

Stockbridge Practice

Quality Report

Stockbridge Surgery

New Street

Stockbridge

SO20 6HG

Tel: 01264 810524

Website: www.stockbridgesurgery.co.uk

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stockbridge Practice on 27th July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- Feedback from patients and health and social care professionals suggested that staff at the practice were very helpful and provided high standards of care. They felt GPs were committed, dedicated and strived to ensure that patients got the best possible care.
- Staff from a local care home and other professional also spoke highly about the care and support that the practice provided to its patients.

Summary of findings

The areas where the provider must make improvements are:

- The practice must ensure that clinical waste is managed in line with its policy and protocol. In particular all clinical waste bags and sharps bins must be marked with the postcode of the practice and the date on which the packages were sealed.
- The provider must ensure all appropriate recruitment checks are undertaken and recorded prior to the employment of new staff including obtaining satisfactory evidence of conduct in previous employment.

The areas where the provider should make improvement are:

- The practice should ensure that they identify and support carers appropriately.
- The practice should encourage and support the formation of the new patient participation group.
- The practice should improve their performance with regards to the management of patients who have diabetes.
- The practice should ensure that all policies and procedures clearly state the date when those were written. It should also be clear when a review date is include whether that is a 'due date' or the date when a review was completed. This includes the practice's written dispensary standard operating procedures.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- We found that not all waste bags and sharps bins were marked with the postcode of the practice and the date the packages were sealed. This was not in line with the practice's clinical waste management protocol and the guidance of the Department of Health.
- Not all information was available in relation to each person employed specified by the relevant regulation. The four personnel files we reviewed on the day of our inspection did not include references (evidence of conduct in previous employment).

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average. The practice identified areas where achievement was less than maximal and put plans in place to improve their performance where it was necessary.
- 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.

Summary of findings

- The practice supported their patients to live healthier lives.

Are services caring?

The practice is rated as good for providing caring services.

Good



- All of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. Some of them pointed out how helpful particular GPs were and wrote they received the highest standard of care.
- Patients said they felt the practice provided an outstanding service to them as the GPs were dedicated and nothing was too much trouble to them to ensure that patients got the best possible care. Many examples were given to us which suggested that GPs went above and beyond their duty to ensure their patients received the care they needed for example at the end of the life of a relative or during periods of high and complex needs.
- Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were better than the local and national averages. The practice was also above average for its satisfaction scores on consultations with GPs and nurses.
- Health and social care professionals who regularly worked together with the practice said the practice was very welcoming and valued their contribution. They also felt the GPs were very committed and went above and beyond their duty to ensure their patients received the best possible 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice provided a medicines delivery service to housebound patients.

Summary of findings

- The duty doctor's afternoon clinic allowed same day consultations for acute illness and to undertake an acute home visit later in the day.
- E-mail advice and same day telephone advice was available from the patients usual doctor or from the duty doctor.
- The practice offered in house phlebotomy and minor injury services.
- Patients said they found it easy to make an appointment with a GP or a nurse, 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.

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. The practice had a strategy and supporting business plans for 2016/17 which reflected the practice's vision and values. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For vulnerable and often elderly patients the practice provided service of assessment and support planning, signposting and unplanned hospital admission prevention.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Patients aged over 75 years had a named GP and a medicines delivery service was available.
- 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.

Good



People with long term conditions

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

- 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.
- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice experienced good engagement and uptake of their diabetes education programme.
- Longer appointments and home visits were available when needed.

Good



Families, children and young people

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

- The practice's GPs had special interests which included safeguarding children, paediatrics, family planning, obstetrics and gynaecology.

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Young patients told us they were treated in way that was appropriate to their age and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 92%, which was better than the CCG average of 82% and the 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.

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. Evening and weekend clinics were available.
- University and boarding school students were accommodated when required during vacations and home leaves.
- 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.
- E-mail advice and same day telephone advice was available from the patients usual GP or from the duty GP.

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 vulnerable children and adults and had regular meetings to discuss their cases. The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice funded a proactive care team through the Transformation Fund. This included funding nursing and clinician time for preventative work with vulnerable patients, particularly the elderly at risk of hospital admission.

Good



Summary of findings

- The practice hosted multi-disciplinary meetings which helped to coordinate the care of some of the most vulnerable patients, and allowed exchange of ideas and information about how to best manage the patients with skills and resources which they may have not been aware of.
- The practice offered longer appointments for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff was aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had had their care reviewed in a face to face meeting in the last 12 months, which was better than the clinical commissioning group (CCG) average of 89% and the national average of 88%.
- 82% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 84% and to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice made use of the Child and Adolescent Mental Health Services' consultation line and patients had access to same day appointments.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 233 survey forms were distributed and 141 were returned. This represented around 1.5% of the practice's patient list.

- 92% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 82% and to the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and to the national average of 76%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and to the national average of 85%.
- 91% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 83% and to the national average of 79%.

All of the 34 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. Some of them pointed out how helpful particular GPs were wrote they received the highest standard of care. The comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with 12 patients who all told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. They all said it was easy to get an appointment, they got enough time and felt informed and involved in the decisions around their care and treatment. Young people we spoke with said they felt they were treated appropriately to their age. Patients also said they felt the practice provided an outstanding service to them as the GPs were dedicated and nothing was too much trouble to them to ensure that patients got the best possible care. Many examples were given to us which suggested that GPs went above and beyond their duty to ensure their patients received the care they needed for example at the end of the life of a relative or during periods of high and complex needs.

The practice monitored its Friends and Family Test result on a monthly basis. We found patient's feedback were overwhelmingly positive about the service in the last 12 months. This meant they would likely to recommend Stockbridge Practice to their friends and family.

Stockbridge Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Stockbridge Practice

Stockbridge Practice is located at New Street, Stockbridge, SO20 6HG. The practice provides general medical services for the geographical area of the Test Valley; specifically the rural area within 100 square miles around Stockbridge. The main surgery is in New Street, Stockbridge which also has a dispensing pharmacy on site. The branch surgery is situated in School Lane, Broughton. Both practices are accessible to for patients with a disability.

The practice has eight GPs, three male and five female. Stockbridge Surgery is training practice and had a GP registrar at the time of our inspection. The current staff of the practice includes:

- 6 GP Partners (two male and four female – 3.2 whole time equivalent WTE)
- 2 Salaried GPs (1.3 WTE)
- 1 Practice Manager (1 WTE)
- 4 Practice Nurses (1.97 WTE)
- 1 Health Care Assistant (0.29 WTE)
- 1 Phlebotomist (0.21 WTE)
- 6 Pharmacy dispensers (3.86 WTE)

- 19 Receptionists/Admin/Secretarial (11.31 WTE)

The practice has 9075 registered patients and dispenses medicines to 7630 of them. A quarter of the patients are over 65 years of age and there is a significantly higher proportion of people aged over 75 than England average. There are higher levels of socio-economic deprivation than local average and low levels of ethnic diversity. The practice also supports a local nursing home.

Stockbridge Practice is open from Monday to Friday between 8.15am and 6.30pm. Phone lines were open from 8am for urgent calls. Extended hours were provided on Saturdays between 8.30am and 12pm and on alternate Monday and Wednesday evenings between 6.30pm and 7.30pm. When the practice is closed patients can phone the local Out of Hours clinic through NHS 111 outside surgery hours.

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 27th July 2016. During our visit we:

- Spoke with a range of staff (six GPs, four clinical staff and the practice manager) and spoke with 12 patients who used the service.
- Spoke with four health and social care professionals who worked together with the practice to support its patients.
- We received written feedback from six non-clinical staff on the day of our inspection.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- The practice kept a log of all significant events for audit purposes. The log included the summaries of the incident and the discussion that took place. Learning points and actions to be taken were identified and shared with staff accordingly.
- We saw the practice carried out a thorough analysis of the significant events and also carried out an annual analysis in order to identify recurrent issues or trends.
- Minutes of the quarterly significant event meeting showed that each event was discussed in order to progress with the investigation and identifying further actions.
- 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.
- 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 reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice was informed by the hospital that a patient did not attend the appointments they were referred to by the practice. It was identified that the hospital did not have the correct address for the patient due to an administrative error on their behalf. This was followed up by the practice in order to prevent the re-occurrence of a similar incident.

Within another significant event we saw that a referral to breast clinic had been missed. The issue was discussed and all GP were reminded to ensure that they are making the necessary actions through their computer system during consultation in order to not to miss a referral in the future.

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 and clinical staff were trained to level three with regards to safeguarding children. Records showed that multidisciplinary discussion took place in order to safeguard vulnerable patients and we were given examples where staff followed the practice's protocol to refer vulnerable patients to the appropriate service.
- A notice in the treatment rooms 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 premises were cleaned by an external company and the practice manager carried out monthly audits regarding the cleanliness in the practice. There was an infection control protocol in place and staff had received up to date training. There was an infection control clinical lead who completed annual statements to report on the practices activity regarding infection prevention and control. Annual infection

Are services safe?

control audits were undertaken with support from the local CCG's representative and we saw evidence that action was taken to address any improvements identified as a result. We noted that the latest audit identified the need to remind clinical staff to sign and date the sharps bin appropriately. Upon checking the contents of the waste storage bins and unit we found that not all waste bags and sharps bins were marked with the postcode of the practice and the date the packages were sealed. This was not in line with the practice's clinical waste management protocol and the guidance of the Department of Health.

- 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 and had support from the local CCG medicines management team 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. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. The independent prescriber received mentorship and support from the one of the GPs for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice dispensed medicines to 84% of their patients. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. The practice had written standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). However, a number of these were dated March 2013 with a review date of March 2016, or dated July 2013 with a review date of July 2016. Some of

them were not dated at all. Following our inspection the practice confirmed that every standard operating procedure had been reviewed and did reflect current practice.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed four personnel files and found recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We also found that references (evidence of conduct in previous employment) for the four staff were not kept on file. Following our inspection the practice reviewed its recruitment policy and created a recruitment reference requesting protocol in order to ensure that effective referencing would take place prior to employing new staff in the future.

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 staff office which identified local health and safety representatives. Monthly health and safety checks were undertaken by the practice manager. The practice had up to date fire risk assessments and carried out regular fire alarm tests and 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 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 (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. The practice also monitored the level of staffing through feedback from patients and staff. We found that the booking and the length of

Are services safe?

appointments with nurse were adjusted to reflect the care and treatment required following feedback from staff. Staff said they felt there was enough staff though some staff experienced added workload due to long term staff sickness.

Arrangements to deal with emergencies and major incidents

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

- The practice had a medical emergency procedure and 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 one of the treatment rooms.
- 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. GPs also kept their knowledge up to date through on-line resources and annual courses.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. We found evidence that the practice followed the recently updated guidance regarding type 2 diabetes management.

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 showed the practice had achieved 92% of the total number of points.

This practice was an outlier for some QOF (or other national) clinical targets though we noted that the overall exception reporting was lower than the local and the national average. The combined overall total exception reporting for all clinical domains was 4.2% which was lower than the clinical commissioning group (CCG) average of 10.8% and the national average of 9.2%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. Data from 2014-2015 showed:

- Performance for diabetes related indicators was worse than the national average.

- 67% of patients on the diabetes register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015), which was worse than the clinical commissioning group (CCG) average of 80% and the national average of 78%.
- 83% of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015), which was worse than the CCG average of 90% and the national average of 88%.
- 75% of patients on the diabetes register, whose last measured total cholesterol (measured within the preceding 12 months 01/04/2014 to 31/03/2015) was 5 mmol/l or less, which was worse than the CCG average of 82% and the national average of 81%.
- We noted that the practice identified this area for improvement and created a strategy which included the appointment of a new lead for diabetes management and enhanced staff training.
- Performance for mental health related indicators was better or comparable to the national average.
- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 89% and the national average of 88%.
- 82% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 84% and to the national average of 84%.
- There was variation in the percentage of patients with atrial fibrillation with CHADS2 score of 1, who were treated with anticoagulation therapy or an antiplatelet therapy between 01/04/2014 and 31/03/2015. 91% compared to the clinical commissioning group (CCG) average of 98% and the national average of 98%. The practice's audit regarding 2015-2016 showed improvement and current data also showed that the practice was on track for achieving respectable scores by the end of the year.

There was evidence of quality improvement including clinical audit.

- There had been various clinical audits undertaken in the last two years, which completed audits where the improvements made were implemented and monitored.

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, recent action taken as a result included writing letters to all patients identified by the audit and asking them to make an appointment to discuss risk and consider starting taking a specific medicine. Following an audit regarding osteoporosis the case notes of identified patients have been reviewed and the diagnoses amended where appropriate. The findings were also passed to the relevant usual GP to take further action regarding diagnosis, investigation and treatment in each individual case. New alerts were also put in place to avoid missing potential fragility fractures and osteoporosis diagnoses.
- As an outcome of an audit regarding gestational diabetes the practice started to give an information leaflet for those with gestational diabetes. The practice also started to use a specific template to invite these patients for their annual blood test.
- The practice also completed annual audits with regards to its minor surgeries and completed medicines management audits as part of improving their medicine prescribing.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Information about patients' outcomes was used to make improvements such as:

- Reducing stroke risk by offering anticoagulation treatment for higher risk patients not currently receiving it.
- Formal re-calling of patients to ensure monitoring occurs.
- Re-advice to clinical staff of the diagnostic criteria for pre-diabetes and diabetes.
- Patient education on importance of regular follow up and monitoring.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice had an annual

training schedule in order to ensure that all staff's knowledge would be kept up to date. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, team meetings, clinical supervision and facilitation and support for revalidating GPs. The nurses' clinical supervision was peer group driven and the Local Medical Committee had run regular seminars to ensure that it was done correctly. All staff had received an appraisal within the last 12 months.

- The practice ensured role-specific training and updating for relevant staff. This was done in consultation with the nursing lead and as part of the continuing professional development plan that each member of staff was given as part of their appraisal.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and infection control. Staff had access to and made use of e-learning training modules and external training.
- Staff said they felt confident about their roles and responsibilities and that they received the training they needed. Written feedback from non-clinical staff also indicated that they were given the opportunity to attend training courses and completed e-learning sessions.

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. 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. These multi-disciplinary team meetings had been held since 2012. Additional administration support had been taken on due to the number of attendees and to coordinate the collation of all the necessary information in preparation for the meetings. Accurate minutes of the meeting were kept regarding the

Are services effective?

(for example, treatment is effective)

patients discussed and the required actions and outcomes for the clinicians and other individuals involved in the care team. The practice had involvement from the following professionals/agencies:

- Consultant Geriatrician
- Macmillan nurse
- Hospice doctor
- Adult social worker
- Police Sergeant
- Health visitors
- School nurses
- Community nurses
- Integrated care team lead
- Community independence team
- Supporting troubled families coordinator
- Consultant psychiatrist
- Community mental health care team leader
- Older persons community mental health nurse
- Proactive care plan nurse and administrator

Staff said the meetings helped to coordinate the care of some of the most vulnerable patients, and allowed exchange of ideas and information about how to best manage the patients with skills and resources which they may have not been aware of. The practice was also able to coordinate across specialties in a single meeting which helped to reduce some of the boundaries between primary and secondary care and gain up to date information about the practice's inpatients and helped to plan and coordinate discharge to avoid unnecessary readmissions to hospital.

We spoke with three professionals who regularly attended these meetings and said they found the practice was very welcoming and valued their contribution. They also told us how responsive the practice was to patients' needs and that it was very beneficial to patients to connect them to the right community services. They also felt the GPs were very committed and went above and beyond their duty to ensure their patients received the best possible care for example at the end of the life of a relative or when supporting vulnerable patients during periods of high and

complex needs. Staff from a local care home, whose residents were supported by the practice, also spoke highly about the care and support they received from the practice and that it was very effective and responsive to the needs of their residents.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support through the consultations with patients and through the discussions at the monthly multi-disciplinary team meetings. For example patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant community services and support groups.

The practice advertised and promoted their nurse led smoking cessation clinic and GPs opportunistically addressed alcohol and diet related issues as part of consultations, reviews and health checks. All new patients were screened regarding alcohol consumption and depending on the outcome patients were either sent information or asked to visit a GP. We were also informed that the practice was in the early process of setting up walking/exercise groups for the local community in response to latest research on the positive impact exercise has on the reduction of cardiovascular disease.

The practice's uptake for the cervical screening programme was 92%, which was better than the CCG average of 82% and the national average of 82%. The practice had a

Are services effective?

(for example, treatment is effective)

coordinator for cervical smear tests who ensured all result were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 75% of female patients aged between 50 and 70 years of age were screened for breast cancer in the previous 36 months (3 year coverage) compared to the clinical commissioning group (CCG) average of 74% and the national average of 72%. 71% of patients aged between 60 and 69 years of age were screened for bowel cancer in the previous 30 months compared to the (CCG) average of 66% and the national average of 58%.

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 73% to 100% and five year olds from 86% to 100% compared to the CCG range from 80% to 99% and 93% to 100% respectively.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

All of the 34 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. Some of them pointed out how helpful particular GPs were and wrote they received the highest standard of care. The comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with 12 patients who all told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. They all said it was easy to get an appointment, they got enough time and felt informed and involved in the decisions around their care and treatment. Young people we spoke with said they felt they were treated appropriately to their age. Patients also said they felt the practice provided an exceptional service to them as the GPs were dedicated and nothing was too much trouble to them to ensure that patients got the best possible care. Many examples were given to us which suggested that GPs went above and beyond their duty to ensure their patients received the care they needed for example at the end of the life of a relative or during periods of high and complex needs.

Results from the national GP patient survey published in January 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.

- 93% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and to the national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and to the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% 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 better than the local and national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and to the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and to the national average of 85%.

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

Are services caring?

- 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.
- The practice ordered a hearing loop on the day of our inspection. We were informed on the following day that at least two patients had already successfully used it and were delighted that the practice made the effort.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 47 patients as carers (0.5% of the practice list). We were informed that the relatively low number was due to not coding carers well. This had already been recognised and in process to ensure correct coding and recording. The practice recognised carers and offered them support. Written information was available to direct carers to the various avenues of support available to them. The practice also directed carers to The Princess Royal Trust for Carers in Hampshire for help and advice.

Staff told us that if families had suffered bereavement, their usual GP contacted them and often visited. GPs offered support and gave advice on how to find a support service for example sign post to bereavement counselling in Andover or by the local hospice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours on alternate Monday and Wednesday evenings until 7.30pm for working patients who could not attend during normal opening hours.
- There was a late morning clinic from both the Stockbridge and Broughton sites to enable any patients who require a same day appointment to be seen even if there was no remaining capacity in the regular clinics. Each available clinician had seen patients until all patients were seen.
- The duty doctor's afternoon clinic allows same day consultations for acute illness which may have presented later in the day and there's availability for the duty doctor to undertake an acute home visit later in the day.
- Same day telephone advice was available from the patients usual doctor if they had been available or from the duty doctor.
- E-mail advice was provided to the increasing number of patients who were able to communicate with the practice and clinicians via e-mail. A central email address was administered by the secretarial team who forwarded emails to the relevant clinician and handled the responses and documentation into the clinical system. Patients received an automated email advising them of the response times and expectations of the service.
- 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.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately. Patients could also be referred to other clinics for vaccines available privately if they wished to.
- There were disabled facilities, a hearing loop and translation services available.

- The practice provided a medicines delivery service to housebound patients.
- The practice offered in house phlebotomy and minor injury services.
- SMS messaging for appointment reminders was available.

Access to the service

Stockbridge Practice is open from Monday to Friday between 8.15am and 6.30pm. Phone lines were open from 8am for urgent calls. Extended hours were provided on Saturdays between 8.30am and 12pm and on alternate Monday and Wednesday evenings between 6.30pm and 7.30pm. When the practice is closed patients can phone the local Out of Hours clinic through NHS 111 outside surgery hours. Patients were able to book appointments on-line and over the telephone and urgent appointments were also available for people who needed them.

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.

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and to the national average of 78%.
- 92% of patients said they could get through easily to the practice by phone compared to the CCG average of 82% and to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

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 the practice's leaflet regarding its complaint policy was available at the waiting room to help patients understand the complaints system.

We looked at the practice complaints log for 2015-2016 and saw the practice received 11 complaints. An annual analysis was also carried out regarding the complaints in order to ensure these were handled correctly. We looked at

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

two complaints in detail and found these were satisfactorily handled and dealt with in a timely way. Openness and transparency with dealing with the complaints were demonstrated and lessons were learnt from individual concerns and complaints. Action was taken to as a result to improve the quality of care. For example, when an invoicing error happened the fee was waived and

practice apologised. Staff was reminded to be more vigilant to avoid re-occurrence. Within another example we saw that medicines were not delivered to the requested address. A response and apology was sent and staff was reminded to check carefully for any change in delivery arrangements. We found that learning points were shared with appropriate staff and on team meetings.

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 statement of purpose which was displayed in the waiting area and staff knew and understood the values.
- The practice had a strategy and supporting business plans for 2016/17 which reflected the vision and values and was regularly monitored. For example, the practice had plans to re-launch their quarterly newsletter and to set up a new patient participation group.

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's feedback indicated that they were aware, clear and confident about their 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 arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Not all governance arrangements had ensured that improvements were identified such as in relation to waste management, obtaining references as part of the recruitment process of new staff and ensuring that written dispensary standard operating procedures are regularly reviewed.

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. We noted that a new practice manager had been appointed recently who already

recognised areas for improvement and took actions to improve the service for example by supporting the formation of a new patient participation group. Staff told us the partners were approachable and always took the time to listen to all members of staff. Their feedback also suggested that the management of the practice was open and transparent and felt their views were listened and acted upon.

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

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

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

- Staff told us the practice held regular whole practice meetings and team meetings for the various groups of staff.
- Each GP Partner carried a portfolio of responsibilities and acted as a lead for each staff team. Each nurse also carried a portfolio of responsibilities.
- Careful succession planning allowed the practice to take on two new partners after two retiring partners in order to maintain the service for the patients.
- 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. We noted team away days were held annually.
- Staff said they felt respected, valued and supported 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.

Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients through the friends and family tests, monitoring the feedback on the NHS Choices website and through the complaints received.
- The practice was in the process to set up a new the patient participation group in order to get organised support from patient to improve the quality of their services.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example new staff was employed for admin and secretary support and appointment length were adjusted according to the required treatments following staff feedback. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

- The practice participated in monthly multidisciplinary meetings and had a detailed database of the patients who they discussed.
- The practice funded a proactive care team through the Transformation Fund. This included funding nursing and clinician time for preventative work with vulnerable patients, particularly the elderly at risk of hospital admission.
- The practice supported various local projects to the benefit of their patients which included a 'Social isolation' project for the patients who were aged over 65.
- The practice participated in a service development project regarding the improvement of respiratory outcomes in primary care.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>We found that not all clinical waste bags and sharps bins were marked with the postcode of the practice and the date on which the packages were sealed.</p> <p>This was in breach of regulation 12(1)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>Not all information was available in relation to each person employed specified by the regulation. References (evidence of conduct in previous employment) for four staff were not kept on file.</p> <p>This was in breach of regulation 19(3)</p>