patients with hearing difficulties and offered private facilities for breastfeeding mothers.
- There were disabled facilities, baby changing and translation services available. Information for patients relating to NHS services were available in a range of languages.
- The practice offered text message reminders for appointments and when routine reviews were due to patients who had signed up for the service.
- The practice provided information to patients about the different ways they could communicate with the practice and had been awarded the accessible information standard in 2016.
- The practice encouraged patient feedback. Patient comments and the practice response to these were displayed in the reception area.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12.30pm every morning and from 2pm to 6.30pm daily. Extended hours appointments were available every Thursday and

Wednesday morning from 7am until 8am and on Saturdays from 8am until 11am approximately every six weeks. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent on the day appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was similar to or lower than local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the national average of 80%.
- 64% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 93% of patients said the last appointment they got was convenient compare to a CCG and national average of 92%.

Patients we spoke to on the inspection were satisfied with the practice opening hours and range of appointments available to them. However, some patients told us they found it difficult to make routine appointments, as these often got booked up quickly. The practice monitored the number of patients who did not attend for appointments on a monthly basis and displayed this information in the waiting area.

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 via the practice website and by a summary leaflet. Patients were able to complain via the practice website.
- We noted that patient comments left on the NHS Choices website were appropriately responded to.

We looked at 13 written complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and with openness and transparency

Are services responsive to people's needs? (for example, to feedback?)

in dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient complained that information was not clear on the practice website. The

practice manager reviewed this information and made changes to the website so that information was clearer and sought the patient's feedback on this. The patient received an apology letter and a summary of the changes that had been made.

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 through improving partnership between health professionals and patients. The practice valued high quality staff and continuity of care, and aimed to provide an efficient and caring service to patients by a familiar member of staff.

- The practice had a mission statement which was displayed in the waiting areas and on the practice website and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However these had not been sufficient in relation to fire safety and the management of emergencies.

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 partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected 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 and we saw evidence that the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. The practice held a range of meetings, which included clinical meetings, business meetings and whole staff meetings. Whole staff practice meetings were held every month between 12.30 and 2pm; the practice advertised the practice closures well in advance for patients. The day of the meeting was alternated to promote attendance by all staff.
- Staff said they felt respected, valued and supported, particularly by the leadership in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through surveys and complaints received and acted upon suggestions from patients. The practice displayed patient comments and suggestions and the practice response to these in the waiting area. The practice carried out a monthly analysis of results from the friends and family test and of patient comments. These were discussed at monthly practice meetings so that staff could learn and care could be improved. For example, patients had commented upon the difficulty in getting

Are services well-led?

Good 

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

through by telephone. The practice noted this was a continuing problem and had purchased a new telephone system to help manage calls which will be in place by the end of 2016.

- The practice collated written compliments from patients and ensured the learning from these were shared with all staff.
- The practice had a virtual Patient Participation Group (PPG). The practice sent email communication and surveys to members of the PPG.
- The practice had gathered feedback from staff through staff meetings, appraisals and general discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

- Staff told us they felt involved and engaged to improve how the practice was run and were given appropriate autonomy. For example, staff were able to change processes and evaluate them to see if they improved services with the full support of the leadership.

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. For example, the practice was part of a city-wide initiative to provide additional out of hours appointments for patients living in the Southampton area at local hub GP practices. The hub offered routine appointments, available at three practices in the Southampton area from 6.30pm to 8pm weekdays and from 8am to 8pm on Saturdays and Sundays. The practice could refer patients to the hub for urgent or routine appointments.

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 Family planning services 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>The registered provider did not ensure that all reasonably practicable actions were taken to mitigate risks to the health and safety of service users.</p> <ul style="list-style-type: none">• The practice's business continuity plan was not completed.• The practice had not conducted a formal risk assessment for fire, nor undertook fire drills. <p>This was in breach of Regulation 12.</p> <p>12 (2) (b) (g)</p>