

# Waterside Medical Centre

## Quality Report

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Date of inspection visit: 18 October 2016

Date of publication: 20/12/2016

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 Waterside Medical Centre on 18 October 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.

There were areas of practice where the provider should make improvements:

- Consider a process to review and analyse significant events and identify any trends or other learning.
- Review how all patient feedback is received and acted upon.
- Ensure that complainants are provided with information on how to escalate their complaint if required.
- Review the process of identifying patients who are also carers and offer support.

# Summary of findings

- Review arrangements for effective communication with those patients who had hearing loss and/or who use a hearing aid.

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 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 caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. For example, a same day access service was provided at Gosport War Memorial Hospital.
- Patients said they found it difficult to make an appointment with a named GP but urgent appointments were available at the practice and via the same day access service.
- 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.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. For example, nurses provided immunisations for housebound patients.
- There were bi-monthly multi-disciplinary meetings to discuss the care and treatment for patients at the end of their lives.
- The practice attempted to increase their ability at identifying patients who were also carers and asked a question as part of the 'booking in' system.
- The practice supported an older people's mental health community psychiatric nurse to attend the practice on a weekly basis, so patients could be seen locally and in familiar surroundings.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Management plans were provided for patients with long term conditions, for example, for patients with diabetes to encourage better self-care.
- 77% of patients with diabetes had an acceptable blood pressure reading in 2014/2015 compared to the CCG and national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 86% of eligible women received a cervical smear in the preceding five years, which is higher than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. For example, the practice offered a child health clinic for baby immunisations, health visitor checks, post natal checks and midwife support all on the same day.

## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- There were 38 patients with a learning disability registered with the practice and 100% had received an annual health check in 2014-2015.

Good



# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## 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 living with dementia).

- 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is better than the CCG average of 85% and the national average of 84%.
- 97% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed care plan recorded, which is better than the CCG average of 90% and the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia and offered a memory clinic within the practice.
- The practice was a pilot site in 2015 for the provision of Step 2 italk services. The practice now hosts a psychological wellbeing practitioner one day a week and can refer directly to the service. (italk is a free service for people suffering from depression and anxiety. It is part of an Improving Access to Psychological Therapies (IAPT) service offered in Hampshire).
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with or lower than local and national averages, 255 survey forms were distributed and 110 were returned. This represented approximately 1% of the practice's patient list.

- 73% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 70% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 58% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards which were all positive about the standard of care received. Patients commented on the professionalism of the doctors and found staff to be polite, caring and respectful. There was one negative comment about the difficulties experienced in accessing the same day service and getting through on the phone.

We spoke with seven patients during the inspection. Five of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. All patients we spoke to commented that they never felt rushed during their consultation and that the practice was clean and welcoming. Two patients felt that reception staff were sometimes unfriendly and that medication side effects were not always considered or explained. They also expressed difficulty getting through on the phone in the morning.

# Waterside Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to Waterside Medical Centre

Waterside Medical Centre is located in a purpose built two storey building located at Mumby Road, Gosport, Hampshire, PO12 1BA. Most patient services are provided on the ground floor; however, a lift and stairs provide access to the first floor consulting rooms. Disabled toilets are located on both the ground and first floor levels.

The practice has approximately 11,800 registered patients and provides services under an NHS Personal Medical Services Contract. It is part of Fareham and Gosport Clinical Commissioning Group (CCG). The practice is based in an area of relatively high deprivation compared to the national average for England and the practice told us they have a high number of children at risk or on the child protection register. A total of 48% of patients at the practice have a long-standing health condition which is lower than the CCG and national average of 54%. Approximately 1% of the practice population describe themselves as being from an ethnic minority group; the majority of the population are White British.

The practice has two partners, one male and one female. The practice also employs three female salaried GPs. Together the GPs provide care equivalent to approximately 30 sessions per week or just under four whole time equivalent GPs. The GPs are supported by two advanced

nurse practitioners, who are able to prescribe medicines, two practice nurses, a nurse training to be a practice nurse and two health care assistants. All the nursing team are female and together provide care equivalent to just over four whole time nurses. The clinical team are supported by a management team with secretarial and administrative staff. The practice is a training practice for foundation year two doctors, student nurses and medical students. At the time of our inspection the practice was supporting one doctor as part of their foundation training.

Waterside Medical Centre is open between 8am and 6.30pm Monday to Friday. Extended hours surgeries are available every Monday morning from 7.30am, Tuesday and Wednesday evenings until 7pm and one Saturday per month from 9am to 12pm. Patients are encouraged to use the NHS 111 service before 8am and after 6.30pm or the local minor injuries unit open from 8am to 9pm seven days a week.

We visited the Waterside Medical Centre as part of this inspection, which has not previously been inspected by the Care Quality Commission.

## Why we carried out this inspection

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

# 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 18 October 2016. During our visit we:

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

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

- Is it safe?

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to 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. Staff, including receptionists, administrators and nursing staff knew how to raise an issue for consideration and felt encouraged to do so.
- 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.
- Significant events were reported to relevant external agencies for additional learning. The practice used the clinical commissioning group (CCG) process called Quasar to report system wide incidents.
- Although we found evidence that significant events were discussed at meetings and lessons learned were shared amongst staff, there was no annual analysis of the events that had occurred to identify trends..

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following discharge of a patient from hospital, the practice were required to provide a medicine upon discharge and then repeat the prescription six months later. The medicine was not added to the repeat prescription and it was identified the follow up injection had not been given within the timescale required. The patient was informed and an apology provided. There was no harm identified. All patients receiving this medicine were reviewed and the practice established this was an isolated incident. The practice revised their protocol to ensure patients receive the medicine at the correct time.

### 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. .

- 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 staff demonstrated their knowledge of the procedures to follow. For example, we saw evidence of a safeguarding incident that had been logged as a significant event by one of the administration team. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead nurse and GP for safeguarding. The nurse attended safeguarding meetings when possible and the GP or nurse always provided reports where necessary for other agencies. All staff demonstrated they understood their responsibilities and all but one newly appointed nurse had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the lead nurse were trained to child protection or child safeguarding level three. Two nurses were trained to level two and one nurse employed in July 2016 was due to complete their formal training in November. This nurse had received internal safeguarding training as part of their induction. All other staff were trained to level one.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any

## Are services safe?

improvements identified as a result. For example the cleaning list for clinical staff to complete on a daily basis was displayed in each clinic room ensuring this was completed as required.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two nurses had qualified as an Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient group directions had been adopted by the practice to allow the other nurses to administer medicines in line with legislation. One of the health care assistants was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk

assessments and carried out regular fire drills, most recently on 2 November 2015. 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, 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 ensured administrative and reception staff were trained to undertake a variety of roles to provide cover during busy periods, sickness and holidays.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available with overall clinical exception reporting of 15% (the national average exception reporting was 9%). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

Areas where the practice had performed in line with or better than national averages included:

- Performance for mental health related indicators was better than local and national average. For example 97% of people with enduring poor mental health had a recent comprehensive care plan in place compared with the clinical commissioning group (CCG) average of 90% and national average of 88%. There had been 6% clinical exceptions reported compared with the CCG average of 15% and the national average of 13%.
- The percentage of patients with COPD (Chronic Obstructive Pulmonary Disease, a chronic lung condition) who had a review in the preceding 12 months

was 89% which is comparable to the CCG average of 91% and the national average of 90%. Clinical exception reporting was 6% compared to the CCG average of 14% and 11% for the national average.

- 100% of patients with atrial fibrillation (irregular heart rhythm) were prescribed an appropriate medicine to decrease the risk of blood clots. This was similar to

the CCG average of 99% and the national average of 98%. Clinical exception reporting was 2% compared to the CCG and national averages of 6%.

The 2014/15 published QOF data listed the practice as an outlier in three areas:

- Performance in the outcomes for patients diagnosed with diabetes was lower than local and national averages. For example, 62% of patients with diabetes, had an acceptable average blood sugar level in the preceding 12 months compared to the CCG and national average of 78%. The practice had taken action in this area and although not published at the time of inspection the 2015/16 performance was 84%. The percentage of patients with diabetes whose last measured total cholesterol (measured in the preceding 12 months) was 5mmol/l or less was 66% compared to the CCG average of 80% and the national average of 81%. The practice had taken action in this area and although not published at the time of inspection the 2015/16 performance was 71%.
- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 87% compared to the CCG average of 92% and the national average of 94%. The practice had taken action in this area and although not published at the time of inspection the 2015/16 performance was 94%.
- The percentage of patients with asthma who had received an asthma review in the preceding 12 months that included an assessment of asthma control using the three RCP questions was 62% compared to the CCG average of 74% and the national average of 75%. Clinical exception reporting was 4% compared to the CCG average of 13% and the national average of 7%. The practice had taken action in this area and although not published at the time of inspection the 2015/16 performance was 74%.

There was evidence of quality improvement including clinical audit.

# Are services effective?

## (for example, treatment is effective)

- There had been eight clinical audits completed in the last two years, two 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.
- Findings were used by the practice to improve services. For example, the practice reviewed the National Institute of Clinical Excellence (NICE) guidelines relating to hypertension (high blood pressure). The blood pressure recorded for over 100 patients was reviewed and those patients with high readings were recalled to discuss and review their medication. The practice developed a protocol for measuring and diagnosing hypertension and initiated a new intervention policy. This meant that the advanced nurse practitioners were able to initiate and increase medication in line with the policy. 90% of the patients had their blood pressure reviewed and medication was adjusted accordingly.

Information about patients' outcomes was used to make improvements. For example the practice carried out a review of patients prescribed a medicine to ensure electrolytes (salt or ion in the blood that carry a charge) were regularly checked. 61% of patients had received a review of their electrolytes in the last 12 months. This was below the expected 90%. The practice initiated an alert system on the computer so that when the patient attended an appointment or was reviewed, they were encouraged to have a blood test.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff told us they were supported to attend relevant training. For example the health care assistant had completed the level 3 diploma course and four support staff were completing the level 2 diploma in business administration.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. The advanced nurse practitioners were mentors for student nurses and had trained other practices in Gosport to also mentor student nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Formal safeguarding training had been arranged for the recently appointed practice nurse. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. For example, the practice had identified the number of vulnerable patients registered and had developed 248 admission avoidance care plans, which had been agreed with the patients and their carers. These plans were

# Are services effective?

## (for example, treatment is effective)

regularly reviewed including after each hospital discharge or accident and emergency attendance. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and one patient with no fixed abode. Patients were signposted to the relevant service.
- Smoking cessation advice was provided by the practice nurses. The practice had worked closely with the community diabetes nurses to provide pre-diabetes workshops called 'the sugar train'. These workshops provided information about diabetes and how to prevent progression of the disease.

- The practice had also worked in collaboration with the CCG in the provision of Signposters. Practice staff had been trained to become signposters and were available to bridge the gap between clinicians, social care and the voluntary sector.

The practice's uptake for the cervical screening programme was 86%, which was comparable to the CCG average of 84% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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 practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. A total of 72% of eligible women attended screening for breast cancer which is similar to the CCG average of 74% and national average of 72%. 59% of eligible patients were screened for bowel cancer in the last 3 years, which is similar to the CCG average of 65% and national average of 58%.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 94% to 96% and five year olds from 92% to 95%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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 that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Low level background music was played in reception and waiting rooms to avoid the possibility that conversations could be overheard.

All of the four patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. However, the practice was in line with or below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 72% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 72% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.

- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice were aware of these results and, following a staff meeting, produced an action plan, to address the areas of concern. At the time of the inspection the action plan had not been fully implemented but the management team were working with staff to implement the necessary changes required and would review the effectiveness and impact of the changes as these were actioned.

### Care planning and involvement in decisions about care and treatment

On the day of the inspection, patients told us they felt involved in decision making about the care and treatment they received. Most patients 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.

However, results from the national GP patient survey were below local and national averages. For example:

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

There were two areas where the data from the survey showed the practice were not performing well:

- 12% of patients said the GP was poor at giving them enough time compared to the CCG average of 5% and the national average of 4%

## Are services caring?

- 13% of patients said the GP was poor at listening to them compared to the CCG average of 5% and the national average of 4%

The practice were aware of these results and, following a staff meeting, produced an action plan, to address the areas of concern. Changes had been made as a consequence. For example an extra two telephone lines had been added and staff were changing the appointment system so that more patients could see their named GP. The management team were working with staff to implement the remaining changes required and would review the effectiveness and impact of the changes as these were actioned.

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.
- Information leaflets were available in easy read format.
- The practice used social media to help patients access the information they needed when they needed it.

- A text messaging reminder service was available and patients were able to cancel appointments through this service.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 70 patients as carers (less than 1% of the practice list). The practice recognised that the number of carers they had identified was low and introduced a question as part of the 'booking in' process. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP sent them a sympathy card.

# 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 had collaborated with three other local practices to provide a same day access service. Patients registered at one of the four practices can phone their surgery to request a same day consultation from a GP, nurse or other healthcare professional. Following triage patients are offered a telephone consultation or a face to face appointment at the Gosport War Memorial Hospital. We saw feedback from patients who valued this service while others felt they waited a long time to be called back.

- The practice offered extended hours on a Monday morning from 7.30am and on Tuesday and Wednesday evenings until 7pm for patients who could not attend normal working hours. The practice also opened on the first Saturday of the month from 9am to 12pm..
- There were longer appointments available for patients with a learning disability. The advanced nurse practitioner provided support to two care homes that provided care for people living with complex health and learning difficulties. They undertook annual health reviews in the patient's home.
- Nurses provided home visits for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice telephoned the local nursing home twice a week to review patients' medical needs and visited when necessary.
- The practice hosted a number of practitioners within the surgery to help patients access a range of services. For example in recognising that some dementia patients can become confused when attending different appointments in different places, the practice encouraged the provision of a memory clinic provided by the community psychiatric nurse for older people mental health services at the surgery.
- Online services were available and patients were able to book appointments and order repeat prescriptions.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.

- There were disabled facilities, and translation services available. A hearing loop was available but was not displayed or easily accessible.
- There was a lift available to improve access for patients who could not manage stairs

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were available every Monday morning from 7.30am every Tuesday and Wednesday evening until 7pm and the first Saturday in the month from 9am to 12pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. An on line GP consultation service had just been introduced. Using a link on the practice website, patients were able to ask questions about their concern. The details were then emailed to a GP based within the practice who responded within 48 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.

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

Patients told us on the day of the inspection that they were able to get appointments when they needed them but it was often difficult to get through on the phone and they waited a long time for a call back when using the same day access service.

### 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 on the practice website and via the practice leaflet.

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

The practice had received 18 complaints in the last 12 months. We reviewed three complaints and found the practice had acknowledged, investigated and responded to the complaints in an appropriate timeframe. However, the written responses did not include the actions the complainant could take if they remained dissatisfied, although this information was available in the practice leaflet and on the website. Lessons were learnt from

individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient complained about the attitude of reception staff in a telephone call. The patient received an apology about the attitude of the staff member and information about how to take their concerns further if they were not satisfied with the response. The practice provided support and training for staff in communication skills.

# 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 an away day for all staff to develop a mission statement and practice values. Staff demonstrated a good understanding of the values and a commitment to deliver high quality care.
- The practice had a robust strategy and supporting business plans which reflected the vision and values.
- The practice demonstrated their commitment to supporting and developing their staff, ensuring opportunities were available for staff to attend relevant training.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected patients 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 the management team.

- Staff told us the practice held regular team meetings. Nurses held a daily handover meeting and Doctors also met each day to discuss clinical issues, allocate home visits and share informal information.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held once a year.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following a patient survey which had identified difficulty in getting through to the practice by telephone, the PPG suggested other ways for patients to communicate. The practice had recently set up social media accounts.

# Are services well-led?

Good 

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

- The practice had gathered feedback from staff through an annual staff survey, through the staff away day and generally 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. For example support staff asked for a 'buddy' to cover areas of work when staff were on leave or sick. The practice implemented this and enhanced the skills of all support staff so they were able to undertake a range of duties. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice were in negotiations with the three other practices providing the same day service and Southern Health NHS Trust to create a multiprofessional care provider. It was anticipated that this would improve access to a range of services in the community such as physiotherapy, mental health specialists and other community practitioners.