

The Fordingbridge 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 Fordingbridge Surgery on 25 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.

We saw areas of outstanding practice:

The practice supported a GP to perform in-house vasectomies (male sterilisation). Annual audits of practice were conducted and the GP received regular review by a specialist. In 2014-2015, 170 procedures were performed with a complication rate of less than 2%. The practice received consistently excellent patient feedback about the service. For example, 99% felt that the GP's communication during the procedure was excellent and 91% felt that the procedure was better or much better than they had anticipated.

Summary of findings

The patient participation group reviewed anonymised complaints from patients to deliver a patient perspective and enhance any learning from complaints.

The areas where the practice should make improvement are:

Review the processes for meeting the needs of all patients with long term conditions; specifically for conditions such as asthma and diabetes.

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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. 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. The patient participation group was active.
- 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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had a care navigator, whose role it was to reduce hospital admissions for patients over 75 years of age and other vulnerable patients.
- Performance for conditions common in older patients was similar to national averages. For example, 97% of patients with atrial fibrillation (an irregular heart beat) received appropriate treatment, compared to the clinical commissioning group and national average of 98%.
- The practice had a dispensary service which delivered medications to the homes of patients who found it difficult to attend the practice.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 86% of patients with diabetes had an acceptable cholesterol level in 2014-2015 compared to the clinical commissioning group (CCG) average of 82% and national average of 80%.
- The percentage of patients with COPD (a chronic lung condition) who had a review in the preceding 12 months was 95%. This was better than the CCG and national average of 90%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

Families, children and young people

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

- 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. There was a system in place to follow up children who did not attend for 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.
- 83% of eligible women received a cervical smear in the preceding 5 years, which is similar to the national average of 82% and clinical commissioning group 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 and health visitors.
- The practice ran a vasectomy (male sterilisation) service for patients across the West Hampshire locality.
- The practice liaised with local infant and junior schools to provide health education to parents, staff and children.

Good



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.
- The practice offered different methods of communication to meet patients' needs such as written, text, online and social media.
- The practice offered a range of extended hours appointments aimed at patients who could not attend in working hours.

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.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice had identified 51 patients with a learning disability. All had been offered a physical health check in the past year, of which 28 had accepted. This is equivalent to 55% of patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 81% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is similar to the clinical commissioning group (CCG) and national average of 84%.
- 87% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed care plan documented in their notes, which is similar to the national average of 88% and CCG average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

- The practice achieved dementia friendly status in November 2013.

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. A total of 237 survey forms were distributed and 125 were returned, which is a response rate of 53%. This represented 1% of the practice's patient list. Results were better than national averages:

- 87% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all positive about the standard of care received. Patients commented upon how friendly and helpful staff were and how they felt listened to by staff. They commented upon how reassuring it was to know they could be seen or receive advice quickly when needed by using the same day service. Four cards also commented upon the long wait to gain a routine appointment; at the time of our inspection this was approximately two weeks.

The practice's friends and family results for 2014-2015, showed that 92% of patients were either extremely likely or likely to recommend the practice to others.

We spoke with nine patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The Fordingbridge 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 The Fordingbridge Surgery

The Fordingbridge Surgery is located at Bartons Road, Fordingbridge, Hampshire, SP6 1RS. The practice is based in the town centre of Fordingbridge, a market town on the north western edge of The New Forest and close to the county borders of Wiltshire and Dorset. The practice has approximately 12,600 registered patients who live within a practice boundary of approximately 100 square kilometres. The practice building was converted from a Victorian workhouse in 1993 and was extended approximately 15 years ago to add more clinical areas.

The practice provides services under a NHS General Medical Services contract and is part of NHS West Hampshire Clinical Commissioning Group (CCG). The practice is based in an area of low deprivation compared to the national average for England. A total of 13% of patients at the practice are over 75 years of age, which is higher than the CCG average of 10% and national average of 8%. A total of 61% of patients at the practice have a long-standing health condition, which is higher than the CCG average of 55% and national average of 54%. Less than 1% of the practice population describe themselves as being from an ethnic minority group; the majority of the population are White British.

The practice has five GP partners, three of whom are female and two who are male, as well as employing four salaried GPs, two of whom are male and two are female. Together the GPs provide care equivalent to approximately 6.5 full time GPs. The GPs are supported by four advanced nurse practitioners who are able to diagnose and prescribe treatments for a specific range of conditions. The practice also has two practice nurses and four health care assistants who provide a range of treatments and are equivalent to just under four whole time equivalent nurses. The clinical team are supported by a management team with secretarial, estates and administrative staff. The practice is a training practice for doctors training to be GPs (registrars) and a teaching practice for medical students. At the time of our inspection the practice were supporting two doctors training to be GPs and two medical students.

The Fordingbridge Surgery is open between 8am and 6.30pm Monday to Friday. Appointments with a GP are available until 12.30pm and again from 2pm until 6pm daily. Extended hours surgeries are available every Monday evening from 6.30pm until 7.30pm, every Thursday and Friday mornings from 7.30am and for one Saturday per month from 8am to 11am. The GPs also offer home visits to patients who need them. Care to patients is provided on the ground floor of the building and two waiting areas are available to patients. The first floor houses managerial and administration staff as well as staff linked to the practice such as health visitors.

The practice offers a range of primary care services as well as minor surgery, family planning services, joint injections and a vasectomy service for patients residing in West Hampshire. The practice is a dispensing practice and dispenses medicines to approximately 40% of the practice population. The dispensary also operates a home delivery service for frail or vulnerable patients.

Detailed findings

The practice has opted out of providing out-of-hours services to their own patients and refers them to the Out of Hours care via the NHS 111 service. The practice offers online facilities for booking appointments and for requesting prescriptions.

The practice had a branch site located at 12 Park Lane, Alderholt, Dorset SP6 3AJ, approximately three miles away. The branch surgery is open on weekdays from 11.30am until 1pm and patients can make appointments at both sites. We did not visit the branch site as part of this inspection. We visited The Fordingbridge Surgery as part of this inspection, which has not previously been inspected by the Care Quality Commission.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 July 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, nurse practitioners, managerial, estates staff, administration, reception staff and medical students and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents 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.

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, an elderly patient prescribed a medicine to prevent the blood from clotting was admitted to hospital with an unspecified illness. The patient later died in hospital from a bleed in the digestive tract (the medicine was associated with an increased risk of bleeding, although this may not be directly attributable to the death). The practice discussed this as a significant event and reviewed the patient's history. The practice found that the patient's kidney function was lower than the recommended guidelines for the medicine to be prescribed safely. The practice reviewed all of the patients in the practice who were prescribed this type of medicine to ensure their kidney function was checked and prescribing was safe.

Overview of safety systems and processes

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

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

reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nurses were trained to level 2.

- A notice in the waiting and clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and 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. A member of staff carried out a monthly inspection of the cleanliness and hygiene of the practice with an external cleaning company. 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. Regular infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the audit in 2015 identified that all taps located in clinical areas should be replaced so they could be operated by using elbows which would reduce the risk of infection. We saw that a programme of work to undertake this was part way through completion by the practice; we saw that there was a schedule to complete the work.
- The practice had written procedures in place for the production of prescriptions, and dispensing of medicines, that were regularly reviewed and accurately reflected current practice. There were systems in place for the management of repeat prescriptions. Systems were in place to ensure that all prescriptions were checked and signed by the GP before being handed out to patients. Medicines were scanned using a barcode

Are services safe?

system, to help reduce the risk of any errors, and all dispensed medicines were also checked by a second dispenser. The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had all completed appropriate training and had their competency regularly reviewed.

- 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 clinical commissioning group 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. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- 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 five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, 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 employed a dedicated member of staff to oversee the health and safety of the premises and provide training to staff. They carried out regular health and safety checks of the building and any

issues were quickly identified and acted on. The practice had up to date fire risk assessments and acted on issues raised. For example, following a risk assessment in August 2015, smoke and heat detectors were replaced. The practice carried out regular fire drills and staff received annual fire training. 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. For example, the practice ensured more reception staff were on duty at peak times and had a policy regarding how many staff could take annual leave at any one time.

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 centrally in the practice.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. However, two of the masks were out of the original packaging and the practice was unable to tell us if the masks were in date and effective for use. The practice immediately ordered a replacement which were in place within 48 hours.
- A first aid kit and accident book were available. We saw that accidents and any resulting investigations were appropriately recorded.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines and emergency equipment we checked were in date and stored securely.

Are services safe?

- 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 98.4% of the total number of points available; with overall exception reporting of 16% compared to the clinical commissioning group (CCG) average of 11% and national average of 9%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. The practice told us that patients were not excepted from QOF reporting figures until three different ways of contacting the patient were tried and a fourth attempt involved a telephone call from a GP.

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

- Performance for diabetes related indicators was similar to the national average. A total of 81% of patients with diabetes, had an acceptable average blood sugar level in the preceding 12 months, compared to the CCG average of 80% and national average of 76%.
- The percentage of patients with physical and/or mental health conditions whose notes recorded smoking status in the preceding 12 months was 94%. This was comparable to a CCG average of 93% and national average of 94%.

- The percentage of patients with high blood pressure whose last blood pressure reading was acceptable was 89%. This was better than the CCG average of 83% and national average of 84%.
- The practice achieved figures better than national and local averages for asthma indicators. 87% of patients with asthma had an asthma review in the preceding 12 months compared to a CCG average of 74% and national average of 75%. However, the practice's exception reporting for this indicator was 30%, compared to a CCG figure of 12% and national figure of 8%. We were shown practice level data which has not been externally verified, which shows exception reporting for this asthma indicator was 18% for 2015-16.
- Exception reporting for one of five QOF diabetes indicators was higher than local and national averages. The practice excepted 26% of patients with diabetes for the indicator relating to acceptable blood pressure. This compared to a CCG average of 13% and national average of 9%. We were shown practice level data which has not been externally verified, which shows exception reporting for this indicator is 22% for 2015-16.
- We queried the high exception reporting for patients with long term conditions as this may indicate patient's needs are not being assessed and met. The practice told us that procedures for excepting patients had changed and that these figures were largely down to an error in coding. Exception reporting for all other QOF indicators were comparable to local and national averages.

The practice's figures for prescribing were in line with or better than national and CCG averages. For example:

- the practice's average daily quantity of hypnotics (hypnotics are medicines used to treat anxiety, insomnia, and seizure disorders) prescribed was 0.15 compared to a CCG average of 0.21 and national average of 0.26.
- the percentage of antibiotic items prescribed that are less recommended by national guidance was 71% compared to a CCG average of 71% and national average of 77%.

The practice regularly reviewed the information that was recorded from examinations and consultations with patients. The practice updated the templates used to collect this information as part of this review, to ensure they could monitor that the care provided was in line with best practice recommendations.

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit.

- There had been 17 clinical audits completed in the last year, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice was designated as a research practice by the National Institute for Health Research in April 2016. This demonstrated that the practice had a commitment to learning and development and practicing evidence based medicine. The practice had been involved in a project which aimed to improve the Reporting, Learning & Sharing of Patient Safety Incidents.
- Findings were used by the practice to improve services. For example, the practice carried out an audit to identify patients with raised average blood sugars who were not considered to have diabetes. The practice identified 80 patients, 56% of whom were considered to be pre-diabetic and 39% fulfilled the criteria to be considered diabetic. These patients were followed-up to ensure they received confirmation of a diagnosis and given the appropriate treatment and support.

Information about patients' outcomes was used to make improvements. For example, since 2002 the practice carried out an annual audit and review of all patient deaths, to share learning and to ensure care was optimal. In the 2014-2015 review, learning points included; being alert to a possible reoccurrence of cancer after an extended period of being clear from the condition and being alert to risk factors for suicide.

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 practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff told us that requests for training were always granted by the practice.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Nurse practitioners were each allocated a specific GP as a mentor. Nurse practitioners met monthly to support learning and for review of clinical cases and decision making.
- Clinical staff take part in training sessions led by the CCG. The practice holds weekly educational meetings for GPs and nurse practitioners to discuss any patient cases, clinical updates or particular conditions.

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

Are services effective?

(for example, treatment is effective)

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.
- 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 were signposted to the relevant service.
- Smoking cessation advice was available from the practice and specialist dietary advice was available by referral.
- The practice's uptake for the cervical screening programme was 83%, which is similar to the CCG and

national averages 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 offered appointments for smear tests every day they were open to be more flexible to patients' needs.

- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer and performed in line with or better than CCG and national averages. A total of 75% of eligible patients attended breast cancer screening compared to the national average of 72% and CCG average of 74%. A total of 67% of eligible patients were screened for bowel cancer compared to the CCG average of 63% and national average of 55%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 71% to 100% and five year olds from 93% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 30 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 one member of the patient participation group (PPG) and one member of the friends of the practice group. 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 slightly better than local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% 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%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 98% 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%.

- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85% and CCG average of 88%.
- 91% 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% and CCG average of 92%.
- 93% 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 in line with local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 89% 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% and CCG average of 85%.
- 82% 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% and CCG average of 86%.

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. The practice told us that less than 1% of their patient population had English as a second language.
- Information leaflets were available in easy read format.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting areas 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 161 patients as carers, which is 1.3% of the practice list. Written information was available to direct carers to the various

avenues of support available to them; information was also available via the practice website. Patients who identified themselves as a carer received a letter from the practice sign-posting local services and support for carers. The practice routinely offered flu vaccines to carers; 107 carers had received a flu vaccine which is equivalent to 66%.

Staff told us that if families had suffered bereavement, the care navigator contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered different modes of communication to meet patients' needs, such as written, text messaging, email, and social media.
- The practice had jointly purchased a Doppler ultrasound kit, along with three neighbouring practices, to support the diagnosis of circulation problems.
- The practice supported a GP to perform vasectomies (male sterilisation) for patients living in the West Hampshire locality. The practice had a dedicated clinical area for the procedure and bookings for the service were managed by the practice. Patients requesting this service received counselling from a practice nurse with specific training or GP to help them decide if they wanted to go ahead with the procedure. Annual audits of practice were conducted and the GP received regular review by a specialist. In 2014-2015, 170 procedures were performed with a complication rate of less than 2%, which is less than national figures. Typically, 3.5-4% of men will experience an infection complication and 2% will experience severe bruising. The practice also conducted a patient survey to support their practice. All of the 170 patients would recommend

having the procedure at the practice. 99% of patients felt that the GP's communication during the procedure was excellent and 91% felt that the procedure was better or much better than they had anticipated.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours surgeries were available every Monday evening from 6.30pm until 7.30pm, every Thursday and Friday mornings from 7.30am and for one Saturday per month from 8am to 11am. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice ran a same day service. Patients with urgent needs could choose to wait at the practice or be contacted by telephone to be assessed by a GP or one of the nurse practitioners. The GP and nurse practitioners operating this service were based together in the same clinical area to allow efficient prioritising of cases and to support decision making. The service aimed to conduct initial assessments within one hour. If necessary, the patient would then be booked an appointment with either a GP or nurse practitioner. The practice had developed a leaflet to explain the same day service to patients. Routine telephone appointments were also available to patients.

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

- 79% of patients were satisfied with the practice's opening hours compared to the national average of 78% and clinical commissioning group average of 80%.
- 87% of patients said they could get through easily to the practice by phone compared to the national average of 73% and CCG average of 83%.
- 87% of patients stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 84% and national average of 76%.

People told us on the day of the inspection that they were able to get appointments when they needed them. The patient participation group, with the agreement of the practice, made anonymous telephone calls to the practice at different times to monitor the efficiency of the telephone

Are services responsive to people's needs?

(for example, to feedback?)

system and provided feedback to the practice. The practice used this information to plan staffing on reception so that patients were not waiting a long time for calls to be answered.

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.
- The Patient Participation Group reviewed anonymised complaints from patients to deliver a patient perspective and enhance any learning from complaints.
- We saw that information was available to help patients understand the complaints system, on the practice website and via a practice leaflet.

- Patients were also encouraged to submit any comments or suggestions via a box available in the waiting area.

We looked in detail at two complaints of 49 verbal or written received in the last 15 months. These were satisfactorily handled, dealt with in a timely way, and with openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, a patient complained about the attitude of a member of staff. The patient received a letter apologising about the staff member's attitude and information about what the practice was doing to prevent this from happening again. The practice provided additional training for staff in communication skills and customer care. The practice received an acknowledgement from the patient that they were satisfied with the response. All complaints we reviewed, included information directing patients to where they could take their complaint further if they were not satisfied with the response.

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 by working in partnership with them.

- The practice had a mission statement which valued professionalism, safety and friendliness and which was displayed in the waiting areas and on the practice website. The mission statement was jointly created with staff who knew and understood the values of the practice.
- Each team had given consideration to the vision in relation to their own department. For example, the reception team had derived a set of office standards, values and behaviours which supported the practice vision.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice 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 people reasonable support, truthful information and a verbal and written apology.
- The practice kept records of written correspondence and verbal interactions with patients and carers.

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

- Staff told us the practice held regular team meetings. The practice held whole team meetings every other month when the practice would close for up to 30 minutes to promote communication. Patients were given notice well in advance and phone lines remained open.
- As well as formal monthly meetings, staff told us that teams met informally on a regular basis to offer peer support. This was supported by the practice leadership.
- 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.
- Staff told us that the practice valued developing their staff. For example, the practice were supporting a nurse to undertake training in the fitting of contraceptive devices.

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

Are services well-led?

Good 

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

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 patient participation group (PPG) and through surveys and complaints received. The PPG met with the practice manager and a GP every other month and carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG suggested that patients would prefer diabetic checks to be carried out in one appointment and not two. This was listened to by the practice and duly implemented.

- The practice also had a friends of the practice group which raised funds and managed any donations to benefit the practice and its patients. For example, the group funded the practice quarterly newsletter and funded equipment for the nurses' clinical areas.

- We noted that the practice responded appropriately to comments left on the NHS choices website.

- The practice had gathered feedback from staff 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, nursing staff requested that the booking of certain treatments or procedures were grouped together to improve efficiency. This was discussed at a team meeting and agreed. Staff told us that requests for flexible working were also listened to. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had set up an Information Technology user group for local practices in the area to share best practice in using the shared computer system and clinical templates. The practice were part of a local federation of four practices to deliver better care and outcomes for patients in the Avon Valley area.