

Wistaria & Milford Surgeries

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wistaria & Milford Surgeries on 17th August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice was aware of challenges and future concerns and worked towards sustainability and collaboration across local practices. A systematic approach was taken to working with other organisations to improve care outcomes.
- There were high levels of staff satisfaction with a good staff retention rate. Staff were proud of the organisation as a place to work and speak highly of the culture.
- The practice participated in national and local audits and research. There was also a strong focus on continuous learning and improvement at all levels within the practice.

Summary of findings

We saw one area of outstanding practice:

- The lead practice nurses had designed a teaching package for non-clinical staff to be able to assist in chaperoning. The training was very thorough ensuring the staff understood their roles and responsibilities in performing the role and also included practical demonstrations of equipment and what the staff should expect to observe in the examinations they may be asked to chaperone. The training also allowed those members of staff who were unsure of the chaperoning role to be fully

informed and they can make an informed decision to take on the role or decline it. This meant patients had a trained member of staff who understood and wanted to do the role.

The areas where the provider should make improvement are:

- The practice should make efforts to improve the care and support of patients for healthy lifestyles and long term conditions.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. The practice was ranked 227 out of 7708 practices in England in the National GP Patient Survey (July 2016). This puts the practice in the top 3% of practices in terms of patient feedback.
- The 30 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Good



Summary of findings

We spoke with 21 patients who also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice offered appointments that can be booked in advance or on the day, by phone, in person or on-line. There were a variety of appointments types including e-consultation, telephone consultation and face to face. Extended hours appointments were offered for patients who were unable to attend the surgery during usual opening hours. The practice was also flexible about seeing patients outside our usual working hours and adding extra urgent appointments when needed. The practice at the local hospital offered further extended appointments for the practice's patients and had access to the patient records providing safe continuing care.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



Summary of findings

- There were high levels of staff satisfaction with a good staff retention rate. Staff were proud of the organisation as a place to work and speak highly of the culture.
- 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.
- The practice had analysed the results of the GP Patient Survey and created action plans to improve patient satisfaction.
- The practice also participated in social events to improve engagement with other professionals and the community.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participated in the “Avoiding Unplanned Admissions” enhanced service and at least 2% of patients aged over 18 have care plans in place.
- Twice monthly minuted practice ward meetings took place with a multidisciplinary team that included adult services, community Geriatrician, district nurse team, Older Persons Mental health Team, Community Independence Team, GPs, practice nurses and the Care Navigator.
- The practice worked with the local Care navigator who assisted patients in remaining independent in their own home by providing support, advice on accessing services and liaised with social and community services.
- High quality end of life care was a priority for the practice and had a lead GP for this. Monthly palliative care meetings were held with the clinical nurse specialist from the local hospice and a member of the district nursing team allowing for close collaboration in managing patients who were nearing the end of their life or those living with a life limiting disease.
- A named GP supported local nursing homes and visited weekly to provide routine reviews of patient’s condition, medicines and wishes in event of illness and advanced care planning. The GP also worked with the nursing homes to provide care plans for all their residents.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the national average.
- All patients with asthma, chronic obstructive pulmonary disease (COPD), hypertension, ischaemic heart disease (IHD),

Good



Summary of findings

and diabetes had a named GP and were invited annually for a clinical review with an experienced nurse. Following the review, an agreed action plan was given to the patient with general information about what they can do to manage their condition and also some targets for example for blood pressure or cholesterol. Where appropriate patients were given a print out with their results and targets.

- The practice nurse leading on respiratory disease for the practice was very motivated and knowledgeable in her specialism. She told us about examples of good outcomes with regards to the quality of life of her patients and was leading on research work for the practice in conjunction with Southampton General Hospital.
- 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.
- Longer appointments and home visits were available when needed.
- The local medicines management team had supported the practice to monitor the usage of medicines and ensured that relevant guidance were adhered to.
- There was a call/recall system for patients whose medicines for their long term condition required monitoring and to ensure these patients had their bloods tests and booked review appointments.
- Self-management plans were offered to patients with long term conditions who wished to have them.

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. Regular meetings took place with the health visiting team and school nurses where children of concern or children on protection/in need plans were discussed.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 82% and the national average of 82%. The practice also participated in the chlamydia screening enhanced service.

Good



Summary of findings

- Two GPs held the Diploma in Child health. Appointments were available outside of school hours and the premises were suitable for children and babies. Any unwell child would be seen without an appointment.
- The practice had four GPs with advanced training in sexual health and who fitted implants or intrauterine contraceptive devices in the practice's dedicated minor operations room. All GPs were able to give contraceptive advice.
- The practice provided pre-conceptual care and shared ante-natal and post-natal care with the midwifery and health visiting teams. Six to eight week baby checks were provided as well. Patients could choose to see their GP or midwife for all or some of their routine ante-natal care. Midwives had been able to contact the patient's GP directly to access information or advice. Patients with complications in pregnancy were also seen by GPs either when patients were unable to access their midwife or for convenience. Monthly meetings also took place with the health visiting and midwifery team to ensure effective child immunisation, cross check birth details and sharing information regarding the new babies' care and development checks.

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 offered appointments that can be booked in advance or on the day, by phone, in person or on-line. There were a variety of appointments types including e-consultation, telephone consultation and face to face. Extended hours appointments were offered for patients who were unable to attend the surgery during usual opening hours. The practice was also flexible about seeing patients outside our usual working hours and adding extra urgent appointments when needed.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice at the local hospital offered further extended appointments for the practice's patients and had access to the patient records providing safe continuing care.

Good



Summary of findings

- Travel advice and immunisations were offered to patients.
- The practice's website signposted to alternative services as well as health advice and patient information leaflets.

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. There were alerts on the computer system to highlight children who may be at risk either in care, on a child in need or on a child protection plan. The practice had a safeguarding lead and staff had practice based safeguarding training.
- 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.
- Alerts were on notes for patients who may require longer appointments and any patient could ask for a longer appointment if needed. Annual health checks for adults with learning disabilities in addition to a full range of primary care services were offered.
- 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.
- The practice offered chaperones for all intimate examinations and had posters encouraging patients to ask if they feel they would like a chaperone. Chaperone Training had taken place for all members of staff who may be required to offer this service.
- The practice had an active and supportive 'Friends of the surgery' who offered a befriending service. The befrienders were screened, trained, and matched with a patient who had given consent for the referral which was usually done by their GP.

Good



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).

Good



Summary of findings

- 89% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 89% and the national average of 88%.
- 83% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 84% and to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice provided 'i-talk' and the community mental health team with a room at the practice for consultations when needed.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Annual health checks for patients on the mental health register were offered.
- There was a dementia lead GP who worked with all the GPs to enable more accurate and earlier diagnosis. The practice carried out advance care planning for patients with dementia.
- The practice organised an afternoon for the practice staff to focus on dementia. This included a visit from a dementia advisor to increase further ideas of becoming a dementia friendly practice.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 240 survey forms were distributed and 143 were returned. This represented nearly 1% of the practice's patient list.

- 83% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 82% and to the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and to the national average of 76%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and to the national average of 85%.
- 95% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 83% and to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 30 comment cards which were all positive about the standard of care received. Patients wrote that they were treated with dignity and respect, they were listened to and their needs were responded to with the right care and treatment at the right time. They also wrote that the environment was safe and hygienic, staff was helpful and the service they received was excellent.

We spoke with 21 patients during the inspection. All of them said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients were also satisfied with the practice's appointment system and said it was easy to make an appointment. Patients said they had enough time during the consultation and felt the GPs were caring and listening to them.

The practice's friends and families test results from May 2016 showed that 98% of the 85 responders said they would recommend the practice. This was higher than the local average. The practice was ranked 227 out of 7708 surgeries in England in the National GP Patient Survey (July 2016). This puts the practice in the top 3% of practices in terms of patient feedback.

Wistaria & Milford Surgeries

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 nurse specialist adviser and an Expert by Experience.

Background to Wistaria & Milford Surgeries

The partnership between Wistaria & Milford Surgeries is located in two purpose built premises both of which were built in 2002. Wistaria Surgery is located close to the main high street in Lymington. Wistaria is one of three practices in the town. Milford Medical Centre is on Sea Road, adjacent to the Milford Memorial Hospital. The entrances and all rooms are wheelchair accessible. We visited Wistaria Surgery on the day of our inspection. The practice provides its services under the General Medical Services (GMS) contract.

The current staff of the practice includes:

- 10 GP Partners (6 males and 4 females – 5.6 whole time equivalent WTE)
- 2 Salaried GP and GP retainer (1 WTE)
- 3 GP Registrars (2.4 WTE)
- 1 Practice Manager (1 WTE)
- 9 Practice Nurses (4.9 WTE)
- 1 Health Care Assistant (0.54 WTE)
- 1 Phlebotomist (0.19 WTE)
- 23 Receptionists/Admin/Secretarial (16.82 WTE)

The practice list size has steadily increased over the years and is currently at 15,320. The south coast is a popular retirement area, this is reflected in the demographics of the practice population; 42% of the patients are 60 years of age or older, and 26% of the patients are 70 years of age or older. The practice population is predominately white, with the majority being born in the UK. However, over the last 5 years the ethnic diversity has increased with more patients coming from Eastern Europe. The local population falls into the least deprived decile though there are some pockets of deprivation in the area.

Both Wistaria and Milford practices are open from Monday to Friday between 8am and 6.30pm. Extended hours appointments are available outside our usual opening hours on early weekday mornings and late evenings. Patients could book appointments up to three months in advance and urgent appointments are also available for people that needed them. When the practice is closed patients can phone the local Out of Hours clinic through NHS 111 outside surgery hours.

Wistaria & Milford Surgeries is also a training practice for GP registrars/trainees and students. The practice had three GP trainees at the time of our inspection and one of the GPs is a program director in Bournemouth.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 August 2016. During our visit we:

- Spoke with a range of staff (five GPs, a GP registrar, six nurses, one health care assistant, eight non-clinical staff and the practice manager) and spoke with 21 patients who used the service.
- received written feedback from 11 non-clinical staff on the day of our inspection some of whom we also spoke with.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.
- The practice had meetings every other month to discuss and learn from 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, a patient was wrongly prescribed a tube of cream due to two patients having the same name. The cream caused blistering to one patient's lip as they assumed the cream was prescribed to treat their cracked lips. Staff were reminded to ensure that the patients' name was checked when adding medicines and to put same name alerts if they notice two patients with the same name. The follow-up actions also included to specify the part of the body a cream should be applied when prescribing to avoid confusion.

Another significant event a patient was seen with suspected musculoskeletal pain and urine sample was only checked to rule out urinary tract infection. Three days later the patient came back unwell and was sent to hospital to rule out Meningitis. The patient was diagnosed with a kidney infection in the hospital. It had been identified that

the practice should have sent the urine sample to the laboratory for further tests the first time and prescribe antibiotics accordingly which could have avoided this hospital admission. This was fed back to staff to learn from.

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 and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice had safeguarding meetings every other month where they discussed children of concern and those who are on child protection plans or child in need. The practice had 28 children and 177 adults on their 'at risk' register and notes were put on patient records to alert staff. We were also given examples where staff followed the practice's protocol to refer vulnerable patients to the appropriate service.
- There were lead members of staff for safeguarding and an audit was carried out in May 2016 by them to ensure the robustness of the practice's system to safeguard their vulnerable patients. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, nurses and health care assistants to level two and all other staff 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 all staff 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 lead practice nurses had designed a teaching package for non-clinical staff to be able to assist in chaperoning. The training was very thorough ensuring the staff understood their roles and responsibilities in

Are services safe?

performing the role and also included practical demonstrations of equipment and what the staff should expect to observe in the examinations they may be asked to chaperone. This also gave the trainees a chance to say if they felt uncomfortable and unable to perform the role.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had lead nurses for infection prevention and control at both sites. There was an infection control protocol in place and staff had received up to date training. Annual infection control 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 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 medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The local medicines management team had also supported the practice to monitor the use of medicines and ensured that relevant guidance was adhered to.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We noted that the practice manager completed a safer recruitment course recently following an audit regarding the practice's system for safeguarding its patients.

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 alarm tests and drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice had a clear cross cover system that ensured paperwork, results and services were maintained when a GP was away and had a small group of locum GPs who could be called on when needed to maintain cover.

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 three defibrillators available, two at Wistaria Surgery and one at Milford Surgery. 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 safe?

- Resilience in the face of major disruption was supported by the practice being on two sites and a web based patient record management system.

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.
- Being a training practice facilitated a culture of learning which helped the practice to keep themselves up to date with guidelines. The practice was in the process of looking at the best way to ensure that all GPs were up to date with consideration of the appointment of a NICE practice Lead.
- The practice organised regular education meetings with guest speakers to which all clinical staff were invited. These meetings covered various topics such as diabetes, heart failure and chronic pelvic floor disorder.
- Laminated 'grab cards' for clinical protocols were also seen to be in use in treatment rooms to help staff to provide care and treatment in line with current guidance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 98% of the total number of points.

We found that exception reporting was higher than the CCG and the national averages with regards to asthma (29% compared to 11% and 7%), chronic obstructive pulmonary disease (22% compared to 14% and 12%), diabetes (20% compared to 14% and 11%) and depression (34% compared to 21% and 25%).(Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review

meeting or certain medicines cannot be prescribed because of side effects). The practice provided explanations for the high rates of exception reporting for example patients declining the reviews or not responding to the three invitation letters. We noted that the practice identified areas for improvement following our inspection in order to encourage patients to attend their reviews.

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

- Performance for diabetes related indicators were better than the national average.
- 97% of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months, which was better than the clinical commissioning group (CCG) average of 90% and the national average of 88%.
- 82% of patients on the diabetes register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less, which was comparable to the CCG average of 82% and the national average of 81%.
- Performance for mental health related indicators were similar to the national average.
- 89 % of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 89% and the national average of 88%.
- 83% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 84% and to the national average of 84%.
- 76% of with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less, which was worse than the CCG average of 83% and to the national average of 84%. We found this was due to the large number of elderly patients where the avoidance of causing low blood pressure with the risk of falls had to be considered. Therefore a number of elderly patient's blood pressure remained over 150/90mmHg.

There was evidence of quality improvement including clinical audit.

Are services effective?

(for example, treatment is effective)

- There had been 18 clinical audits undertaken in the last two years, 5 of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice was taking part in the National Diabetes Audit and carried out local audits as requested by the CCG. In the last 12 months these have included 'Colorectal Pathways', 'Home Visits' and 'Nursing time for Post-op problems'. The practice also completed a safeguarding audit as requested by the CCG. The practice recently commenced research activity with the Wessex Clinical Research Network and decided to enrol to recruit over the next year for a total of two national clinical trials.
- During the QOF year the practice ran regular searches and planned actions based on the outcomes. The practice was working to improve their performance on cervical cytology which had fallen to 78% following changes to the nursing team and the practice had since trained up two new nurses.
- Findings were used by the practice to improve services. For example, recent action taken as a result included meeting with a stroke specialist, to discuss the anticoagulation agents and have planned a further meeting with one of the cardiologists in order to further improve the prescribing in atrial fibrillation.
- The practice nurse leading on respiratory disease for the practice was very motivated and knowledgeable in her specialism. She told us about examples of good outcomes with regards to the quality of life of her patients and was leading on research work for the practice in conjunction with Southampton General Hospital. The practice signed up to as one of the first practices in Hampshire to review their patients with chronic obstructive pulmonary disease (COPD) in order to improve COPD diagnosis through primary care. This would be supervised by the respiratory nurses and the medical team from Southampton Hospital to improve outcomes for the patients.

Information about patients' outcomes was used to make improvements such as to ensure that patients who should be offered anticoagulation were and in turn this led to a significant increase in patients being anti-coagulated so that patients with a CHADS2-Vasc score of >1 who were anti-coagulated increased from 63% to 73%.

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. We spoke some staff who were recently recruited and confirmed they had appropriate inductions and felt they were welcomed and received a lot of support.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice kept records regarding staff's completed training and identified further training needs in order to ensure that all staff's knowledge would be kept up to date. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, team meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- The practice ensured role-specific training and updating for relevant staff. Each staff member had a personal development plan that was created as part of the appraisal process. Staff completed training that were relevant to their specific roles such as asthma, chronic obstructive pulmonary disease (COPD) and baby immunisation. One nurse also attended local diabetic conferences twice a year, a master-class in diabetic foot care and liaised with the Diabetic Community Team for referrals or advice. Staff who administered vaccines received annual updates.
- Staff received training that included: health and safety, safeguarding, fire safety and basic life support. Staff said they felt confident about their roles and responsibilities and that they received the training they needed. Written feedback from non-clinical staff also indicated that they were given the opportunity to attend and complete training courses.
- The lead practice nurses had designed a teaching package for non-clinical staff to be able to assist in chaperoning. The training was very thorough ensuring the staff understood their roles and responsibilities in performing the role and also included practical demonstrations of equipment and what the staff should

Are services effective?

(for example, treatment is effective)

expect to observe in the examinations they may be asked to chaperone. This meant patients had a trained member of staff who understood and wanted to do the role.

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 on-going 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 regular basis when care plans were routinely reviewed and updated for patients with complex needs. This included monthly 'Practice Ward', hospital admission avoidance, medicines management and palliative care meetings. The practice also had safeguarding meetings every other month where they discussed children at risk with the health visitor.

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. Smoking, diet, alcohol intake and exercise were part of the practice's health check template. 90% of patients smoking status had been recorded 92% of them were given support and there was a local walk in smoking cessation service with walking distance to the surgery. Alerts on the computer system allowed opportunistic support. Nursing staff referred patients with high levels of alcohol consumption to the registered GP who contacted patients with a further questionnaire. The practice was also able to refer patients to the local gym and pool for exercise on referral. The local CCG provided access to local support groups to those with a BMI of over 30.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 82% and the national average of 82%. There was a system in place to identify and send reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by providing the opportunity to book appointments on-line as well and over different days and times of the week, including the weekends. 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. The system included a quarterly audit by the practice manager.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 72% of female patients aged between 50 and 70 years of age were screened for breast cancer in the previous 36 months compared to the CCG average of 74% and the national average of 72%. 66% of patients aged between 60 and 69 years of age were screened for bowel cancer in the previous 30 months compared to the CCG average of 66% and the national average of 58%. The practice also held clinics for diabetic retinal screening for their and other neighbouring practices' patients to avoid them having to travel to Southampton Hospital to have their appointments. This was because the neighbouring practices did not have space to run this service from their own premises or did not have a car park.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example,

Are services effective? (for example, treatment is effective)

childhood immunisation rates for the vaccines given to under two year olds ranged from 84% to 99% and five year olds from 91% to 99% compared to the CCG range from 80% to 99% and 93% to 100% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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 30 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We spoke with 21 patients who 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:

- 98% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 97% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and to the national average of 85%.

- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and to the national average of 91%.
- 92% 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:

- 97% 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%.
- 96% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and to the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- The practice was fully accessible, had allocated disabled parking and a hearing loop in reception.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 430 patients as carers (nearly 3% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Carers were identified by all members of staff on an ad hoc basis which was reinforced especially during the autumn when the practice processed invitations for flu vaccines. Patients who were newly diagnosed with dementia were encouraged to complete a carer's form which was given during a consultation with their GP. Patient and their carers were linked on the practice computer system for accurate access. The practice invited carers for annual health checks and this was an area targeted for improvement to ensure that these checks were taken up and completed.

People's emotional and social needs were seen as important as their physical needs:

- The practice had an active and supportive 'Friends of the surgery' who offered a befriending service. The befrienders were screened, trained, and matched with a patient who had given consent for the referral which was usually done by their GP.
- The practice had a 'health education room' which was painted of animal murals by children from a local school. The 'Friends of the surgery' ran fund raising events to fund this project in 2009. The room had been used by the health visiting team for all baby and child development checks not just for the practice's patient list but also for other neighbouring practices who did not have space or the same facilities.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support and/or give them advice on how to find a support service. The practice had a patient death procedure to ensure that other agencies/hospitals were notified appropriately.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered appointments that can be booked in advance or on the day, by phone, in person or on-line. There were a variety of appointments types including e-consultation, telephone consultation and face to face. Extended hours appointments were offered for patients who were unable to attend the surgery during usual opening hours. The practice was also flexible about seeing patients outside our usual working hours and adding extra urgent appointments when needed. The practice at the local hospital offered further extended appointments for the practice's patients and had access to the patient records providing safe continuing care.
- Alerts were on notes for patients who may require longer appointments and any patient could ask for a longer appointment if needed. Annual health checks for adults with learning disability in addition to a full range of primary care services were offered.
- The practice provided 'i-talk' and the community mental health team with a room at the surgery for consultations when needed. This was beneficial to patients as they were being seen in an environment they were already familiar and/or comfortable with.
- The practice worked with the local Care navigator who assisted patients in remaining independent in their own home by providing support, advice on accessing services and liaised with social and community services.
- 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 pre-book appointments to receive travel vaccines available on the NHS as well as those only available privately. Once the practice's available appointments were used patients were offered the option of other local travel clinics.

- The practice had four GPs with advanced training in sexual health and who fitted implants or intrauterine contraceptive devices in the practice's dedicated minor operations room. All GPs were able to give contraceptive advice.
- The practice provided pre-conceptual care and shared ante-natal and post-natal care with the midwifery and health visiting teams.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

Both Wistaria and Milford Surgeries were open from Monday to Friday between 8am and 6.30pm. Extended hours appointments were available outside our usual opening hours on early weekday mornings and late evenings. Patients could book appointments up to three months in advance and urgent appointments were also available for people that needed them. When the practice was closed patients could phone the local Out of Hours clinic through NHS 111 outside surgery hours.

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.

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and to the national average of 78%.
- 83% of patients said they could get through easily to the practice by phone compared to the CCG average of 82% and to the national average of 73%.

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

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system through the practice's patient leaflet and the practice's website.

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

We found the practice had recorded 34 complaints in the last 12 months. 24 of these were classified as concerns and one as a problem report from a website user. We looked at four complaints in detail and found these were satisfactorily handled and dealt with in a timely way. Openness and transparency with dealing with the complaints were demonstrated and lessons were learnt from individual concerns and complaints. Actions were taken to as a result to improve the quality of care. For

example, a number of the complaints related to issues with the practice's newly installed phone system. We found that the practice worked with the external provider to fix the problems and adjust the system in order to provide the desired service. We also found that complaints and learning point were discussed at team meetings. In one case a complaint was also treated as a significant event and investigated accordingly.

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 known to staff who understood the values.
- The practice had a robust strategy and supporting business plans for 2016/2017 which reflected the vision and values and were regularly monitored. The practice had plans to increase the number of their consultation rooms and to redesign their reception area to increase privacy.
- The practice was aware of challenges and future concerns and worked towards sustainability and collaboration across practices.
- A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money.

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.
- Governance and performance management arrangements were proactively reviewed and reflected best practice.
- Leaders had an inspiring shared purpose, strived to deliver and motivate staff to succeed.

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. Staff also said the practice was well-organised and staff had clear objectives.

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.

- There were high levels of staff satisfaction with a good staff retention rate. Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive staff engagement. Staff at all levels were actively encouraged to raise concerns.
- Staff told us the practice held regular team meetings. Monthly partners meetings, twice monthly GP meetings, whole practice staff meetings at both sites and nurse/GP clinical meetings were held. We noted that the practice held staff away days as well.
- Regular training, protected learning time and education clinical evenings were also provided to staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff said they enjoyed working for the practice and that the whole team was friendly and supportive.

Are services well-led?

Good 

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

- The practice also participated in social events such as the New Forest inter-practice quiz night, Oakhaven Hospice Fun Day and Milford Fete to improve engagement with other professionals and the community.

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, operated a virtual patient group, carried out patient surveys and submitted proposals for improvements to the practice management team. For example to consider a new telephony system which had been implemented by now. The latest survey was asking about the practice's booking system. 94% of the 50 responders were satisfied. The PPG also supported the separate Friends Groups whom worked to the benefit the health of the practice's patients and others in the community. They did fundraising, organised social events, produced newsletters, helped with the influenza campaigns and were involved in providing befriending services. New waiting room chairs were their way as a result of their fundraising activity.
- The practice had analysed the results of the GP Patient Survey and created action plans to improve patient satisfaction. The satisfaction with the practice opening hours used to be below the CCG and national average. This has been significantly improved by the provision of extended hours and the increased signage for extended hours information on the practice's website and in the waiting area.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, as a result of staff feedback the system to manage incoming calls was changed, a franking machine was bought and used instead of individual stamps and additional scanners were purchased.

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 founding member of New Forest Healthcare and was part of a bid for funding from the Prime Ministers Challenge Fund. This funding allowed the group of seven practices to set up a pilot access centre at Lymington Hospital to provide 8am-8pm, 7 day a week appointments. The pilot had been successful and further funding agreed to continue this service so patients will continue to have improved access to both urgent and routine doctor and nurse appointments.

Care navigators were appointed to each practice, frailty GP sessions, new integrated phone systems for all practices, and e-consultations were introduced.

The practice had recently commenced research activity with the Wessex Clinical Research Network and decided to enrol to recruit over the next year for a total of two national clinical trials.