

Mulberry Surgery

Quality Report

38 Highfield Road
Southampton
SO17 1PJ

Tel: 02380 554549

Website: WWW.MulberrySurgery@nhs.net

Date of inspection visit: 28 April 2015

Date of publication: 24/09/2015

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8
Areas for improvement	8

Detailed findings from this inspection

Our inspection team	9
Background to Mulberry Surgery	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11
Action we have told the provider to take	19

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mulberry Surgery, 38 Highfield Road, Southampton, SO17 1PJ on 28 April 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned for.
- 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.
- Patients said they found it easy to make an appointment with a GP and that 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.

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

Importantly the provider must:

- Ensure a legionella risk assessment is carried out and action is taken.
- Ensure that emergency fire procedures are updated.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as Require Improvement for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was not always recorded, monitored, appropriately reviewed and addressed. We found that legionella risks to patients were not addressed and fire emergency procedures required updating. There were enough staff to keep patients safe.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The majority of patients said they found it easy to make an appointment with a GP and that 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

Good



Summary of findings

needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

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. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication 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. 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. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered

Good



Summary of findings

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.

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 those with a learning disability. It had carried out annual health checks for patients with a learning disability and 50% of these patients had received a follow-up. It offered longer appointments for patients with a learning disability and was encouraging patients to have annual health checks.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). 100% of patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. It 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. Staff had received training on how to care for patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in 2014 showed the practice was performing in line with local and national averages. Patient responses were as follows

- 95.6% find it easy to get through to this practice by phone compared with a national average of 75.4%.
- 48.7% with a preferred GP usually get to see or speak to that GP compared with a national average of 37.4%.
- 87.7% describe their experience of making an appointment as good compared with a national average of 85.7%.

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

We received 27 comment cards and 25 were all positive about the standard of care received. Many commented on the warm and friendly staff. Two cards commented on the fact that the patients found it difficult to get an appointment with the GP they preferred.

All of the patients we spoke with were very positive about the care and treatment provided by the GPs and nurses and other members of the practice team. Everyone told us that they were treated with dignity and respect and that the care provided by the GPs, nursing staff and administration staff was of a very high standard. Comments included reference to the practice being caring, staff being friendly, polite and willing to help.

Areas for improvement

Action the service MUST take to improve

- Ensure a legionella risk assessment is carried out and action is taken.

- Ensure that emergency fire procedures are updated.

Mulberry Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a second CQC inspector.

Background to Mulberry Surgery

Mulberry Surgery is located in a converted private house on the outskirts of Southampton and provides care and treatment to approximately 3100 patients living in and around the Highfield area of Southampton. The practice also has a branch practice, St Denys Surgery, St Denys Road, Southampton. At this inspection we did not visit the branch practice, no risks or concerns at the branch had been identified prior to or during this inspection.

The Mulberry surgery staff team consists of two GP partners, one female and one male, who are supported by a nursing team of two practice nurses and one health care assistant. There is a management team of five receptionists, a medical secretary and administrator and a practice manager that covers both sites. The practice has a General Medical Services contract with NHS England for delivering primary care services to local communities.

Opening Times: The practice is open from 8am until 6.30pm on Monday, Tuesday, Thursday and Friday, and from 8am until 12pm on Wednesdays. On Wednesday afternoons any emergencies are covered by St Denys Surgery.

The practice offers a range of appointment types such as same day, book one day in advance, book one week in

advance and book two weeks in advance. Patients could book routine appointments up to six weeks in advance with all GPs, nurses and health care assistant. The purpose of the different appointment types is to ensure there are sufficient appointments available to book at any one time so that entire surgeries are not fully booked weeks in advance.

To obtain an appointment patients telephone, attend the practice or alternatively if they have registered to do so book and cancel appointments online.

The practice is able to offer some surgeries outside of the above hours for those who find it difficult to attend for routine problems due to their working hours or other commitments; on some Monday and Thursday evenings and some Saturday mornings on a rota basis. Patients are asked to speak with the receptionist to find out more information of times and dates.

The practice has opted out of providing out-of-hours services to their own patients. Out of hours cover is provided by Hants Doc via the NHS 111 service.

Why we carried out this inspection

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

Detailed findings

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.

How we carried out this inspection

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

We carried out an announced inspection on 28 April 2015.

We asked the practice to send us some information before the inspection took place to enable us to prioritise our areas for inspection. This information included; practice policies, procedures and some audits. We also reviewed the practice website and looked at information posted on the NHS Choices website.

During our visit we spoke with a range of staff which included GPs, nursing and other clinical staff, receptionists, administrators, secretaries and the practice manager. We

also spoke with patients who used the practice. We reviewed comment cards and feedback where patients and members of the public shared their views and experiences of the practice before and during our visit.

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- 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)

Are services safe?

Our findings

Safe track record and learning.

There was an open and transparent approach and a system in place for reporting and recording significant events. Patients affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, during a routine servicing of a vaccine fridge the engineer recorded that the temperatures were high and reported this to the practice. The matter was fully investigated and a report was submitted to Public Health England and all vaccines were checked to ensure that they could be used. New internal fridge thermometers were purchased and extra checks were made of the fridge and recorded to ensure temperatures were continually monitored and within acceptable limits. A new vaccine fridge was also purchased.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes.

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for safeguarding who had received training to level three. 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 relevant to their role.
- A notice was displayed in the waiting room, advising patients that the practice provided chaperones, if required. All staff who acted as chaperones were trained for the role

and had received a disclosure and barring check (DBS). (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).

- 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 practice. The practice had fire risk assessments and fire drills were carried out. All electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment had been checked to ensure it was working properly. The practice also 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. The emergency fire procedures had not been updated for several years and a full legionella risk assessment had not been carried out.
- Appropriate standards of cleanliness and hygiene were followed. 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.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local clinical commissioning group pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescriptions were securely stored and there were systems in place to monitor their use. If prescriptions were required for home visits they were printed with the patient details through the practice clinical system for the GPs to take with them.
- Recruitment checks were carried out and the three files we reviewed showed that 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 DBS.

Are services safe?

- 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 that enough staff were on duty

Arrangements to deal with emergencies and major incidents.

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. There was also a first aid kit and accident book 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 fit for use.

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 carried out assessments and treatment in line relevant and current evidence based guidance and standards, including the National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. The practice had systems in place to ensure all clinical staff were kept up to date.

Management, monitoring and improving outcomes for people.

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 97% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed:

- Performance for diabetes related indicators was similar to the clinical commission group (CCG) and national average. The practice rated 96% against the national average of 77%
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average. The practice rated 84% against the national average of 83%.
- Performance for mental health related and hypertension indicators were similar to the CCG and national averages.
- The diagnosis rate to identify patients with a dementia was comparable to the CCG and national averages.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. We were given details of two clinical audits undertaken in the last two years; both of these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation and peer review. Findings were used by the practice to improve

services. For example, recent action was taken to reduce the number of patients taking quinine on a regular basis over the last two years for cramp. GPs followed the current guidelines and only prescribed a particular medicine when no other remedy had been effective.

Effective staffing.

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. Staff we spoke with had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when patients were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis and that care plans were routinely reviewed and updated.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment.

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention.

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and the practice had formed a group with other local practices to fund a practice nurse service to attend local housebound patients. Patients were then signposted to the relevant service.

Quality and Outcomes Framework (QOF) data showed that the practice had a very low prevalence of chronic

obstructive pulmonary disease and coronary heart disease. When this was discussed with the practice it was found that this was due to a coding issue and the practice has since investigated the coding issue and has rectified this.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to clinical commissioning group and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100% and five year olds from 40% to 96%. Flu vaccination rates for the over 65s were 72.8%, and at risk groups 41.9%.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy.

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that patients were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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.

We saw that 25 of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. The two negative replies related to obtaining appointments to see a GP. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

The practice had a virtual patient participation group that had built up to 20 members across Mulberry Surgery and St Denys Surgery. We saw the most recent report from the group and were told that the group were trying to increase in size and had put forward suggestions that had been taken up by the practice. An example being the introduction of a television in the waiting room with scrolling information about the services available in the practice and general advice about health for patients. Other areas that the group were involved in were a review of extended hours provision and using the feedback gathered from the Friends and Family test to inform clinicians of how patients viewed the service provided.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 92% said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 87% described the overall experience of their GP practice as fairly good or very good compared to the national average of 85%.
- 95% gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' Compared to the national average of 75%.

Care planning and involvement in decisions about care and treatment.

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

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

- 91% said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.
- 89% said the last GP they saw was good at involving them in decisions about their care compared to the national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. There was also a translate page function on the practice website, this assisted patients to translate the website into various languages.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, they highlighted that staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room, and patient website also told patients how to access a number of support groups and organisations. The practice's computer system

alerted GPs if a patient was also a carer. We saw the website had information for carers to ensure they understood the various avenues of support available to them; this was under an area called Carers Direct.

The practice website had a section assisting patients with bereavement. This gave advice on what to do and we were told that GP usually made contact with the families to provide support if needed. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs.

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, to avoid hospital admissions the practice had created the home visiting programme for patients over 75 year old.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example:

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients or patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had quarterly meetings with the community geriatrician and community physiotherapists, to discuss older patients they have seen or who have been referred to them by the GPs.
- The practice had 11 vulnerable patients registered. The majority of those patients were able to attend the practice but those who could not were visited at a location of their choice.

Access to the service.

The practice was open from 8am until 6.30pm on Monday, Tuesday, Thursday and Friday, and from 8am until 12pm on Wednesdays. On Wednesday afternoons any emergencies were covered by staff located at St Denys Surgery.

The practice offers a range of appointment types such as same day, book one day in advance, book one week in advance and book two weeks in advance. Patients could book routine appointments up to six weeks in advance with all GPs, nurses and health care assistant. The purpose of the different appointment types is to ensure there are sufficient appointments available to book at any one time so that entire surgeries are not fully booked weeks in advance.

To obtain an appointment patients could telephone, attend the practice or alternatively if they had registered to do so book and cancel appointments online.

The practice was able to offer some surgeries outside of the above hours for those who found it difficult to attend for routine problems due to their working hours or other commitments; on some Monday and Thursday evenings and some Saturday mornings on a rota basis. Patients were asked to speak with the receptionist to find out more information of times and dates.

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 and people we spoke to on the day were able to get appointments when they needed them. For example:

- 75% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 95% patients said they could get through easily to the surgery by phone compared to the national average of 75%.

Listening and learning from concerns and complaints.

The practice had a 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 for example posters displayed, summary leaflet available. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and showed openness and transparency with dealing with the complaint.

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 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.
- A programme of continuous clinical and internal audit which 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, openness and transparency.

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

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if

they did. Staff said they felt respected, valued and supported as part of a team. 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which communicated with each other on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, reviewing the extended hours of the practice.

The practice had also 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. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation.

There was a strong 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 was working with the prescribing team of NHS Southampton to develop a new repeat dispensing policy and procedure. This was to offer repeat dispensing which allowed potential benefits to prescribers, practices and patients. Prescribers would find a reduction in workload in issuing and re-authorising repeat prescriptions and a reduction in medicines waste. Patients would receive improved access to regular medicines, simplified one-stop process and regular contact with a community pharmacist.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Providers must assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>How the regulation was not being met: The provider had not made the proper assessments as the emergency fire procedures had not been updated for several years and a full legionella risk assessment had not been carried out.</p> <p>Regulation 17(2) (b) of the health and Social Care Act 2008(regulated Activities) Regulations 2014.</p>