

St Clements Partnership

Quality Report

St Clements Partnership
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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 St Clements Partnership on 15 November 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. The practice held formal monthly meetings where these were discussed.
- Risks to patients were assessed and well managed. For example, legionella checks were in place.
- 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. The practice provided time and resource opportunities for staff development.
- 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. Plans were underway to relocate to new bespoke premises by 2018.
- 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 practice had an active patient participation group.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice worked closely with a local day centre (the Trinity Centre) for homeless people. Practice GPs visited the centre and provided clinics four days a

Summary of findings

week. Three of the practice GPs had special interests in alcohol and drug dependency. The practice discussed how to develop their liaison with the day centre at their annual away day.

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.

Good



- There was an effective system in place for reporting and recording significant events. The practice held formal monthly meetings when these were discussed.
- Lessons were shared following incidents to make sure actions were taken to improve safety in the practice. Daily meetings were held which included any informal shared learning. More formal meetings were held every month.
- 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. The practice had a lead GP for safeguarding, held regular safeguarding meetings and staff understood their responsibilities with regard to this.
- Risks to patients were assessed and well managed. This included legionella checks on water quality and ongoing health and safety risk assessments of all aspects of the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. There had been 13 clinical audits completed in the last two years, six of these were completed audits where the improvements made were implemented and monitored.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice provided protected time and resources for further staff development such as relevant NVQ completion.
- 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

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- 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.
- We received 16 written comment cards which described the caring nature of the staff at the practice.
- The practice had systems in place to identify military veterans and ensure their priority access to secondary care in line with the national Armed Forces Covenant. The practice had identified 19 military veterans to date. There was a link on the practice website encouraging military to identify themselves, together with a slide on both of the visual display screens in patient waiting areas. We saw an example of where a military veteran had been identified by the practice and had been successfully referred with priority access to secondary care as a result in line with the Armed Forces Covenant 2014.

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.
- 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.
- The practice's three advanced nurse practitioners (ANPs) led a duty team in responding to patient needs. The duty team consisted of two ANPs and two duty GPs on each day. ANPs triaged patient telephone calls, and complex cases were passed to GPs. ANPs saw the majority of patients. GPs supported the

Summary of findings

ANPs in seeing patients as required. The system provided total triage for same day demand. GPs and ANPs both provided home visits where needs for this type of response was identified.

- Telephone access to the practice was supported by a reception team and also by three full time equivalent personal receptionists, linked to specific practice GPs. The personal receptionist team told us they got to know patients well due to their GPs personal lists system. Patients told us they liked the personal receptionist system, which they said ensured messages were passed to GPs promptly.

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.
- Patients had a named GP. Patients told us that they appreciated being on the same GP's list for a number of years. GPs told us patients were free to see any other GP should they wish to do so.
- Practice GPs carried out weekly ward rounds at local care residential care homes.

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 (supported by lead GPs) and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 87%, which was higher than the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- 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.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 81% which was comparable with 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.
- Practice GPs supported young people's health needs in local education establishments. Nurses and GPs supported patients at Winchester School of Arts (part of Southampton University) with early immunisations and fresher's week health promotion stands. The practice provided health services to local boarding colleges and worked closely with resident 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.
- 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.
- Health promotion material was available throughout the practice and on their website.
- The practice was proactive in offering online services such as online appointment booking and repeat prescription ordering and online access to medical records.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and for those with complex or multiple conditions.

Good



Summary of findings

- 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.
- The practice worked closely with a local day centre (the Trinity Centre) for homeless people. Practice GPs visited the centre and provided clinics four days a week. Three of the practice GPs had special interests in alcohol and drug dependency. The practice discussed how to develop their liaison with the day centre at their annual away day.

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).

- 96% of the 192 patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 94% which was better than the national average of 88%.
- 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

What people who use the service say

The national GP patient survey results were published in July 2016. Results showed the practice was performing in line with local and national averages. 253 survey forms were distributed and 120 were returned. This represented 1.5% of the practice's patient list. Results from the survey showed;

- 91% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 89% 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%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 85% 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 16 comment cards which were all positive about the standard of care received. Patients had written about the friendly and approachable receptionists, and the professional and the hard working GPs and nurses.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Of the 250 respondents from the friends and family survey April to October 2016, 242 (97%) were likely or extremely likely to recommend the practice.

St Clements Partnership

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.

Background to St Clements Partnership

St Clements Partnership was inspected on Tuesday 15 November 2016. This was a comprehensive inspection.

The main practice is situated in the city of Winchester, Hampshire. The deprivation decile rating for this area is nine (with one being the most deprived and 10 being the least deprived). This meant that this area was amongst the most affluent nationally. The 2011 census data showed that 94.4% of the local population identified themselves as being white British. The practice provides a primary medical service to 17,057 patients of a diverse age group. The practice is a teaching practice for medical students and is also a training practice for trainee GPs. The practice has three qualified GP trainers and three GP registrars.

There is a team of 11 GPs, 10 partners and one salaried GP. Five are female and six male. Some work part time and some full time. The whole time equivalent is nine GPs. Partners hold managerial and financial responsibility for running the business. The team are supported by a business manager, practice manager, three advanced nurse practitioners, three practice nurses, two health care assistants and additional administration staff.

Patients using the practice also have access to community nurses, mental health teams and health visitors and other health care professionals who visit the practice on a regular basis.

The practice is open between the NHS contracted opening hours of 8am and 6.30pm Monday to Friday. Appointments are offered anytime within these hours. Extended hours surgeries are offered at the following times; twice a week on variable days from 7.30am until 8am; and Monday, Tuesday, Wednesday and Thursday evenings from 6.30pm until 7pm GP appointments are available. The practice also provides alternate Saturday morning clinics from 9am until 12 noon.

Outside of these times patients are directed to contact the out of hour's service by using the NHS 111 number.

The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

The practice has a General Medical Services (GMS) contract with NHS England.

The practice provides regulated activities from a single location at St Clements Partnership, Tanner Road, Winchester, SO23 8AD. We visited this location during our inspection.

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

Detailed findings

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 November 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing and administrative staff and spoke with four patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed 16 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was 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 incident occurred where a patient was identified as being suspected of making unauthorised amendments to their prescriptions. The practice had a close working relationship with the pharmacy which assisted in identifying this. Shared learning took place. The practice responded by reporting this matter to NHS Protect. The practice also changed this patient's prescription service to EPS (electronic prescribing service) to prevent reoccurrence.

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 GP

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. Practice nurses and advanced nurse practitioners had been trained to level three. Administration staff had all been trained to level one.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). All clinicians had received DBS checks. Staff carrying out chaperone duties had also received DBS checks. Risk assessments had been completed for each role at the practice where DBS checks had not been required.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, most recently in April 2016, and we saw evidence that action was taken to address any improvements identified as a result. Senior clinical staff carried out spot check audits to identify action areas. Items identified included blood bottles used for blood samples in most GPs rooms. The practice had removed these where they were no longer required, and a small stock retained in a central storage area. The infection control policy had been updated in September 2016.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy

Are services safe?

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. Three of the nurses had qualified as Independent Prescribers. They received mentorship and support from 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. A health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed three 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 up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice 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.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.5% of the total number of points available. Clinical exception reporting was 10.8% which was comparable with the national average of 9.2%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-16 showed:

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 87% which was higher than the national average of 78%.
- 96% of the 192 patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 94% which was better than the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been 13 clinical audits completed in the last two years, six 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. Both GPs and advance nurse practitioners undertook a range of audits.
- Findings were used by the practice to improve services. For example, leg ulcer management audits had been carried out as there appeared to be a high demand for leg ulcer dressings. Findings from the audits ensured that leg ulcer treatments were safe, appropriate and carried out in line with the latest guidance for patients and that the work load was shared equally amongst the nursing staff. Patients who frequently attended were identified and secondary referrals made where required.
- An audit on medicines management had been undertaken in June 2015 and repeated in September 2016. The audit had examined the storage of medicines, errors, stock levels, costs, staff time and medicine duplication. Findings from the audit had resulted in an up to date medicines management protocol being put in place including, ensuring all medicines were in date and improved medicine security in line with NHS Protect standards.

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 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.

Are services effective?

(for example, treatment is effective)

- 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.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a fortnightly 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. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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 national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 98% and five year olds from 84% to 95%. National averages were 74% to 95% for under two year olds and 81% to 95% for five year olds.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 16 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 five members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average 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 90% and the national average of 89%.
- 96% 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%.
- 90% 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%.

- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 90%.
- 90% 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%.
- 90% 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%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format. The practice had arranged a visit from the local dementia education service. The practice had made changes to the layout of the practice as a result of this such as improved internal signage, chairs with armrests, and ramp access.
- The practice had a portable hearing aid induction loop at reception. The practice also had access to "Big Word" which was a telephone interpretation service provided

Are services caring?

by West Hampshire clinical commissioning group (CCG). There was a translation facility on the practice's website to help better inform patients about the practice's services where English wasn't their primary language.

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. One of the practice GPs was a carer's champion. The practice had identified 193 patients as carers (about 1.1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice worked with the Princess Carer's Trust and had arranged a visit to the practice in December 2016. This visit aimed to identify more carers at the practice and outline the support

services available to carers. The practice had produced leaflets for young carers as well as adult carers in order to help identify more carers. The practice also provided fortnightly clinics for carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a 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.

The practice had systems in place to identify military veterans and ensure their priority access to secondary care in line with the national Armed Forces Covenant. The practice had identified 19 military veterans to date. There was a link on the practice website encouraging military veterans to identify themselves, together with a slide on both of the visual display screens in patient waiting areas. We saw an example of where a military veteran had been identified by the practice and had been successfully referred with priority access to secondary care as a result in line with the Armed Forces Covenant 2014.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Extended hours surgeries were offered at the following times; twice a week on variable days 7.30am until 8am and Monday, Tuesday, Wednesday and Thursday evenings from 6.30pm until 7pm. The practice also provided alternate Saturday morning clinics from 9am until 12 noon.
- The practice website could be translated into many world languages including Chinese, Polish, and Nepalese; the populations of which cultures formed small minority groups in the local area.
- There were longer appointments available for patients with a learning disability or complex needs. Appointments were normally 10 minutes long but could be adjusted according to patient need.
- 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. For example, as a yellow fever centre the practice offered travel vaccinations for this disease.
- There were disabled facilities, a lift with the capacity for wheelchairs or pushchairs, a hearing aid loop and translation services available. The practice also had an evacuation sledge on the second floor which could be used to evacuate a wheelchair user in the event of an emergency and the lift being inoperable.
- The practice had achieved a bronze award from Winchester City Council for mobility access. This was due to the ramp allowing access to the practice, having a practice wheelchair, lift, parking, having a lowered reception desk area and having different communication methods.
- The practice offered a room for mothers who chose to breastfeed their children.

Access to the service

The practice was open between the NHS contracted opening hours of 8am and 6.30pm Monday to Friday. Appointments could be offered anytime within these hours.

The practice offered a mixture of telephone consultations and face to face appointments both urgent and routine. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

The practice's three advanced nurse practitioners (ANPs) led a duty team in responding to patient needs. The duty team consisted of two ANPs and two duty GPs on each day. ANPs triaged patient telephone calls, and complex patient needs were passed to GPs. ANPs saw the majority of patients. GPs supported the ANPs in seeing patients as required. The system provided total triage for same day demand. GPs and ANPs could both do home visits.

Telephone access to the practice was supported by a reception team and also by four personal receptionists linked to specific practice GPs. The personal receptionist team told us they got to know patients well due to their GPs personal lists system. Patients told us they liked the personal receptionist system, which they said ensured messages were passed to GPs.

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 national average of 78%.
- 90% of patients said they could get through easily to the practice by phone compared 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.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. There were posters and leaflets at reception which explained how to make a complaint should a patient wish to do so.

We looked at the 21 complaints received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way. The practice reviewed this at meetings through the year. Lessons were learnt from individual concerns and complaints and also from analysis

of trends and action was taken to as a result to improve the quality of care. For example, a patient had complained that they had received additional medicines on their prescription which were not required. The practice had completed an investigation. Shared learning had taken place. An error had been identified in transcribing the prescription information onto the computer system. An apology had been made to the patient. The patient was satisfied with the outcome.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice ethos emphasised personal patient lists, education, achievement and engagement.
- 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 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 bi-monthly meetings and annual business meetings. The practice held weekly partner meetings, administration and reception bi-weekly meetings, nurse's bi-monthly meetings and annual all staff meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every 12 months. The most recent one in October 2016 had involved discussions about operational areas such as staffing, services, strategy and future challenges.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the PPG had suggested considering the creation of a wellness or memory café to support patients. The practice was looking into funding for this with the CCG. The PPG had also suggested web links be provided to local healthy activities such as walking and exercise groups. The

Are services well-led?

Good 

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

practice had implemented this. The PPG had also suggested visual display screens be installed in the waiting rooms, this had been implemented. The practice had also consulted the PPG regarding the planned future relocation to new premises.

- The practice manager and two GPs attended the quarterly PPG meetings. Minutes of these minutes were available on the internal practice website.
- The practice had gathered feedback from staff through bi-weekly management meetings which included the admin team, management team and reception team. Staff had suggested they have soft foam earpieces for their headsets when answering telephone calls. The practice had implemented this. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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 was a teaching and training practice. Three GPs were accredited GP trainers. There were three GP registrars at the practice. The practice had six medical students being trained at the practice.

The practice held education sessions every week for all staff. Recent examples included dementia training, diabetes training and carer's awareness training. The sessions included clinical and non-clinical areas.

The practice had a strategy to deal with challenges such as a rising patient population, an aging population with complex needs, patient expectations, rising workloads and under resourced local health services. In January 2016 Winchester City Council approved plans for the practice to proceed with the development of new practice premises. Construction was due to begin in January 2017, with completion by Spring 2018.