Giffard Drive Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This was a comprehensive inspection of the Giffard Drive Surgery and was carried out on 1 October 2014.

Overall, we found the practice was providing a good service, with many outstanding attributes; We rated this practice as good overall. We found good practice in the way the practice responded to the needs of older patients and patients with long term conditions, providing them with effective care and treatment. The practice had responded to the needs of working age patients and patients who had barriers to accessing GP services.

Our key findings were as follows:

- Patients found the practice highly accessible with an effective appointments system.
- Patients were complimentary about the care and support they received from staff.
- Staff told us they were committed to providing a service that put patients first.

We saw several areas of outstanding practice including:

- How the practice innovatively responded to the cultural, healthcare and language needs of patients who were not English. For example, employing members of staff who were Nepalese to provide an interpretation and translation service for Nepalese patients attending appointments.
- How the practice had worked with partner agencies to develop a video explaining how to use NHS services such as GP, Pharmacy, Dentist, Optician, and Hospital in alternative languages.
- GPs had undertaken further specialist training to enable the practice to meet the needs of their patients within primary care.
- The practice was commissioned by the local clinical commissioning group for two female GPs (one partner and one associate GP) to run a regional gynaecology service. The patients at the practice benefitted from seeing GPs with such enhanced skills.

Summary of findings

- The practice had developed an innovative way of working with young adults to provide them with advice about confidentiality, sexual health, drug and alcohol and contraception.
- The practice maintained an electronic register of patients on end of life care that could be accessed by all GPs and nurses. The practice had a GP who had undertaken specialised training in end of life care and was the local area lead.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure they have an effective and safe system in place to manage controlled drugs.

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?

Requires improvement

The practice is rated as requires improvement for safe as there are areas where improvements should be made. The practice had the correct equipment, training and emergency drugs to manage a medical emergency safely. However, they did not correctly follow their controlled drug policy, ensuring that there was a safe system in place to manage controlled drugs.

The practice had systems in place to enable them to manage incidents and safety alerts. Staff told us the practice had an open and transparent culture which discussed incidents and significant events with all staff to improve services for patients.

The practice protected the safety of its patients because they had a lead GP for vulnerable adults and children and staff were clear about what they needed to do if they were concerned or worried about a child or vulnerable adult. Where abuse was suspected the practice took appropriate actions and worked in partnership with relevant agencies.

The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained. The practice had a practice nurse who was the lead for infection control and the practice told us they were implementing audits in accordance with guidance.

Recruitment was carried out effectively to ensure that staff were suitable, and had the skills, knowledge and qualifications necessary to carry out their role safely.

Are services effective?

Outstanding

The practice is rated as outstanding for effective. Data showed patient outcomes were at or above average for the locality. National Institute for Health and Care Excellence (NICE) guidance was referenced and used routinely.

Patients' needs were assessed and care planned and delivered in line with current legislation. This included assessment of capacity and the promotion of good health.

Staff had received training appropriate to their roles and further training needs had been identified and planned. The practice could identify all appraisals and the personal development plans for all staff. Multidisciplinary working was established.

Summary of findings

Are services caring?

Good 

The practice was rated as good for caring. Data showed patients rated the practice higher than others for many aspects of care. Feedback from patients about their care and treatment was consistently positive.

There was a person centred culture and staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieve this.

We found many positive examples to demonstrate how patient's choice and preference were valued and acted on. Views of external stakeholders were positive and aligned with our findings.

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for responsive. We found the practice had initiated many positive service improvements for their patient population that were over and above their contractual obligations, particularly for patients in vulnerable circumstances.

The practice was supported by a very active patient participation group who helped with a number of the initiatives to benefit patients.

The practice had reviewed the needs of their local population and engaged with the NHS England Local Area Team and the clinical commissioning group to secure service improvements where these had been identified.

Patients reported good access to the practice and a named GP of choice, with continuity of care and urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs.

There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised. There was evidence of shared learning from complaints with staff and other stakeholders.

Are services well-led?

Outstanding

The practice is rated as outstanding for well-led. The practice had a clear vision and strategy to deliver this. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management.

The practice had a number of policies and procures to govern activity and regular governance meetings had taken place. There were systems in place to monitor and improve quality and identify risk.

Summary of findings

The practice proactively sought feedback from staff and patients and this had been acted upon. The practice had an active patient participation group.

Staff had received inductions, regular performance reviews and attended staff meetings and events.

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

Good

The practice is rated as good for the care of older people. In addition there was an example of outstanding practice as the practice had a GP who had undertaken specialised training in end of life care and was the local area lead. The practice had good working relationships with the district nursing team and this enabled patients to be supported to choose their preferred place of death. We spoke with district nurses and they commented that the practice was particularly skilled in this area.

Patients aged 75 years and over had a named GP. Patients we spoke with were aware of who their named GP was. Patients told us their GPs were accessible through either appointments or telephone calls. The practice told us they had implemented an appointments system that ensured older patients did not have any difficulty contacting their GP to discuss a worry or concern.

Older patients who were vulnerable had worked in partnership with GPs to produce care plans which the practice told us patients had found very beneficial.

The practice used an electronic system to ensure Out-of-Hours providers as well as the local hospital and the ambulance service were provided with up to date information about patients with complex needs, or who were particularly unwell.

Patients over the aged of 65 were recalled annually for an influenza vaccination and the practice used this opportunity to screen patients for other health conditions. Patients who were unable to attend the practice for their influenza immunisation were visited at home to ensure they were vaccinated.

People with long term conditions

Good

The practice is rated as good for the population group of people with long term conditions.

GPs within the practice each took a lead on particular long-term conditions such as kidney disease and respiratory disease to ensure that patients were supported by skilled staff.

The practice had the appropriate equipment to support patients including a blood pressure machine for patient use that was situated in the reception area. The practice loaned out nebulisers

and blood pressures monitors to enable patients to manage their conditions at home, and had an ECG (electrocardiogram) at the practice. This enabled patients to have their heart rate checked at the practice rather than having to attend the hospital.

The practice had initiated a specialist diabetic service ran by two GPs and nurse. The team met quarterly to discuss latest guidance and the management of patients whose needs were more complex. The practice had an annual diabetic meeting to enable newly diagnosed patients to meet with patients who managed the condition well.

Patients with long term conditions were recalled annually for an influenza vaccination and the practice used the opportunity to screen these patients for other health conditions.

Families, children and young people

Good

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

The practice offered a full range of immunisations for children at specific clinics or by individual appointment. In addition, young adults were provided with information on chlamydia screening to ensure they understood the service was available.

There were twice weekly antenatal clinics at the practice and GPs worked in close partnership with the midwives. GPs saw all pregnant women at 36 weeks to check their health and answer any questions patients had. In addition, the practice website had a pregnancy care planner section which provided information about pregnancy, and care for young babies. There were dedicated after school appointments for children and young patients to ensure their medical needs could be met outside of school/college hours.

The practice had developed an outstanding way of working with young adults that ensured patients over the age of 16 were aware that their visits to the practice were kept confidential along with information on topics such as sexual health, drug and alcohol and contraception advice. This took the form of a birthday card to 16 year old patients.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the population group of the working-age people (including those recently retired and students).

Working age patients were complimentary about the service and told us they were able to get appointments that fitted in with their work commitments.

Summary of findings

The practice opened throughout the week between 8:30 am and 6:30 pm, offered evening surgery on alternate Thursdays until 7 pm, and a weekend surgery on alternate Saturdays between 8:30 and 12:15 pm. This resulted in patients being able to access the practice at times that were convenient to them, including evenings and at the weekends. There was also a triage system in place to ensure that patients who had an urgent need could be seen on the same day.

Patients were able to email non urgent queries to a generic email address at the practice enabling patients of working age to contact the practice at times that were convenient to them.

People whose circumstances may make them vulnerable

Outstanding ☆

The practice is rated as outstanding for the population group of people living in vulnerable circumstances.

An example of outstanding practice was how the practice supported their patients who were from Nepal and whose first language was not English. The practice employed two members of staff who were Nepalese to provide an interpretation and translation service for Nepalese patients attending appointments.

The practice had worked with partner agencies to develop a DVD explaining how to use the various NHS services. This video was available in both English and Nepalese language versions and outlined a patient's pathway from the GP, Pharmacy, Dentist, Optician, and Hospital.

The practice had worked with other surgeries in the local area to produce patient information on specific conditions in alternative languages.

The practice had employed a receptionist who was trained in sign language to support patients who were deaf or hard of hearing.

The practice website had information about the NHS and GP services in a number of different languages to support non-English speaking patients to understand the health care system including how to register with a GP practice and how to access emergency healthcare.

People experiencing poor mental health (including people with dementia)

Good ●

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

The practice had a lead GP for people experiencing poor mental health and worked closely with local agencies to ensure patients accessed the support they required.

Summary of findings

The practice provided rooms for the local counselling service to hold twice weekly clinics at the practice, which enabled patients to access psychological services in their local area.

The practice had audited dementia care in January 2014 and the results led to changes in their practice including screening patients aged 75 and over for memory issues.

Summary of findings

What people who use the service say

During our visit we spoke with nine patients, including six members of the patient participation group and reviewed 36 comments cards from patients who had visited the practice in the previous two weeks. All the feedback we received was positive. Patients were complimentary about the practice staff team and the care and treatment they received. Patients told us that they were not rushed, that the appointments system was effective and staff explained their treatment options clearly. They said all the staff at the practice were helpful, caring and supportive.

The practice completed a patient survey in the first quarter of 2014. An analysis of the responses showed that patients had provided mainly positive feedback about the practice.

Areas for improvement

Action the service MUST take to improve

- The practice must ensure that the system in place for checking controlled drugs is safe.

Outstanding practice

- The practice employed two members of staff who were Nepalese to provide an interpretation and translation service for Nepalese patients attending appointments. The practice had worked with partner agencies to develop a video explaining how to use the various NHS services. This video was available in both English and Nepalese language versions and outlined a patient's pathway from the GP, Pharmacy, Dentist, Optician, and Hospital.
- The practice had developed an innovative way of working with young adults that ensured patients over the age of 16 were aware that their visits to the practice were kept confidential along with information on topics such as sexual health, drug and alcohol and contraception advice. This took the form of a birthday card to 16 year old patients.
- The practice maintained an electronic register of patients on end of life care that could be accessed by all GPs and nurses. The practice had a GP who had undertaken specialised training in end of life care and was the local area lead.
- The practice was commissioned by the local clinical commissioning group for two female GPs (one partner and one associate GP) to run a regional gynaecology service. The patients at the practice benefitted from seeing GPs with such enhanced skills.

Giffard Drive Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector, and a GP specialist advisor. The team included a second CQC inspector and a specialist advisor in practice management.

Background to Giffard Drive Surgery

Giffard Drive Surgery is based at 68 Giffard Drive, Cove, Farnborough, Hampshire, GU14 8QB and is a general practice surgery. The practice provides a service to approximately 8400 NHS patients. The practice had a high number of Nepalese patients and had proactively worked to ensure these patients received an effective and responsive service.

The practice has both male and female GPs to enable patients to see a GP of their choice. The practice consists of four GP partners who are supported by five further doctors, including a GP registrar and a GP in training. The GP team are supported by two practice nurses and a Health Care Assistant. There is also a practice manager, an office manager and a team of nine reception and administrative staff.

The practice is open between 8:30 am and 6:30 pm on Monday – Friday and patient appointments are available between 8:30 am and 6:30 pm. The practice offers extended opening times on alternate Thursday evenings until 7 pm and on alternate Saturday mornings between 8:30 and 12:15 pm. Outside normal surgery hour's patients were able to access urgent care from an alternative Out-of-Hours service. Information about the Out-of-Hours service is available on the practice website.

Why we carried out this inspection

We carried out a comprehensive inspection of this practice under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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 practice, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. These included organisations such as the local Healthwatch, NHS England and the clinical commissioning group.

We carried out an announced visit on 1 October 2014.

During our visit we spoke with a range of staff including GPs, practice nurses, a healthcare assistant, reception and administration staff, the practice business manager and office manager.

As part of the inspection we talked with nine patients and reviewed 36 comment cards from patients expressing their views about the practice.

Detailed findings

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

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

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

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

The demographics of the practice indicated that they had a significant population of working age patients and patients in vulnerable circumstances who may have poor access to primary care. There were some areas of deprivation within the practice catchment area.

Requires improvement

Are services safe?

Our findings

Safe Track Record

The practice responded to safety alerts and all the staff we spoke with confirmed they received safety alerts, that the system was effective and that they were able to act upon them as they needed to. GPs provided us with examples of acting upon safety alerts such as reviewing patients on a specific medicine to ensure it was safe.

The practice also recorded accidents and reviewed these annually to detect and act upon any trends or patterns.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. The practice kept records of significant events that had occurred during the last 12 months and these were made available to us. A slot for Significant Events was on the weekly practice meeting agenda and a further meeting occurred quarterly to review actions from past significant events. There was evidence that appropriate learning had taken place where necessary and that the findings were disseminated to relevant staff. GPs described to us examples of where they had made changes to their service as a result of their learning from significant events. Staff including receptionists, administrators and nursing staff were aware of the system for raising issues to be considered at the meetings and felt encouraged to do so.

Reliable safety systems and processes including safeguarding

The practice had a vulnerable adults and children's safeguarding policy and a GP safeguarding lead. The policy included definitions of abuse and contact details for external agencies including the lead safeguarding authority. This ensured staff had clear guidance on the action they needed to take when they were concerned or worried about a child or vulnerable adult. All staff had received relevant training on safeguarding. A log containing records of this was made available to us and we asked members of medical, nursing and administrative staff about their most recent training. Staff knew their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies in and out of hours. Staff described examples of the action they had taken when they had concerns about vulnerable adults or children. GPs were appropriately using the required codes on their electronic case management system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed.

A chaperone policy was in place and visible on the waiting room noticeboard and in consulting rooms. The chaperone poster provided information on how to access the service, and an explanation of when a patient might wish to have a chaperone present. There were also guidelines for chaperones to ensure they understood their role and responsibilities.

Medicines Management

A practice nurse was responsible for the management of medicines within the practice. We checked medicines stored in the treatment fridges and found that they were stored appropriately. There was a clear policy for maintenance of the cold chain and action to take in the event of a potential failure. We noted that fridge temperatures were checked daily to ensure medicines were stored at the correct temperatures. We looked at records of these checks which showed satisfactory results.

There were clearly defined processes for the safe management of prescriptions and repeat prescriptions that minimised the potential for errors. The practice had a GP who was the lead for prescribing and staff told us the lead GP kept the team updated and were a useful source for advice or guidance. GPs confirmed that the systems were effective and protected patients against the risks of prescribing errors.

The practice had a Standard Operating Procedure for Controlled Drugs; however the system in place for checking controlled drugs was not followed. The records did not reflect the amount of controlled drugs stored. This was because the practice had more controlled drugs stored than was recorded in the register and the practice could not be sure of what controlled medicines they had in place.

Cleanliness & Infection Control

The practice had a practice nurse who was the lead for infection control. We observed the premises to be clean and tidy and the practice manager confirmed they checked the cleanliness of the environment at the start of each day. The practice used contracted cleaners and there was a cleaning checklist in place which the practice was amending further to ensure it provided the cleaners with clear instructions. We noted that an infection control policy

and supporting procedures were available for staff to refer to. The practice had carried out audits of infection control in relation to minor surgery, and the results of these audits for the past two years confirmed there were effective infection control measures in place. The practice had not formally audited the overall environment in accordance with The Code of Practice for health and adult social care on the prevention and control of infections and related guidance (2009).

Hand washing guidance was available above hand washing sinks and there were soap dispensers and hand towels at every sink throughout the practice. Staff told us they had supplies of gloves and other personal protective equipment.

Occupational health was outsourced through a contract with the local NHS trust and there was evidence that this arrangement worked well. We did not look at results but noted that staff had been referred for pre-employment checks on immunisation and Hep B status.

We spoke with patients about the cleanliness of the practice. All of them told us they were happy with the environment and cleanliness.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. A schedule of testing was in place.

The practice had equipment to support patients including a blood pressure machine for patient use that was situated in the reception area. The practice loaned out nebulisers and blood pressures monitors to enable patients to monitor or manage their conditions at home, and had an ECG (electrocardiogram) at the practice. This enabled patients to have their heart rate checked at the practice rather than having to attend the hospital.

Staffing & Recruitment

Appropriate checks were undertaken before staff began work. We examined four staff files and found that the practice had carried out the necessary checks, including criminal records check undertaken by the disclosure and barring service (DBS) where required, to assure them that new staff were suitable to work with vulnerable patients and children.

The practice described how they reviewed staffing needs frequently to take account of seasonal demands, or staff annual leave to ensure that they could keep patients safe and meet their needs. For example, there was an arrangement in place for members of staff, including nursing and administrative staff to cover each other's annual leave. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to ensure patients were kept safe.

Practice staff confirmed they had an appropriate skills mix and sufficient numbers of staff to be able to effectively deliver patient care.

Monitoring Safety & Responding to Risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included checks of the building, the environment, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see.

Arrangements to deal with emergencies and major incidents

The practice had a protocol for dealing with telephone emergencies, for example if a patient had telephoned with chest pain, and we saw records that all staff had received training in Basic Life Support.

Appropriate equipment and medicines were available for use in a medical emergency and records showed these checked monthly by a practice nurse. The oxygen and automated external defibrillator (AED) were checked by the nurse to ensure they were in date and in working condition.

The practice had plans in place to ensure they were able to manage safety risks such as major incidents or disruptions to the service. For example, the practice had flood and fire risk assessments and a business continuity plan to enable them to respond in the event of a widespread medical or building emergency. A copy of the plan was held by senior staff and also by another practice in the local area. This ensured that staff would be able to access immediate guidance in the event of an emergency. The practice tested all fire equipment twice yearly to ensure they were able to respond in the event of a fire.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches. The practice took into account national guidelines such as those issued by the National Institute for Health and Care Excellence (NICE) and GPs were alerted to clinical updates because the practice had a system in place to share updates and ensure all staff had read them.

The practice screened patients for long-term conditions as part of their registration as a new patient, and through clinical reviews and health promotion programmes. The practice managed patients with long-term conditions and staff were aware of procedures to follow to ensure that patients on the Quality and Outcomes Framework (QOF) disease registers were contacted and recalled at suitable intervals. The practice used QOF to improve care for example, by exploring clinical changes for conditions such as diabetes or chronic obstructive pulmonary disease (COPD).

A GP took a lead role in dermatology and used a dermotascope to support greater diagnostic accuracy for possible melanomas. A dermatoscope is a hand-held skin microscope with a bright light source, which magnifies the skin and allows the observer to see much more detail in the skin. GPs told us this had been beneficial and had enabled them proactively assess patients who were concerned about a skin lesion.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

The practice operated a personalised patient list that ensured patients knew their GP and continuity of care was provided. GPs told us this enabled them to understand their patient needs and proactively manage their healthcare needs. GPs in the practice met daily to discuss the care and treatment of their patients. This enabled them to discuss treatment options and ensured patients received care in line with national standards.

The practice had a system in place for completing clinical audit cycles. Examples of clinical audits included minor surgery, repeat prescribing of antibiotics and dementia. We saw that the practice developed action plans in response to the audit findings and reviewed these to ensure the cycle of audit was completed.

GPs in the practice undertook minor surgical procedures in line with their registration and NICE guidance. The staff were appropriately trained and kept up to date. They also regularly did clinical audits on their results and used that in their learning.

GPs within the practice each took a lead on particular long-term conditions such as kidney disease and respiratory disease to ensure that patients were supported by skilled staff. Nursing staff managed the day-to-day needs of patients with long-term conditions through individual clinics and told us they were able to quickly and easily discuss patient's needs with GPs to gain clinical advice about treatment options or if they were concerned about somebody. We spoke with a patient who was diagnosed with a long-term condition. They told us that staff took time to ensure they understood their condition and treatment options.

The practice was commissioned by the local clinical commissioning group for two female GPs (one partner and one associate GP) to run a regional gynaecology service. The patients at the practice benefitted from seeing GPs with such enhanced skills. The Gynaecology service was described to us as a 'one stop service', a radiographer using an ultrasound scanner was used to support the clinics. The clinic was overseen by a consultant gynaecologist who reviewed their clinical work and visited six monthly. The practice told us this was a highly valued service that was run 'by women, for women'.

Patients were able to access an anti-coagulant clinic that was run by the practice. This minimised the number of visits to the local hospital for patients and enabled GPs to assess and monitor patient's warfarin levels within the practice.

The practice had initiated a specialist diabetic service ran by two GPs and nurse. The team met quarterly to discuss latest guidance and the management of complex cases. The practice had an annual diabetic meeting to enable newly diagnosed patients to meet with patients who managed the condition well.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

The practice maintained an electronic register of patients on end of life care that could be accessed by all GPs and nurses. The practice had a GP who had undertaken specialised training in end of life care. They were the lead GP at the practice for end of life care which ensured staff could seek guidance when they needed to. The practice had good working relationships with the district nursing team and this enabled patients to be supported to choose their preferred place for their last days of life. We spoke with district nurses and they commented that the practice was particularly skilled in this area.

Effective staffing

The practice had ensured they had appropriately qualified and competent staff with the right skills and experience.

We spoke to staff about the support they had received when they started work at the practice to ensure they were confident and competent to carry out their role. Staff told us about a thorough induction process that included shadowing other members of the team. They said they had received training in areas such as safeguarding, confidentiality, fire safety and health and safety within the building.

The practice had an appraisal policy, and a mentoring and supervision policy that related to all members of the team including which GP partner was responsible for their ongoing support. The practice completed a training needs assessment annually with all team members. This helped the practice to ensure all staff were suitably skilled to undertake their role. Staff told us they found their appraisals helpful and constructive. Staff told us they were supported to maintain their clinical skills and undertake further professional development. Nursing staff told us they were supported to attend regular update training which included; cervical screening, asthma and COPD and travel vaccinations. We saw evidence that confirmed that all GPs had undertaken annual appraisals and that they had either been revalidated or had a date for revalidation.

A nurse we spoke with told us the nursing team worked effectively together and their skills complimented each other. They confirmed that nurses could provide all treatments, and in addition, nurses had specialist areas of knowledge and took lead roles with providing treatment to certain patient groups.

Working with colleagues and other services

The practice worked effectively with other organisations such as district nurses and health visitors. We spoke with three staff from two partner agencies and they described an effective and caring working relationship, commenting that the practice was very patient centred and that GPs had enhanced skills in end of life care. They told us that GPs and nurses at the practice knew patients and families well and were good at communicating with other agencies to share information. They confirmed they worked in partnership including attending a variety of weekly, monthly and quarterly multi-disciplinary meetings to discuss patient care and safeguard patients.

The practice was also held six monthly primary care meetings where all external providers such as midwives and health visitors, counsellors and psychiatrists, district nurses and medicine management representatives came together to discuss clinical developments and encourage multi-disciplinary ways of working.

The practice worked with other service providers to meet patients' complex needs. Blood results, X ray results, letters from the local hospital including discharge summaries, out of hours providers service were received both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and actioning any issues arising from communications with other care providers on the day they were received. The GP seeing these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

Information Sharing

The practice had a policy for communicating with Out-of-Hours and other providers. For example, through email, and the practice had a safe haven fax for receiving special patient notes. The practice also used a computer system to communicate with ambulance services, Out-of-Hours, and the local hospital to ensure all these services had the most up to date information about patients who were receiving end of life care.

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

We noted the practice had developed an innovative way of working with young adults that ensured patients over the age of 16 were aware that their visits to the practice were kept confidential. This took the form of a birthday card to 16 year old patients. The card explained how visits to the GP or nurse were private and confidential to the individual patient. The birthday card also provided young adults with useful telephone numbers they might want or need such as sexual health, drug and alcohol and contraception advice. We noted this was a sensitive approach to young adults that educated them about their right to privacy, and enabled them to access a range of guidance independently should they wish to.

Where patients did not have the capacity to consent to care and treatment staff told us how they would consult with other people to ensure that decisions were made in a patient's best interests. We were given examples of how the GPs had liaised with the patient, their family and hospital consultants to make decisions about care and treatment. The examples staff and patients described indicated that, where patients did not have the capacity to consent, staff were acting in accordance with the Mental Capacity Act (2005).

The practice had not had an instance where restraint had been required in the last 3 years but staff were aware of the distinction between lawful and unlawful restraint.

Health Promotion & Prevention

It was practice policy to offer all new patients registering with the practice a health check, usually with their GP and all health concerns detected were followed-up in a timely manner. We noted a culture amongst the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic chlamydia screening to patients aged 18-25 and offering smoking cessation advice to smokers.

All new patients are offered a consultation to identify their healthcare needs. This was usually with their own GP. Patients between the ages of 45 – 70 years were offered health checks in line with NHS guidance. In addition the practice provided prostate, cholesterol, lung condition and diabetes screening where this had been identified as a risk.

The practice referred people to the local pharmacist / specialist service for smoking cessation support. We noted there were posters in the waiting room that provided patients with information about local smoking cessation services.

The practice offered a full range of immunisations for children at specific clinics or by individual appointment. In addition, young adults were provided with information on chlamydia screening to ensure they understood the service was available.

The practice ran a private travel centre which was a registered yellow fever centre, and offered a range of vaccinations and immunisations for travellers. The practice told us that their clinical team monitored disease situations and outbreaks across the world to ensure that travellers could be made aware of any health risks of travelling to their destinations.

Flu vaccination was offered to all patients over the age of 65, those in at risk groups and pregnant women. The practice had an effective system to ensure that all patients who required a vaccination were offered one. This included patients who lived in either residential or nursing homes and housebound patients. In addition the patient participation group (PPG) were involved in the Saturday flu clinics held in a community venue. The PPG told us that the flu clinics were extremely valuable and useful to the community.

Shingles vaccination was offered through letters sent to patients and there were posters advertising the vaccination in the practice waiting room.

The waiting area had posters and a rolling electronic television screen that provided patients with health promotion information such as diabetes eye screening, COPD, maternity clinics, cancer awareness and general dietary advice. There was also information about other health service providers such as memory clinics and dementia services, patient transport, local stroke services and information on accessing housing advice and substance misuse services.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We reviewed the most recent data available for the practice on patient satisfaction.

The results of the 2013 National Patient Survey showed that 88.6% of patients who responded to the survey would recommend their GP surgery, and 89.6% of patients rated the practice as good, or very good.

Patients we spoke with described staff as friendly and very helpful. Patients told us they were able to request a male or female GP if they wanted. All of the patients we spoke with were complimentary of the care and service that staff provided, and confirmed that care was provided with respect to patients' privacy and dignity. During the inspection we observed the reception staff spoke with patients politely. The practice told us that reception staff had received training on customer care. Our discussions with practice staff confirmed that the practice strived to provide a person centred, compassionate service for patients.

There were a number of examples of the caring ethos of the practice including their efforts to ensure all patients received a caring and effective service by understanding the language and cultural needs of patients whose first language was not English.

We met six member of the (PPG) patient participation group and they told us that the practice placed care for patients above all other activities. They were very complimentary about the care and compassion of GPs and nurses who worked at the practice.

The practice had various policies that referred to confidentiality and staff signed a confidentiality agreement when they started work at the practice. Staff told us that they did not ask patients for personal or private information at the reception desk. There were also quiet areas within the practice where reception staff could talk to patients if requested. The waiting area had a poster advising patients that they could speak to staff in private if they needed to and the waiting area also used low level music to provide some privacy for patients talking to receptionists.

We noted that the majority of patient telephone calls were received by staff in a private office. This meant that patient confidentiality was respected. We also saw that confidential paper records were stored in lockable cabinets and that the practice had a clear desk policy which meant confidential documentation was not left unsecured.

Throughout the inspection we noted that staff knocked at clinic doors before entering and consulting rooms were equipped with curtains around examination couches, to give privacy during examinations.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they were involved in making decisions about their care and treatment. GPs described how they involved patients in discussions, including treatment options and risks, and told us about the resources they used such as conditions leaflets to ensure people had enough information and knowledge to make an informed decision.

The practice had developed care plans for vulnerable older patients and patients with long-term conditions. The practice told us that care plans had been developed jointly by GPs visiting patients at home and that patients had responded positively to this way of planning patients' healthcare needs.

Patient/carer support to cope emotionally with care and treatment

The practice provided comprehensive information on their website for carers, and the practice ensured that GPs were alerted by the computer system when a patient was also a carer. We talked with GPs and they told us about information packs they had to support carers with access to other services. GPs were aware of services in the local area such as memory clinics that carers might find helpful or supportive.

Staff told us families who had suffered bereavement were called by their usual GP. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or signposting to a support service.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the service was responsive to patients' needs and had sustainable systems in place to maintain the level of service provided.

The practice supported their patients who were from Nepal and whose first language was not English. The practice employed two members of staff who were Nepalese to provide an interpretation and translation service for Nepalese patients attending appointments. The practice had identified that written information such as letters might be difficult for these patients to interpret and therefore had developed a system of contacting patients by telephone in their language to ensure the practice could meet their needs. The practice had also taken steps to ensure they understood the specific health conditions this patient group might be affected by to ensure they provided effective treatments.

The practice had also worked with partner agencies to develop a DVD explaining how to use the various NHS services. This video was available in both English and Nepalese language versions and outlined a patient's pathway from the GP, Pharmacy, Dentist, Optician, and Hospital. In addition, the practice had worked with other surgeries in the local area to produce patient information on specific conditions in alternative languages.

The practice had employed a receptionist who was trained in sign language to support patients who were deaf or hard of hearing.

The practice website had information about the NHS and GP services in a number of different languages to support non-English speaking patients to understand the health care system including how to register with a GP practice and how to access emergency healthcare.

The practice had an active patient reference group (PRG) to enable it to engage with a cross-section of the practice population and obtain patient views, and a patient participation group (PPG) which was used for fundraising, gaining patient views and supporting service such as flu clinics by offering refreshments for patients attending the clinic. We met with six members of the PPG as part of the inspection. They spoke very positively about the practice and the way they were involved in feedback and making changes to service to improve outcomes for patients. One example they shared involved setting up patient meetings with the practice to educate patients about a long-term condition. They told us that patients had benefited from the meetings and that the practice had proactively responded to their feedback. The practice used a variety of methods to invite patients to become members of either group including the practice website, the electronic patient screen housed in reception, and notes to patients on the repeat prescriptions.

The practice completed a patient survey in the first quarter of 2014 and the questions were devised by the patient groups and practice staff jointly. The practice had analysed the responses and the additional comments patients had made. They found of 79 additional comments made, 75 provided positive feedback about the practice. The practice had identified the themes that emerged from the survey and discussed these with the PPG and PRG in March 2014. The practice had then developed an action plan in response to the survey findings. The action plan included ensuring patients were aware of the practice opening times and how to order prescriptions.

The practice used a variety of other methods to gain feedback about its service from patients. These included ensuring patients could provide the practice with feedback through its website and by informally by talking with practice staff. The practice manager gave an example of how the practice had gained feedback in other ways such as talking with patients who attended flu clinics.

There had been very little turnover of staff during the last three years which enabled good continuity of care and accessibility to appointments with a GP of choice. Longer appointments were available for people who needed them and those with long term conditions. This also included appointments with a named GP or nurse. Home visits were made to local care homes on a specific day each week, by a named GP and to those patients who needed one.

Tackling inequity and promoting equality

The practice had a policy on equality and diversity and it was evident from our discussions with staff that the practice had invested in ensuring staff understood the diversity and cultural needs of their patients to ensure their healthcare needs were fully met.

The practice environment accommodated patient needs. The practice had automatic opening front doors and most of the consulting rooms were on the ground floor and were

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

accessible for patients using wheelchairs. There was wheelchair access and accessible toilet facilities, and the waiting room offered seating that was accessible to patients with restricted mobility. The practice had an induction loop system for patients who had a hearing impairment.

The practice had ensured there was a mixture of male and female GPs to enable patients to see a GP of their choice.

Access to the service

The results of the 2013 National Patient Survey showed that 81.8% of patients who responded to the survey rated their ability to get through on the phone as very easy or easy, which was in the middle range of national responses. However, 89.6% of patients rated their experience of making an appointment as good or very good which indicated that nationally the practice was among the best.

The practice website outlined how patients could book appointments and organise repeat prescriptions. Patients could make appointments by telephone and in person to ensure they were able to access the practice at times and in ways that were convenient to them.

The practice opened throughout the week between 8:30 am and 6:30 pm, offered evening surgery on alternate Thursdays until 7 pm, and a weekend surgery on alternate Saturdays between 8:30 and 12:15 pm. This resulted in patients being able to access the practice at times that were convenient to them, including evenings and at the weekend. There was also a triage system in place to ensure that patients who had an urgent need could be seen on the same day. This ensured that patients could access both urgent (same-day) appointments and pre-bookable appointments. The practice manager described the triage system which ensured all patients could access a GP either by telephone or in person if they felt they needed to. Clinical appointments were available between 08:30 - 12:30 and 13:30 - 18:30. There were after school appointments dedicated for children and young patients to ensure their medical needs could be met outside of school/college hours. Patients we spoke with were very complimentary about the practice opening hours.

There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. The Out-of- Hours service was delivered by another provider. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances. Information on the Out-of- Hours service was provided to patients in the practice waiting room and was also included in the practice leaflet and on the practice website.

We found that the practice worked with other service providers to meet patient need and manage patient's needs that were complex. Where patients had moved into a residential or care homes with nursing that was outside of the practice catchment area, GPs made efforts to maintain the patient on their list to ensure they received continuity in their care.

Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handles all complaints in the practice.

The practice website described how patients could raise a concern or complaint about the practice, and the practice had an electronic rolling screen and a poster in the waiting room that also explained to patients what to do if they were unhappy or worried about an aspect of their care.

Complaints or comments about the practice could be made in any format including, in person, telephone or written.

Complaints were investigated and resolved in accordance with the practice complaints policy. Complaints were discussed at weekly practice meetings and audited at quarterly practice meetings. The practice kept a log of complaints which they made available to us, which showed the actions they had taken and any learning that had resulted from the complaint.

Are services well-led?

Outstanding ☆

(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 and strategy that placed the quality of patient care as their priority. The practice values and aims were described as being patient centred and providing a caring service to our patients. These were communicated to patients in the waiting area and on the practice website. Staff were committed to the practice aims and described the ethos of the practice as being focused on high quality patient care.

Our discussions with nurses and non-clinical staff effective communication was a strength for the practice, and that there was an caring ethos of putting patients first that resulted from the GP leadership. Staff told us the practice had an open and equal way of working to ensure that everybody felt part of the team.

Governance Arrangements

Governance arrangements supported transparency and openness and staff had lead roles to ensure the practice had clear direction in specific areas.

The practice had a clinical governance policy and throughout the inspection we observed staff followed information governance guidance such as using a clear desk rule to ensure confidential patient information was protected.

The practice was well-led and had a culture of open and supportive leadership. For example, GPs described to us a democratic leadership style where partners supported each other and the staff team. GPs met informally daily, and had weekly meetings to discuss practice issues, peer review aspects of clinical work and discuss audit findings.

The practice had effective internal and clinical governance systems. These included effective clinical audits, sharing knowledge and clinical updates through regular meetings, following external guidance, and working effectively with other healthcare providers.

Leadership, openness and transparency

We saw that the practice had participated in an external review with another GP practice about a specific long-term condition which had resulted in a change to the medicines used to treat the condition.

Peer review was well developed in the practice and referral letters were all checked by a partner to ensure the referral was suitable.

Staff we spoke with told us they felt valued by the practice, and commented on the open and transparent nature of the practice management team.

Practice seeks and acts on feedback from users, public and staff

All of the patients we spoke with were complimentary about the care and service that staff provided, and confirmed that care was provided with respect to patients' privacy and dignity. Patients told us that GPs and other clinical staff took time to listen to them and discussed their treatment options to ensure they were able to make informed choices.

The practice gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussions. The practice also had a suggestions book that all staff were encouraged to use if they had an idea about an area of improvement for the practice. The practice had a human resources lead GP who staff could talk with, although staff told they were able to discuss ideas, concerns or suggestions with any member of the management team. 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 in the practice to improve outcomes for both staff and patients. All the staff we spoke with told they received effective and caring support to enable them to carry out their role.

The practice had a whistle blowing policy which was available to all staff electronically on any computer within the practice.

Management lead through learning & improvement

The practice was a GP training practice and had a trainee GP at the time of the inspection. They told us the practice was caring, supportive and a good learning environment where they were encouraged to develop.

The practice was a research practice and a member of the Wessex Research Network. The most recent Research Project was entitled Patient Safety Toolkit, which involved, amongst other things, a detailed questionnaire to all

Are services well-led?

Outstanding ☆

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

members of staff. The final report identified that the practice was above average in dealing with workload, communication, leadership, teamwork and safe Systems & Learning.

The staff team met regularly through a variety of single discipline and full team meetings. The practice attended monthly clinical education meetings with consultants. Records of all these meetings showed a variety of topics, such as clinical education and updates, quality improvement and training needs were discussed and appropriate action drawn up and carried out. Minutes were available to ensure all staff were kept updated.

Staff told us they received annual appraisals and that these were helpful and constructive, and enabled staff and the practice to identify their strengths and development needs. Staff highlighted learning and development as a strength of the practice in terms of the support they received to attend study days and training to maintain their continuous professional development.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People who use services were not protected because there was not adequate management of controlled medicines. Regulation 13