

Aldermoor Surgery

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Aldermoor Surgery on 25 November 2015. 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

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

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Practice data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams and external agencies to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It 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. An example seen was that patients were signposted to all available local support services such as the local Southampton Alcohol Service, substance misuse team and local mental health charities such as No Limits and Life changes.
- Patients said that it is often possible to arrange an appointment with a named doctor and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues 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.

Good



- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. 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 identifying notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- There was an allocated Over-75s community nurse who worked with the community matron to meet the needs of elderly patients, especially those who had chronic illnesses, were housebound or prone to recurrent hospital admissions.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the clinical commissioning group (CCG) and national average. The practice achieved 84.9% compared to a CCG average of 87.7% and national average of 89.9%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people 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.
- The practice's uptake for the cervical screening programme was 72.2%, which was comparable to the CCG average of 73.2% and the national average of 76.7%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and district nurses.

Working age people (including those recently retired and students)

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

- The 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.

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 and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told 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.

Good



Summary of findings

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).

- 92.5% of people diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It 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.
- It 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 people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing below or in line with local and national averages. 335 survey forms were distributed and 105 were returned. This represented 1.3% of the practice population.

- 89.8% found the receptionists at this surgery helpful compared to a CCG average of 87% and a national average of 86.8%.
- 80.2% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 84.2% and a national average of 85.2%.
- 85.5% said the last appointment they got was convenient compared to a CCG average of 90.5% and a national average of 91.8%.
- 53.2% described their experience of making an appointment as good compared to a CCG average of 71.7% and a national average of 73.3%.

- 50.2% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 57.5% and a national average of 64.8%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. Some of the comments were very good service, very safe and hygienic, staff were very understanding and supportive, offered an appointment within two hours, staff were kind and helpful.

We spoke with nine patients during the inspection. All nine patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. Although some of the patients told us that it was not always easy to get an appointment over the phone. Patients phoned early in the morning to make appointments and the phones were engaged for long periods of time. We were told that patients would queue up at the practice in the mornings to make an appointment.

Aldermoor Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, two further CQC inspectors and a practice manager specialist advisor.

Background to Aldermoor Surgery

Aldermoor Surgery is situated at Aldermoor Close, Southampton, SO16 5ST.

The practice has an NHS General Medical Services contract to provide health services to approximately 8,000 patients in and around the northern areas of Southampton. The practice is situated in a NHS owned building which the practice lease. The surgery has treatment rooms, staff training rooms and consulting rooms all of which are on the ground floor.

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments are available from 8.30am and 6.30pm. Phone lines are open at 8:00am to book on the day appointments.

Patients could book appointments two weeks and one week in advance and for the following day. If the patient needed to see a GP urgently on the day they were put into a triage system and a GP would phone to assess the patient. Extended hours appointments are available on Tuesday evenings with a GP, a nurse and a health care assistant.

The practice also offered home visits if required and appointments with the practice nurses if the patient felt they did not need to speak with a GP.

The practice offered online booking of appointments and requesting prescriptions.

The practice had opted out of providing out-of-hours services to their own patients and referred them to the Out of Hours service via the NHS 111 service.

The practice has three GP partners, two male and one female and three female salaried GPs. The practice has two nurse practitioners, three practice nurses and two health care assistants. The GPs and the nursing staff are supported by a practice manager and a team of 12 administration staff who carry out administration, reception, scanning of documents, medicines management, data quality and secretarial duties.

The practice was last inspected by the Care Quality Commission in October 2013 when they were found to be meeting the required standards of care.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 November 2015. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- We spoke with healthcare professionals who worked with the practice.
- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People 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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, two patients with similar names were mixed up resulting in transport being booked for the wrong patient. The practice revised its procedures with training to ensure that full patient details were checked before booking any transport.

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

Overview of safety systems and processes.

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3 for children.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS

check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice was supported by the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription 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 had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed six personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients.

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. 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

Are services safe?

also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

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. There was also a first aid kit and accident book 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice had arranged a "buddy" practice close by and would also liaise with the clinical commissioning group and the NHS landlords in the event of a major disruption.

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 clinical staff we spoke to could clearly outline the rationale for their approaches to treatment.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to NICE and local clinical commissioning group guidance and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through audits and random sample checks of patient records.
- An IT system alerted staff to patients with specific needs. For example, patients in the last 12 months of their life.

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 93.8% of the total number of points available, with 8.6% exception reporting. Data from 2014 and 2015 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. The practice achieved 84.9% compared to a CCG average of 87.7% and national average of 89.9%.
- The percentage of patients with hypertension having regular blood pressure tests was worse than the CCG and national averages. The practice achieved 73.2% compared to a CCG average of 83.4% and a national average of 83.6%.
- Performance for mental health related indicators was similar to CCG and national averages. The practice achieved 96.2% compared to a CCG average of 96.5% and a national average of 86.4%.
- Performance for dementia indicators diagnosis rate was above the CCG and national average. The practice achieved 100% compared to a CCG average of 92.6% and a national average of 94.5%.

2013- 2014 QOF data for the practice had shown that indicators for diabetes were lower than the CCG and national average. The practice had since put in place measures to improve the management of diabetes. The practice had recruited a GP who took a lead responsibility for the management of people with diabetes, and proactively liaised with diabetes specialists in secondary care to monitor patient outcomes. Practice data showed that 20 people (out of 39, equivalent to 51%) had reduced their HbA1c (this is a blood test which shows a patient's average blood sugar level over the previous three months, higher levels indicate poorer control) to acceptable levels. Longer appointments in a joint clinic with an external specialist diabetes nurse and the lead GP were offered to patients on a bi-annual basis. This had resulted in a great improvement to diabetes indicators.

We saw evidence of two audits in progress relating to diabetes. One related to reducing HbA1c in poorly controlled patients. The other related to the review of prescribing of GLP-1 (Glucagon-Like Peptide 1 Receptor Agonists, a medicine used to help blood sugar control).

Clinical audits demonstrated quality improvement.

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

Findings were used by the practice to improve services. For example, changes were made to the monitoring of patients prescribed amiodarone (a medicine for irregular heartbeats). Amiodarone can cause undesirable side-effects such as visual and liver disorders and cardiac toxicity. An audit of patients found that monitoring of patients by the practice was inconsistent. A system was introduced to ensure these patients receive regular cardiac monitoring and blood tests to check for side-effects and review of care plan.

The practice had a lead GP for research. The practice was involved with two research projects concerning liver

Are services effective?

(for example, treatment is effective)

disease and chronic obstructive pulmonary disease, a condition which caused breathing difficulties. Audits were also in progress which related to diabetes and consent and histology outcomes for minor surgery.

Effective staffing.

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, those reviewing patients with long-term conditions, administering vaccines and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of GPs and nursing staff. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice was committed to learning and development of staff. We saw evidence that the practice hosted a regular locality wide training event for clinical colleagues. One of the GPs organised speakers and the content for these events.

Coordinating patient care and information sharing.

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.
- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included regular meetings with district nurses, community matrons and health visitors. The practice had a system in place to identify people who had been admitted to hospital and reviewed their care plans following discharge. We saw evidence that multi-disciplinary team meetings took place on a weekly basis and that care plans were routinely reviewed and updated.

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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention.

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and people with a learning disability. Patients were signposted to relevant services.
- Smoking cessation advice was available from an in-house weekly clinic run by an external provider. Bi-annual events were also run by the practice to promote smoking cessation.

Are services effective? (for example, treatment is effective)

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 72.2%, which was comparable to the CCG average of 73.2% and the national average of 76.7%. 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.

Childhood immunisation rates in 2014 to 2015 for the vaccines given were comparable to national averages. For

example, childhood immunisation rates for the vaccines given to under two year olds ranged from 93.9% to 98% and five year olds from 88.8% to 97.5%. Flu vaccine rates for the over 65s were 75.88% and at risk groups were 61.3%%. These were above CCG and national averages.

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 years. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified..

Are services caring?

Our findings

Respect, dignity, compassion and empathy.

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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 12 patient CQC 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.

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

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

- 79.8% said the GP was good at listening to them compared to the CCG average of 88.8% and national average of 88.6%.
- 81% said the GP gave them enough time compared to the CCG average of 86.6% and the national average of 86.6%.
- 93.3% said they had confidence and trust in the last GP they saw compared to the CCG average of 94.3% and the national average of 95.2%.
- 83.3% said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 85.6% and the national average of 85.1%.

- 95.1% said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 90.3% and the national average of 90.4%.
- 89.8% said they found the receptionists at the practice helpful compared with the CCG average of 87% and the national average of 86.8%.

Care planning and involvement in decisions about care and treatment.

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 87.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87.3% and national average of 86%.
- 85.9% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82.4% and the national average of 81.4%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment.

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

The practice's computer system alerted GPs if a patient was also a carer. 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 and bereavement information was displayed on the practice website. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs.

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available. Staff at the practice could speak Polish, Russian, Arabic and French.
- Patients were signposted to all available local support services such as the local Southampton Alcohol Service, substance misuse team and local mental health charities such as No Limits and Life changes.
- The practice had a register of patients who were deemed to be vulnerable. This included patients with a learning disability, those who were homeless, patients with alcohol relating problems, and substance misusers. The practice provided an annual health check for all the registered patients with a learning disability.
- There was an allocated Over-75s community nurse who worked with the community matron to meet the needs of elderly patients, especially those who had chronic illnesses, were housebound or prone to recurrent hospital admissions.

Access to the service.

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were available from 8.30am and 6.30pm. Phone lines were open at 8:00am to book on the day appointments.

Patients could book appointments two weeks and one week in advance and for the following day. If the patient needed to see a GP urgently on the day they were put into a triage system and a GP would phone to assess the patient. Extended hours appointments were available on Tuesday evenings with a GP, a nurse and a health care assistant.

The practice also offered home visits if required and appointments with the practice nurses if the patient felt they did not need to speak with a GP.

The practice offered online booking of appointments and requesting prescriptions.

The practice had opted out of providing out-of-hours services to their own patients and referred them to the Out of Hours service via the NHS 111 service.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 59.6% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.9% and national average of 74.9%.
- 33.1% patients said they could get through easily to the surgery by phone compared to the CCG average of 71.8% and the national average of 73.3%.
- 53.2% patients described their experience of making an appointment as good compared to the CCG average of 71.7% and national average of 73.3%.
- 50.2% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57.5% and the national average of 64.8%.

The practice had recently gone through a number of changes and considered itself a new partnership with increased nursing staff and a new practice manager. When we spoke with the practices community partners including a district nurse manager, health visitor, community matron and the lead for nursing of over 75's, they confirmed that the practice had gone through major changes in the partnership and that the practice was working with them as a multi-disciplinary team to provide better care for patients.

The new partnership had improved its Quality and Outcomes Framework (QOF) scores since the 2013-2014 report and was working on areas to improve patient access by updating the phone system, modernising the reception and waiting areas and increasing extended hours appointments through the use of a hub service being initiated by the local clinical commissioning group. They had also recently employed a receptionist who could speak Polish to assist with an increasing Polish population. Two advanced Nurse Practitioners, with prescribing

Are services responsive to people's needs?

(for example, to feedback?)

qualifications, had been recruited to support rapid access clinics which were available on a daily basis with a nominated GP being freed up to take any urgent cases on the day.

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. There were notices displayed around the practice on the procedures. We saw an up to date complaints policy and information was displayed on the practice website with a contact email address for complaints and a policy and procedure document.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

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 and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements.

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.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency.

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gives affected people reasonable support, truthful information and a verbal and written apology.

- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG recommended that the practice provided a consistent named GP for patients. They also set the practice actions which they felt were a priority. The practice responded and all partner vacancies were filled, two long term locums were put in place to provide maternity cover for salaried GPs and a buddy system was put in place to ensure that patients could see the same GP in the absence of their named GP.
- The practice had also gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Are services well-led?

Good 

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

Continuous improvement.

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. An example

being: two advanced Nurse Practitioners, with prescribing qualifications, had been recruited to support rapid access clinics which were available on a daily basis with a nominated GP being freed up to take any urgent cases on the day.