

# Gudgeheath Lane 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 The Gudgeheath Lane Surgery on 4 October 2016. Overall the practice is rated as good.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was 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 been trained to provide them with the skills, knowledge and experience to deliver effective care and 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.
- 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 practice demonstrated consistent staff engagement using different methods, with a variety of forums for listening to staff. They made staff feel valued by using a well-being at work questionnaire for staff every year and created an action plan based on the results.

# Summary of findings

**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 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.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- 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.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed 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.

Good



# Summary of findings

- The practice had identified 131 patients as carers which was around 2% of the practice list. In addition, the practice identified 31 people who were carers for their patients, but registered at other GP practices. This created an increased awareness of those patients.

## 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 (CCG) 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. This included arrangements to monitor and improve quality and identify risks from near misses, concerns and significant events.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



# Summary of findings

- The practice proactively sought feedback from staff, such as a well-being at work questionnaire, 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 patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice held meetings with local community healthcare staff every three months, to ensure they were able to follow Gold Standard Framework end of life care guidelines.

### 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.
- A specialist respiratory nurse was employed to deliver four sessions per month for patients with chronic lung diseases.
- Performance for diabetes related indicators were similar to national averages. For example, the percentage of patients with diabetes, on the register, in whom the last average blood sugar test was acceptable, was 96% which was higher than the national average of 78%. However, the exception rate in this area was 31%. This was higher than the CCG average of 15% and the national average of 8%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

### Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for

# Summary of findings

example, children and young people who had a high number of Accident and Emergency (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.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding five years was 81%. This was comparable to a CCG average of 84% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice met with these professionals on a monthly basis to ensure the health needs of this group were met.

## **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 patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 95% of patients with a learning disability received a health check in the last year, one patient declined.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

**Good**





# Summary of findings

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

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

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

- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was comparable to a CCG average of 85% and a national average of 84%.
- 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 those living with 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. 216 survey forms were distributed and 124 were returned. This represented around 1% of the practice's patient list.

- 64% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 85% 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 85%.
- 87% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 80% 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 78%.

The practice acted on the above results and ensured that people could access appointments and services in a way that suited them by auditing telephone answering and appointment availability.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards which were all positive about the standard of care received. Patients' comments were all complimentary, using words like friendly, caring, helpful and pleasant.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients commented on how cheerful staff were and how there was a calm atmosphere in the practice.

In one example, during August 2016, the practice friends and family test results suggested that 83% of patients were extremely likely to recommend the practice to their friends and family.

# Gudgeheath Lane Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

## Background to Gudgeheath Lane Surgery

Gudgeheath Lane Surgery, 187 Gudgeheath lane, Fareham Hampshire PO15 6QA is situated on the edge of a large town location close to shops and public transport links.

The practice is located in a building which was originally two bungalows, now joined together and extended and adapted for healthcare. There is one large reception area on the ground floor with one parking space outside for patients requiring disabled access.

There are six clinical rooms on the ground floor, all of which are wide enough for wheelchair access.

The first floor has offices and a conference room for meetings. Breastfeeding is promoted by staff who offer women a room if they require privacy.

The practice provides general medical services to 8,400 patients with only 8% aged over 75. Around 80% of the registered practice population is under 65 years of age such as families and young people. The practice population has less than 10% of mixed ethnicity and is mostly recognised as White British. The practice is located in one of the least deprived parts of the country.

There are currently two male and four female GPs, who provide the equivalent of four whole time GPs. This is made

up of four partners who undertake six sessions per week each and two partners who undertake four sessions per week. The practice has one long term locum covering a sabbatical for the senior GP. There is a nursing team with three practice nurses, equivalent to 1.4 whole time nurses

Gudgeheath Lane Surgery supports medical students and student nurses with their training in association with Southampton and Portsmouth Universities.

The practice is supported by an administration team of a practice manager and 18 part time administrative staff.

The practice is open between 8am and 6.30pm Monday to Friday.

Extended hours appointments are offered once a week, on different days until 8.45pm. They were bookable up to four weeks in advance, advertised in the reception, on the website and via newsletter.

Patients are directed to use the NHS 111 system when the practice is closed. There has been no previous CQC inspection at this location.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 October 2016. During our visit we:

- Spoke with a range of staff, for example, three GPs, a practice manager, three nurses and six reception and administration staff and spoke with patients who used the service.
- Observed how patients were being treated in reception 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 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 living with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. The practice manager used a tracker system to enable learning to be shared at each clinical and practice meeting, which ensured all staff groups were involved.
- The practice received feedback on themes and trends from reported significant events via the clinical commissioning group (CCG) quarterly surveillance report. This was in the form of a quarterly newsletter which was then discussed within the practice meetings.

We reviewed safety records, incident reports, patient safety alerts and minutes of monthly meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example in March 2015 the practice discussed a significant event following a fax which was mistakenly placed in the routine box, when it was for an urgent two week referral. The follow-up procedure caught this and corrected it; however, it was discussed at a clinical meeting. The correct procedure for two week referrals was described and all doctors were updated to help avoid this happening again.

The practice had another system for whole practice learning called the minor incident book. These included any near misses or events that required analysis, particularly experienced or witnessed by reception staff. These were audited monthly by the office manager. It was

used by all staff for recording lower level incidents that had affected the practice, the team or staff. For example, it enabled the practice to find patterns when patients were unhappy or disruptive in reception. The office manager was able to take examples to a partners' meeting and ask for support and advice on how to handle these situations. GPs provided reassurance by explaining behavioural symptoms of being unwell which helped reception staff understand mental health conditions and deal with challenging patients.

### 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 three. Nurses were all trained to child safeguarding level two.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, most recently on 19 August 2016 and we saw evidence that action was taken

## Are services safe?

to address any improvements identified as a result such as the removal of cork noticeboards and installation of updated sharps posters following a discussion at the nurses meeting on 3 September 2016. In addition, the office manager completed monthly walk rounds to spot check waste bins and clinical waste disposal procedures.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients 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.
- Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

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

recently on 24 May 2016. We saw evidence of analysis of the practice's evacuation procedure and action plan to repeat this. All electrical equipment was checked in July 2016 to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella, dated April 2015. (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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. This compared to a clinical commissioning group average of 97% and a national average of 95%.

The Health and Social Care Information Centre (HSCIC) data showed the overall clinical exception rate for 2015 to 2016 was 17% compared to the CCG average of 12% and the national average of 8%.

This practice was an outlier for exception reporting relating to diabetes QOF clinical targets. Data from 2015 to 2016 showed:

- Performance for diabetes related indicators were better than national averages. For example, the percentage of patients with diabetes, on the register, in whom the last average blood sugar test was acceptable, was 96% which was higher than the national average of 78%. However, there was an exception rate in this area of 31%. This was around double the CCG average of 15% and the national average of 8%.
- In contrast, performance for mental health related indicators were similar to national averages. For example, the percentage of patients with dementia

whose care had been reviewed in the last 12 months was 84%, which is similar to the national average of 90%. There was an exception rate in this area of clinical targets showing this practice patients at a rate of 6%. This compared to the CCG average of 7% and the national average of 8%.

We discussed overall exception rates and those associated with diabetes care, with the practice leadership team during inspection. The practice reviewed the method of recalling patients for long term condition clinics. Further investigation during inspection had been limited by the very new clinical computer system.

However, the practice explained they now kept a list of non-responding patients who were sent three invitations to clinics. Sometimes they were seen opportunistically throughout the year and were only finally exempted towards the end of the year.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits undertaken in the last two years, six of these were completed audits where the improvements made were implemented and monitored. Others were reviews following national MHRA (Medicine and Healthcare products Regulatory Agency) alerts and to check compliance with national guidelines.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- There was a system for clinical case/peer review within the practice, which all staff were encouraged to complete. Complex patients or unusual diagnoses were discussed at the clinical monthly meeting.
- Findings were used by the practice to improve services. For example, recent action included an audit of minor surgery of 17 patients. This showed that no procedures were abandoned, consent was gained, no patients had unexpected malignancy or infections and all patients were made aware of their results.
- Information about patients' outcomes was used to make improvements. For example, Following a significant event the practice conducted an audit of patients using hormone replacement therapy (HRT) was conducted. This found that two out of 74 patients received non-licensed single hormone therapy and guidelines suggested this was not the best treatment available. HRT prescriptions were changed to repeat



# Are services effective?

## (for example, treatment is effective)

medications so that they triggered an annual appointment when the doctor could ensure patients have had appropriate review. At a clinical meeting, GPs were asked to ensure they documented risks of HRT when undertaking the required review. These actions were then to be re-audited in six months.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice used an external contractor for human resources support for help with managing staff contracts, performance and the company provided a detailed staff handbook.

- The practice had an induction programme and structured probationary period for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality, whistle blowing policy, information governance, significant event reporting and introductions to all clinical staff and their roles.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, staff reviewing patients with long-term conditions were able to attend link meetings for the speciality such as through the diabetes nurse network.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included external training courses, ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. We saw records that showed all staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, and 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 CCG. The practice closed for half a day, once per quarter which was defined as 'Protected Learning Time' in Hampshire. 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.

### 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.

### 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:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those with diabetes or those who had mental health concerns who were referred to counselling. Patients were signposted to the relevant service, such as specialised counselling for teenagers.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.
- The practice's uptake for the cervical screening programme was 81% which was comparable to the CCG average of 83% 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 using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

For example, 75% of females were screened for breast cancer in the last three years, compared to a CCG average of 74% and national average of 72 %.

69% of patients were screened for bowel cancer in the last three years, compared to a CCG average of 65% and national average of 58%.

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

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 96% to 99% compared to the CCG range of 94 % to 97% and for five year olds from 93% to 96% compared to the CCG range of 92% to 97%.

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.

Twenty one out of 22 patients with a learning disability received a health check in the last year, one patient declined.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the three patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 84% 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%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.

- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards 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:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 77% 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%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were 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.
- Information leaflets were available in easy read format.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

## Are services caring?

Information about support groups was also available on the practice website and in reception, such as British Heart Foundation information leaflets regarding alcohol and how to read food labels.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 131 patients as carers which was around 2% of the practice list. In addition, the practice had identified 31 people who were carers for their patients, but registered at other GP practices. This created increased awareness within the practice and consideration for how they might communicate with those patients.

Written information was available to direct carers to the various avenues of support available to them. For example, the website and surgery reception had additional information produced by Community Action Fareham for different carer support groups.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a family consultation and often a home visit 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. For example, the practice opened on a Saturday morning as part of a local agreement to increase access for patients over winter.
- Evidence showed that the practice provided one off services for individual patients if it could help them avoid having to travel to more distant services.
- Extended hours appointments were offered on different weekday evenings until 8.45pm. for working 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/ were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.
- The practice had an accessibility toolkit and action plan. This reviewed signs, the height of the reception desk. Actions taken included obtaining funding for a hearing loop and new signs to promote better access for patients.
- There was a sign in reception encouraging patients to alert staff if they required help with hearing or sign language.
- The practice ensured that longer appointments were available for those with additional needs. Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, though the entrance door was not automated but there was a bell, placed at the appropriate height to ring for staff to assist with access.

- A specialist respiratory nurse delivered four sessions per month for patients with chronic lung diseases.

### Access to the service

The practice ensured that people could access appointments and services in a way that suited them by proactively auditing telephone answering and appointment availability.

The practice completed an audit in September 2015, which established that there were not enough appointments free for patients within 24 or 48 hours. They adjusted the system to allow reception staff to book the next day or two days in advance. This was reviewed at three monthly intervals.

- The practice was open between 8am and 6.30pm Monday to Friday; phone lines were open until 6.30pm. Appointments were from 8.30am to 6pm daily.
- Extended hours appointments were offered on different weekday evenings until 8.45pm.
- Appointments could be booked up to four weeks in advance and there were urgent appointments available on the day or on the day following.

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

- 69% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 64% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice completed an audit to monitor the number of calls coming into the practice and found that they could amend their answering system to divert non-urgent calls to a quieter time.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. The practice told us they had changed the computer system in September 2016 to improve access. However, it was too early to assess the improvements made and to impact on patient feedback.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

# Are services responsive to people's needs?

(for example, to feedback?)

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made by the practice. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## 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 within a specific comments and complaints leaflet and details on the practice website.

We looked at 10 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care.

For example, a complaint was received regarding the unexpected deterioration of a patient. This was investigated by the practice manager and both involved GPs wrote to the patient to apologise and explain the complexities involved in the diagnosis and in predicting when patients might deteriorate. This was subsequently reported as a significant event and discussed at the clinical meeting where GPs were able to discuss clinical options and how situation might have been handled differently. Following receipt of two letters, the family called the practice to say how they appreciated the detail in the letters from the GPs.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed on the practice website and in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice were proactive at succession planning. The practice was committed to staff development. For example, the practice supported a GP to go on sabbatical and enabled long term locum cover to make this happen.

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

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

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

- Staff told us the practice held regular team meetings. Partners and managers met weekly to enable the new computer system to be managed effectively. There were monthly business meetings with monthly clinical discussion meetings. Standing agenda items ensured that referral reviews, serious incidents and complaints were discussed. Staff meetings and nurse meetings were also held monthly.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- There were two staff noticeboards behind reception that helped guide the reception team with useful information such as important telephone numbers, GP duty rota and processes for how to book longer appointments, the fire procedure, and where to find the continuity plan and the accident book.

### 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'

# Are services well-led?

Good 

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

feedback and engaged patients in the delivery of the service. There was a comments and complaints leaflet that encouraged the sharing of views, including how to contact external agencies.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met three times per year, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they suggested installing bicycle racks, filling of potholes in the car park and chairs with arms in the waiting room, all of which were implemented by the practice. The PPG maintained a notice board within the practice and attended practice flu clinics to support the organisation of the clinics.
- There were consistently high levels of staff engagement. For example, the practice undertook a well-being at work questionnaire every year and created an action plan based on the results. Following the 2016 survey, staff requested more feedback about general performance. The practice leadership team created a standing item on the staff meeting agenda and agreed to give one to one feedback more frequently. Staff told us this made them feel valued.

- The practice had 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. For example, staff told us they suggested the reception duties had become too busy for two people. The practice increased staff to three and we were told this had a positive impact on workload. Staff told us they felt involved and engaged to improve how the practice was run and actively encouraged to raise concerns, for example by talking to any GP, the office manager or using the minor incident book.

## 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 successful in gaining financial support to refurbish patient toilets, desk reception area and flooring.