

# North Camp Surgery

## Quality Report

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Date of inspection visit: 25 April 2017  
Date of publication: 20/06/2017

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 North Camp Surgery on 25 April 2017. 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise many risks to patient safety however there were areas that could be improved upon.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients we spoke with 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

Complete health and safety risk assessments and actions such as for fire safety and ensure the landlord had a certificate of electrical installation inspection by a competent person.

Ensure governance systems are effective such as for the recording of water temperatures to minimise the risk of infection from legionella.

# Summary of findings

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as Good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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, processes and practices to minimise risks to patient safety.
- Although not all risk assessments relating to the health, safety and welfare of patients and staff using the practice had been completed in full. For example: there were actions to reduce the risk of fire however there was not a formal fire risk assessment. Also the practice could not evidence that the landlord had a certificate of electrical installation inspection by a competent person.
- Although water temperatures were checked regularly the practice did not record the results.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework was not verified as this provider has only been registered since April 2016. However unverified data showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

# Summary of findings

- End of life care was coordinated with other services involved.

## 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.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice had a large number of Nepalese patients and employed Nepalese speaking staff and produced information sheets and posters in the Nepalese language for their patients.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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 evidence from eight examples reviewed 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.

Good



# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework mainly supported the delivery of the strategy and good quality care. Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, with the exception of health and safety risk assessments.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage of care and treatment of older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had health and care complex needs, the practice shared summary care records with local care services. For example, GP's follow up any unplanned hospital admissions calling the patient within 24 hours of discharge.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, GP's book in appointments for older patients whilst they are in the consultation if they would like to follow them up.
- The practice offers flexible appointments for carers.

### People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

# Summary of findings

- All these patients had a named GP and there was a system to recall patients for 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.
- The practice diabetic specialist nurse was in the process of organising diabetic forums for patients.

## Families, children and young people

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

- From the sample of documented examples we reviewed, we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## People whose circumstances may make them vulnerable

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

Good





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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).

- The practice carried out advance care planning for patients living with dementia.
- The practice was an accredited dementia friendly practice.
- All staff have had dementia training and the practice has two dementia champions. A dementia champion is someone with knowledge and skills in the care of people with dementia. They are an advocate for people with dementia and a source of information and support for co-workers.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- From unverified data supplied by the practice for 2016-2017, they had achieved 23 points out of a possible 26 points (89%) for Quality and Outcomes Framework for patients experiencing poor mental health.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Reception staff call patients with memory problems in advance to remind them of their appointments at the practice.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 325 survey forms were distributed and 101 were returned. This represented 2% of the practice's patient list.

- 89% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 89% and the national average of 85%.
- 87% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.
- 70% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Some of the comments made were that the practice provided a very good service and all staff were patient, kind, caring and respectful. The only minor negative reply was around the practice not being open every weekend.

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. Results from the friends and family test as displayed on the NHS Choices websites shows that 100% of patients who took part in the survey would recommend the practice.

# North Camp 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, a practice manager specialist adviser and a member of CQC staff as an observer.

## Background to North Camp Surgery

North Camp Surgery, located at 2 Queens Road, Farnborough, Hampshire, GU14 6DH, is a converted dwelling that was extensively extended in 2001. The practice is located on the outskirts of Farnborough. The practice covers a diverse community incorporating a large proportion of ethnic minorities, including people of Nepalese decent. Within the area there are pockets of deprivation. A number of people working for the armed forces are registered with the practice. The practice is on the ground floor of the building with disabled access.

The provider of the practice became a new GP partnership on 1st April 2016 and now has around 5,000 patients and operates under a personal medical services (PMS) agreement.

Care and treatment is provided by three GPs, comprising of two female partners, and a salaried female GP. There is an established practice manager and the practice had recently employed new administration and reception staff. The practice now has two practice nurses, one health care assistant and is supported by seven receptionists, secretaries and administrators.

The practice offers appointments with GPs or nurses from 08.30am to 6.00pm Mondays to Fridays and extended hours appointments are available on Tuesdays from 6.30pm to 7.30pm and available on one Saturday in the month. Book-on-the-day appointments were available on a first come basis. Patients could ring from 8.00am for morning appointments. The practice also provides telephone consultations. GP surgeries run Monday to Friday from 9.00am until midday and from 2.30pm until 6.00pm. The practice has two telephone lines which helped to make it easier for patients to contact the practice. The practice also provides home visits for patients unable to attend the practice. Patients were requested to telephone the practice before 11.00 am to arrange a visit.

Out of Hours urgent medical care was provided via the NHS 111 service when the practice was closed.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations for example the local clinical commissioning group and NHS England to share what they knew. We carried out an announced visit on 25 April 2017.

During our visit we:

- Spoke with a range of staff including GPs, nurses, the practice manager, receptionist, administrators and secretary. We also spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to unverified data since the practice was registered in April 2016.

# Are services safe?

## Our findings

### Safe track record and learning.

There was a system 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).
- From the sample of seven documented examples we reviewed, we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, some unused vaccines were left out of a medicines fridge. The incident was reported and the vaccines disposed of. There was an open discussion about not taking more than one vaccine out of the fridge at any one time and the event was discussed at the next practice meeting.
- The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and processes.

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- A practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. 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.
- Antibiotic prescribing advice from the clinical commissioning group was reviewed regularly at clinical practice meetings.

## Are services safe?

- Prescribing costs for the practice between November 2015 and October 2016 had changed by -14% compared to November 2014 and October 2015. Prescribing costs for the locality over the same period had changed by -3%.
- Blank prescription forms and pads were securely stored and there were systems 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 and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients.

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available although regular assessments were not completed. It is a legal requirement for every employer and self-employed person to make an assessment of the health and safety risks arising out of their work. We were told that a specialist company would be supporting the practice in the future.
- The practice had a fire risk assessment checklist which was reviewed in April 2017 and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises. However, the practice did not have a formal fire risk assessment. As an employer (and/or building owner or occupier) the practice required to carry out and maintain a fire safety risk assessment.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. The practice could not evidence if the landlord had a certificate of electrical installation inspection by a competent person.
- The practice had a variety of other risk assessments 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). Although we were told that water temperatures were checked regularly, the practice did not formally record the results; the practice could not demonstrate temperatures were checked or results acted upon.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents.

The practice had adequate arrangements 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 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.

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 for 2015-2016. The practice had been under new partnership from 1 April 2016 so QOF figures for this partnership were not yet published. We were supplied with some figures by the practice for 2016-2017. These had not been externally verified.

This practice was not an outlier for any QOF (or other national) clinical targets.

- Performance data, supplied by the practice, for diabetes related indicators was 91%.
- Performance data, supplied by the practice, for mental health related indicators was 89%.

There was evidence of quality improvement including clinical audit:

- There had been eight clinical audits commenced since registration of this provider, three of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, after the practice conducted an audit of all patients with asthma who were prescribed high dose inhaled corticosteroids (a medicine used to reduce

inflammation in the airways). Following this audit, the practice reduced the use of less recommended inhalers and increased the use of recommended inhalers in line with guidance.

### Effective staffing.

Evidence reviewed showed that staff had the skills and knowledge 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 had received further training for diabetes and insulin initiation in 2017.
- 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 last immunisation training had taken place in May 2016.
- 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 and nurses. 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.



# Are services effective?

## (for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of documented examples we reviewed, we found that 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### **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 and signposted them to relevant services. 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.
- Dietary advice and smoking cessation advice was available on the premises.

This practice level data which had not been verified stated that for the cervical screening programme was 100%, which was higher the national average of 81%.

There was a policy to offer telephone or written 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. There were systems 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.

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.**

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 20 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. Patients reported that there had been a great improvement since the change of ownership.

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

Results from the latest national GP patient survey in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 78% of 62 patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 87%.
- 80% of 61 patients who responded said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 71% of 61 patients who responded 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 53 patients who responded said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 91%.
- 88% of 53 patients who responded said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 92% of 51 patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 79% of 52 patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 92% of 64 patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 88% 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 in July 2016 showed patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. This survey was taken three months after the new partnership started. For example:

- 67% of 59 patients who responded said the last GP they saw was good at explaining tests and treatments compared with the national average of 86%.
- 64% of 59 patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 75% of 50 patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the national average of 82%.
- 78% of 47 patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

## Are services caring?

The practice provided their own data prepared from a patient survey conducted in April 2017 to show how the practice had improved in the year 2016-2017. The practice surveyed 100 patients and an analysis of the results was made.

- 94% of patients responded that quality of care by doctor during consultation was excellent, very good or good.
- 96% of patients responded that quality of care by nurse during consultation was excellent, very good or good.
- 97% of patients responded that quality of services provided by the surgery was excellent, very good or good.
- 98% of patients responded that they would you recommend the surgery to friends and family.

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

- Staff told us that interpretation 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. Patients were also told about multi-lingual staff who might be able to support them.

- Information leaflets were available in easy read format.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 102 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced bereavement, their usual GP 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 understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Tuesday evening until 7.30pm and on one Saturday in the month 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities available, which included a disabled persons toilet and interpretation services.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

### Access to the service.

The practice offered appointments with GPs or nurses from 08.30am to 6.00pm Mondays to Fridays and there were extended hours appointments available on Tuesdays from 6.30pm to 7.30pm and available on one Saturday in the month. Book-on-the-day appointments were available on a first come basis. Patients could ring from 8.00am for morning appointments. The practice also provided

telephone consultations. GP surgeries ran Monday to Friday from 8.30am until midday and from 2.30pm until 6.00pm. The practice had two telephone lines which helped to make it easier for patients to contact the practice. The practice also provided home visits for patients unable to attend the practice. Patients were requested to telephone the practice before 11.am to arrange a visit.

Out of Hours urgent medical care was provided via the NHS 111 service when the practice was closed.

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

- 71% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.
- 87% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 75% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 69% and the national average of 59%.
- 96% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 87% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.
- 81% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 58% and the national average of 58%.

The practice 2017 patient survey showed that they had responded to these figures :

- 93% of patients responded that opening hours of the practice were excellent, very good or good.
- 98% of patients responded that the ability to get through to the practice by telephone was excellent, very good or good.
- 99% of patients responded that helpfulness of receptionists was excellent, very good or good.

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

# Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system to assess:

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

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

## **Listening and learning from concerns and complaints.**

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a practice summary leaflet available and information was displayed on the practice website.

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

# Are services well-led?

Good 

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

## Our findings

### **Vision and strategy.**

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear 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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, with the exception of health and safety risk assessments.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### **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 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. From the sample of documented examples we reviewed we found that the practice had systems 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team 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. Minutes were comprehensive and were available for practice staff to view.
- 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 and staff. It proactively sought 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, since September 2016 the practice remained open at lunch times and the extended the opening hours in response to feedback of patients.

# Are services well-led?

Good 

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

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, for example staff had attended customer service courses in order to provide a better service to patients. Staff told us they felt involved and engaged to improve how the practice was run.

## **Continuous improvement.**

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

the practice had signed up to a dementia friendly programme and the health care assistant was the practice champion for carers, and patients with dementia and learning disabilities. The practice also increased working with the local midwife who was onsite two days per week. The practice worked closely with the North East Hampshire and Farnham clinical commissioning group and had recently taken part in a profile report which generated actions which the practice were working through to make improvements within the practice.