

# Dr S Thompson & Partners

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr S Thompson & Partners on 5 July 2016. Overall the practice is rated as good.

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

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

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had adopted a campaign to promote more compassionate care in the NHS. The campaign focussed upon ensuring that staff introduced themselves and their role to patients. Patients told us that they were pleased the practice were supporting this campaign.

We saw an area of outstanding practice:

- The Patient Participation Group reviewed anonymised complaints from patients to deliver a patient perspective and enhance any learning from complaints.

# Summary of findings

However, the areas where the provider should make improvement are:

- Review the patient feedback regarding the difficulties in making an appointment by telephone.
- Review the responses to complaints to ensure they are consistently in line with recommended guidance.

- Review the process for identifying carers so appropriate support can be given to this population group.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

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

Good



### Are services effective?

The practice is rated as good for providing effective services.

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

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- 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

- The partners in the practice were committed to providing compassionate end of life care to patients and their families. GPs routinely provided their personal mobile numbers to allow patients to have ready access to GPs including out of hours.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## 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.

# Summary of findings

- 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Performance for conditions common in older patients was better than national averages. For example, 92% of patients with high blood pressure had a last blood pressure reading which was within acceptable limits, compared to the national average of 83%.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 74% of patients with diabetes had an acceptable blood pressure reading in 2014-2015 compared to a CCG average of 77% 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.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. There was a system in place to follow up children who did not attend for immunisations.

Good



# Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 88% of eligible women received a cervical smear in the preceding 5 years, which is better than the national average of 82%.
- The practice offered information to children in suitable formats to support them to give feedback about the practice.
- 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.

## 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 people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice had identified 87 patients with a learning disability. 90% of these patients had received a physical health check in the previous 12 months.
- The practice had undergone specific training to help them support patients with learning disabilities.
- 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.

Good





# Summary of findings

- 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 with dementia).

- 99% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- 97% of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months, which is better than 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 with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice had been awarded 'dementia friendly' status in April 2016.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. A total of 236 survey forms were distributed and 118 were returned, which is a response rate of 50%. This represented 1% of the practice's patient list.

- 63% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 77% 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%.
- 86% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 80% 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 37 comment cards which were all positive about the standard of care received. Patients commented upon how kind and welcoming staff were and how they felt treated with dignity and respect. Four patients also commented upon the difficulty in gaining an appointment, relating to the telephone system.

We spoke with 12 patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients we spoke to also commented upon the difficulty in making an appointment via the telephone system.

# Dr S Thompson & Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and an Expert by Experience.

## Background to Dr S Thompson & Partners

Dr S Thompson & Partners, also known as Ringwood Medical Centre, is located in a purpose built building at The Close, Ringwood, Hampshire, BH24 1JY. The practice is based near the town centre of Ringwood, a busy market town on the edge of The New Forest. The practice has approximately 11,200 registered patients.

The practice provides services under a NHS General Medical Services contract and is part of NHS West Hampshire Clinical Commissioning Group (CCG). The practice is based in an area of low deprivation compared to the national average for England. A total of 28% of patients at the practice are over 65 years of age, which is higher than the CCG average of 22% and national average of 17%. A total of 59% of patients at the practice have a long-standing health condition, which is slightly higher than the CCG average of 55% and national average of 54%. Less than 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 five GP partners, three of whom are female and two who are male, as well as employing two male salaried GPs. Together the GPs provide care equivalent to approximately 43 sessions per week. The GPs are supported by four practice nurses and three health care

assistants who provide a range of treatments and are equivalent to just under five whole time equivalent nurses. The practice also employs two phlebotomists. The clinical team are supported by a management team with secretarial and administrative staff. The practice is a training practice for doctors training to be GPs (registrars) and a teaching practice for medical students.

Dr S Thompson and Partners is open between 8am and 6.30pm Monday to Friday. Extended hours surgeries are available every Monday morning from 7.30am, and every Monday evening until 7pm or 7.45pm, alternate Saturdays from 8am to 12pm.. Appointments with a GP are available until 11.30 am and again from 2.30pm until 6pm daily. The GPs also offer home visits to patients who need them. Care to patients is provided on the first floor of a purpose built building. The practice has a lift to support patients who are unable to manage stairs.

The practice has opted out of providing out-of-hours services to their own patients and refers them to the Portsmouth Healthcare service via the NHS 111 service. The practice offers online facilities for booking of appointments and for requesting prescriptions.

We visited Dr S Thompson and Partners 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

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 July 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, managerial, administration 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 with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient with a learning disability who visited the practice gained access to the practice's computer system despite the efforts of the carers in attendance to prevent this. No breach to patient information occurred. The practice held a meeting with the learning disability service to understand why this happened and to prevent similar occurrences. The practice now has a policy to offer appointments at the end of surgery sessions to minimise distress for patients with a learning disability. Practice staff also undertook training to better understand and support the needs of patients with learning disabilities.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for adult safeguarding and a lead member of staff for child safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nurses were trained to level 2.

- A notice in the waiting and clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. The practice had conducted an appropriate risk assessment to determine that non-clinical staff performing chaperone duties did not require 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. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, in the last audit a set of taps were identified as requiring descaling. This was duly undertaken by the practice.
- 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 clinical commissioning group 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. Patient Group Directions had been adopted by the practice to allow nurses to administer

## Are services safe?

medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice carried out a monthly review of the building to ensure any health and safety issues were promptly identified and acted upon. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and had acted upon the findings of these. For example, the practice had removed a shower which was not often used, to minimise the risk of Legionella.

- 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. For example, the practice ensured more reception staff were on duty at peak times.

### 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. However, one of the paediatric masks was out of its original packaging and the practice were unable to tell us if the mask was in date and effective for use. The practice immediately removed the mask and ordered a replacement which was in place within 48 hours.
- A first aid kit and accident book were available. We saw that accidents and any investigations from these were appropriately recorded.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.5% of the total number of points available; with overall exception reporting of 10% (the CCG average exception reporting was 11% and national average 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.

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

- Performance for diabetes related indicators was similar to the national average. A total of 83% of patients with diabetes, had an acceptable average blood sugar level in the preceding 12 months, compared to the CCG average of 80% and national average of 76%.
- Performance for mental health related indicators was slightly better compared to average. 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to a CCG average of 89% and national average of 88%.

- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months was 79%, which is comparable to the CCG average of 74% and national average of 75%.
- The practice figures for prescribing antibiotics were higher than the national and CCG average. A total of 10% of antibiotics prescribed were not recommended by current guidance, this is higher than the national average of 5%. Prescribing of antibiotics was reviewed by the practice on a monthly basis. Updates and reminders were disseminated to staff to ensure that prescribing was in-line with current guidelines. The practice also supported social media technology to ensure guidelines on antibiotic use were readily accessible to clinicians. The practice showed us more recent data for antibiotic prescribing, which had not been externally verified, which showed that the prescribing of these antibiotics had reduced to 6% in March 2016.

There was evidence of quality improvement including clinical audit.

- There had been 16 clinical audits completed in the last year, six of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. At the time of our inspection the practice was involved with five clinical research projects.
- Findings were used by the practice to improve services. For example, the practice carried out an audit of patients with learning disabilities to see if a cardiac (heart) evaluation and review had been included in their annual review. These patients are at higher risk of cardiac problems. A total of 20% of these records did not include a cardiac review. The practice changed its procedures so that a cardiac review was included in the annual health review for patients with learning disabilities.

Information about patients' outcomes was used to make improvements. For example, the practice carried out a detailed review of a randomly selected 20 patients who were prescribed antibiotics for a diagnosis of a sore throat. The practice identified that dose, duration and frequency of dose was not compliant with national guidance in 15%



# Are services effective?

## (for example, treatment is effective)

of cases. A total of 100% of cases were compliant with the recommended type of antibiotic treatment. The practice met to discuss the findings, review guidance and agree upon actions to improve prescribing.

### 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 that requests for training were always granted by the practice.
- 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. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice takes part in the clinical commissioning group half-day training sessions which occur three times a year. Appointments are not available during these times. The practice remains open during these times to help patients with queries. Patients are informed well in advance and supported to use the NHS 111 number during closures.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a 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 were signposted to the relevant service.



# Are services effective?

(for example, treatment is effective)

- Smoking cessation advice was available from the practice and specialist dietary advice was available by referral. The practice also referred patients to local exercise and dietary programmes.

The practice's uptake for the cervical screening programme was 88%, which was better than the CCG and national averages of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. A nurse told us they aimed to see patients with learning disabilities prior to their smear to discuss the procedure and to help put them at ease. The practice offered appointments for smear tests on four days a week. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and performed in line with CCG and national averages. A total of 73% of eligible patients

attended breast cancer screening compared to the national average of 72% and CCG average of 74%. A total of 64% of eligible patients were screened for bowel cancer compared to the CCG average of 63% and national average of 55%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 100% and five year olds from 84% to 99%.

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 very helpful to patients and treated them with dignity and respect.

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

All of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 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. The practice was similar to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

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

- 94% 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% and CCG average of 92%.
- However, 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91%.
- 84% 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% and CCG average of 85%.
- 89% 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% and CCG average of 86%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The practice had adopted a campaign to promote more compassionate care in the NHS. The campaign focussed

## Are services caring?

upon ensuring that staff introduced themselves and their role to patients. One patient comment card commented that they were pleased the practice were supporting this campaign.

### **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 42 patients as carers, which is less than 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them. The practice offered appointment reminders to carers to promote attendance for appointments, provided patients had given their consent for this service.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

The partners in the practice had a commitment to provide compassionate end of life care to patients and their families, including supporting them to die in their own home. GPs routinely provided their personal mobile numbers to allow patients to have ready access to GPs including out of hours. GPs visited these patients and provided medical support with end of life care. We were shown practice level data, which has not been externally verified, which showed that in a 12 month period, 23 patients with a diagnosis of cancer were supported by the practice to die in their own home. In the last three months of these patients' lives, 133 home visits were collectively conducted by GPs to these patients, including visits which were out of hours.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered extended hours on a Monday morning from 7.30am and Monday evening until 7.45pm, and on alternate Saturdays from 8am until 12pm, for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- There was a lift in the practice to improve access.
- The practice offered in-house phlebotomy to patients from 7.30am every Monday and on Saturday mornings from 8am until 12pm.
- Baby-changing and breast-feeding facilities were available in the practice.
- The practice had jointly purchased a Doppler ultrasound kit, along with four neighbouring practices, to support the diagnosis of vascular problems.
- The practice had worked with patients and local charities to achieve 'dementia friendly' status. The practice made a number of changes to improve the practice environment and services for patients with dementia. For example, staff undertook training about the needs of people with dementia and signage in the practice was changed to make it clearer for patients.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours surgeries were available every Monday morning from 7.30am, on alternate Saturdays from

8am to 12pm and every Monday evening until 7pm or 7.45pm. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them. People who requested an urgent appointment were assessed by a GP by telephone to assess how urgent their need was, and an appointment made as appropriate. Routine telephone appointments were also offered. The practice had developed a leaflet to explain the appointment system to patients.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local, but similar to national averages.

- 77% of patients were satisfied with the practice's opening hours compared to the national average of 78% and Clinical Commissioning Group average of 80%.
- 63% of patients said they could get through easily to the practice by phone compared to the national average of 73% and CCG average of 83%.
- 77% of patients stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 84% and national average of 76%.

People told us on the day of the inspection that they were able to get appointments when they needed them. However, patients told us that they had difficulty in getting through to the surgery by telephone to make an appointment. Comment cards also highlighted this issue. The practice had invested in a new phone system approximately 18 months ago in response to complaints from patients and had altered staffing so that more staff were available to handle calls at peak times.

### 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 generally 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.
- The Patient Participation Group reviewed anonymised complaints from patients to deliver a patient perspective and enhance any learning from complaints.

# Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system, on the practice website and via a practice leaflet.

We looked in detail at four complaints of 13 received in the last 12 months these were satisfactorily handled, dealt with in a timely way, and with openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient complained about the availability of prescriptions to cover a longer period of

time (over three months) and the attitude of staff in dealing with their query. The patient received an apology about the attitude of the staff member and information about the practice's prescribing procedures. The practice provided additional training for staff so they were clear about the procedures and training in communication skills. Of the four complaints we reviewed, none included information for the patient to direct them where they could take their complaint further if they were not satisfied with the practice response. Records of verbal complaints from patients were not formally kept.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The partners reviewed the vision and strategy of the practice formally every three months.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

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

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept records of written interactions and verbal correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings. The practice also held an open meeting for all staff every three months, without a set agenda at the request of staff, to encourage staff to share and learn from any issues.
- The GPs met every day after the morning session to discuss any clinical issues and offer peer support.
- The minutes of monthly partners meetings were shared with staff to promote transparency.
- 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 that practice social events occurred twice 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.
- Staff told us that the practice valued developing their staff. For example, the practice were supporting a nurse to undertake nurse prescribing training.
- The practice also relayed updates and reminders to staff in their monthly payslip. Staff we spoke to told us they valued this.

### 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

# Are services well-led?

Good 

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

through surveys and complaints received. The PPG met with the practice manager and a GP every month, produced a quarterly newsletter for patients, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had changed the signage throughout the practice to make it clearer for patients as a result of feedback. The PPG also suggested several years ago that the practice could introduce a triage system, which was now in operation.

- The PPG participated in a local review of how the group was performing and was found to be an effective group which provided appropriate challenge and support to the practice.
- We noted that the practice responded appropriately to comments left on the NHS choices website.
- The practice routinely consulted with patients with regard to any significant changes. For example, at the time of our inspection the practice was conducting a survey to gather patients' views about the extended hours offered by the practice.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, a member of staff requested some equipment to improve their working environment. This was put in place by the practice within 48 hours. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice were part of a local federation of 17 practices to deliver better care and outcomes for patients in the New Forest area. The federation had secured a care navigator, whose role it was to reduce hospital admissions for patients over 75 years of age and other vulnerable groups. The practice met regularly with the care navigator to discuss relevant patients.