

Stoke Road Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stoke Road Medical Centre on 18 December 2014. The overall rating for the practice was requires improvement. The full comprehensive report on the December 2014 inspection can be found by selecting the 'all reports' link for Stoke Road Medical Centre on our website at www.cqc.org.uk.

At the inspection in December 2014 the shortfalls found included a lack of all necessary employment checks for all staff; no records to confirm that all administrative and reception staff had received annual appraisals; and a lack of completed audits for infection control processes.

This inspection was an announced follow up comprehensive inspection on 31 January 2017. Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had improved in areas of infection control and recording cleaning carried out.
- All recently employed staff had the correct background and recruitment checks in place.

- All staff had regular appraisals and felt part of a team within the practice.
- There were effective systems in place for reporting significant events and complaints.
- The practice had effective staff feedback processes in place for learning.
- The management had employed specialised staff within the practice to improve patient access to mental health, physiotherapy and health visitor services. For example the practice provided two sessions of physiotherapy to all patients without a GP having to necessarily refer them.
- The practice was forward thinking with regards to improving quality and availability of care to all patients in the near and distant future.
- The practice worked collaboratively with other primary care and voluntary agencies to increase access to treatment or advice.
- The practice was aware of where it needed to continue to improve in the future, particularly with regards to administration issues and reviewing policies within their set time frames.

Summary of findings

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

The provider should:

- Review procedures for tracking prescription stationery throughout the practice.

- Review procedures for monitoring the number of annual patient checks for certain patient groups.
- Review the telephone systems in the practice to enable better access for patients.

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.

At our inspection in January 2017 we found there had been improvements:

- There was an effective system in place for reporting and recording significant events.
- All staff employed since the last inspection had the appropriate recruitment checks.
- The practice had improved in areas of infection control and recording cleaning carried out.
- 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. However procedures for tracking prescription stationery distribution throughout the practice were not always monitored.

Good



Are services effective?

The practice is rated as good for providing effective services.

At our inspection in January 2017 we found there had been improvements:

- Clinical audits demonstrated quality improvement
- There was evidence of appraisals and personal development plans for all staff.
- 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. However procedures for monitoring the number of annual patient checks for certain patient groups were not always effective.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Good



Summary of findings

- Staff worked extensively with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice worked alongside local voluntary organisations, and was directly involved with them in promoting healthier lifestyles and choices.
- Compared to the national average, some of the population groups had a lower rate of face-to-face reviews for certain conditions such as dementia.

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



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the local clinical commissioning group to secure improvements to services where these were identified. This included the local vanguard initiative to encourage better working with voluntary organisations and other local primary care providers.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote positive outcomes for patients. Staff were clear about the vision of the practice and their responsibilities in relation to it. There was a defined plan in place for the future, which involved increasing the quality and availability of primary care in the community alongside other GP practices and the local community hospital.
- 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 a governance framework which supported the delivery of the strategy and 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 and supportive of the practice long term future to improve the patient experience.
- There was a 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

This practice is rated good for the care of older people.

- Same day appointments were prioritised for elderly and vulnerable patients.
- There was a named GP for all over 75 year olds.
- Care plans were in place to reduce avoidable admissions to hospitals.
- Home visits by GPs were available if needed.
- The practice worked with the local pharmacies to provide medicines in blister packs.
- There were longer appointments available for those who needed them.

Good



People with long term conditions

This practice is rated good for the care of those patients with long term conditions

- Patients were able to access same day appointments.
- The practice carried out combined chronic disease clinics for conditions such as diabetes and chronic obstructive pulmonary disease (a breathing disorder).
- Patient self-management of their condition was promoted and care plans were in place.
- Medicines monitoring and review was available with the practice pharmacists.
- The practice carried out regular multi-disciplinary team meetings to co-ordinate care.

Good



Families, children and young people

This practice is rated as good for providing care for families, children and young people

- Integrated child health clinics were held to promote co-ordinated care.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Same day appointments were available for those who needed them.
- Extended hours surgeries were held on Saturday mornings and one evening a week aimed at patients who had family or work commitments during the week

Good



Summary of findings

- A nurse practitioner was trained to provide contraceptive and family planning services.

Working age people (including those recently retired and students)

The practice is rated good for providing care of working age people

- Through a joint venture with three other local GP surgeries, same day access appointments were available at a local community hospital which also offered telephone triage and faxed prescriptions.
- Patients were able to book appointments and request prescription online.
- The practice offered an E-consultation service, where patients could email concerns to a GP at any time of day or night and a GP would respond the next working day.
- The practice offered a range of NHS health checks and contraceptive services.
- Extended hours surgeries were held on Saturday mornings and one evening a week aimed at patients who had family or work commitments during the week

Good



People whose circumstances may make them vulnerable

The practice was rated as good for providing care of vulnerable patients.

- Translation service such as Language line and British Sign Language signers could be accessed when needed.
- Longer appointments were available if needed.
- Patients with learning disabilities were offered an annual health check.
- A practice pharmacist carried out prescribing and medicine checks.
- The practice was accessible for patients with limited mobility.

Good



People experiencing poor mental health (including people with dementia)

The practice was rated as good for providing care of people with poor mental health, including dementia.

- The practice employed a dedicated practice mental health practitioner.
- Patients were offered same day access appointments.

Good



Summary of findings

- Dementia awareness, including an outside agency dementia nurse holding a clinic in practice, in addition to practice referrals to memory clinic and information for carer organisations.
- Surgery Sign posters that improve access to all local voluntary services.
- A psychological therapy service was offered by the practice.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 226 survey forms were distributed and 123 were returned. This represented 1.5% of the practice's patient list.

- 62% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 68% 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%.
- 84% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 75% 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 39 comment cards of which 35 were all positive about the standard of care received. Comments included the high levels of care and attention given, dignity being respected and the time GPs spent with the patient. The main negative comments centred on the frustrations with the telephone system when trying to contact the practice.

We spoke with ten patients during the inspection. All ten patients said they were satisfied with the care they received and generally thought staff were approachable, committed and caring. Most had walked into the practice to make an appointment and no-one had had to wait more than one week for their routine appointment time. Most patients were seen on time and all patients we spoke to were happy with the service from the practice.

Stoke Road Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Stoke Road Medical Centre

Stoke Road Medical Centre is situated in a purpose built premises at 66-68 Stoke Road, Gosport, Hampshire, PO12 1PA.

The practice has existed in Gosport since the late 1800s and has been at its present site for the past 23 years. The practice has around 8,455 patients registered with it, with a higher number of patients who are older than the average and a higher than average level of deprivation, when compared with national figures. There is a larger than average percentage of patients that have a long standing health condition, for example, there is a high prevalence of cancer, stroke and heart disease. The practice provides care to 64 patients who live in care homes in the area.

The practice clinical staff includes seven GPs (4 female and 3 male) who cover 33 sessions a week; four nurses (equivalent to three whole time equivalents) and this includes two nurse practitioners and an advanced nurse prescriber. In addition there are two healthcare assistants; one general mental health practitioner, two pharmacists and a physiotherapist. The practice has a business manager, an operational practice manager, nine care navigators (whose duties include reception duties and telephony) and five administrative staff, including a medical secretary.

The practice is open from 8am until 6.30pm Monday to Friday. Extended hours appointments are available every third Tuesday of the month from 6.30pm until 8.40pm. On the third Saturday of each month a GP and nurse practitioner each run a session from 8am until 12.10pm. The practice is able to refer their registered patients to a Same Day Access Service, which is located in a nearby community hospital, and which provides triage and appointments for urgent problems.

Stoke Road Medical Centre has opted out of providing out of hours services which are provided via the NHS 111 service.

Why we carried out this inspection

We undertook a comprehensive inspection of Stoke Road Medical Centre on 18 December 2014 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for provision of safe and effective services and good for caring, responsive and well-led services. Overall the practice was rated as requires improvement.

We undertook a further announced comprehensive follow up inspection of Stoke Road Medical Centre on 31 January 2017. This inspection was carried out to see how the practice was operating in all the areas, with particular focus on the areas where the practice needed to improve following the previous inspection.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice, including data obtained from the GP Patient Survey and the Quality and Outcomes framework.

We carried out an announced visit on 31 January 2017.

During our visit we:

- Spoke with a range of staff including GPs, nursing and administrative staff, and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area 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.
- Reviewed the policies and procedures of the practice.
- Observed the practice staff at work and inspected the consulting rooms and all the communal areas.

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

At our previous inspection on 18 December 2014, we rated the practice as requires improvement for providing safe services as the arrangements in respect of infection control and employment checks for all staff were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 31 January 2017. The practice is now rated as good for providing safe services.

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 was incorrectly given an urgent prescription for someone with a similar name. The next day the error was noted and immediately reception staff were informed to double check all prescriptions. A meeting was called to review prescriptions and a new system was in the process of being introduced for all urgent prescriptions.

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 safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. There were six weekly safeguarding meetings with health visitors.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3. All non-clinical patient facing staff had also received training, or were due to receive training, in safeguarding to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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 which had been reviewed in August 2016, 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. There were daily cleaning checklists for all surfaces and also completed checklists for a weekly deep clean of all clinical areas and monthly refrigerator cleaning. We saw evidence of audit for infection control which demonstrated that standards

Are services safe?

were maintained and new equipment had been introduced to enhance the working environment, for example new foot pedal bins to replace the hand operated bins.

- 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 medicines by a pharmacist. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. However, there was no method of tracking and recording which printers the prescription stationery was distributed to.
- One of the nurses had qualified as a non-medical prescriber and could therefore prescribe medicines for specific clinical conditions. They had received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer 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.
- We reviewed five personnel files of staff employed since the last inspection in December 2014 and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and a basic health and safety risk assessment for staff to use regularly that checked various potential hazards, such as electrical cables and chemical storage. 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).

- 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 on duty at any given time. For example reception staff had a rota that included cover for sickness so that there were sufficient numbers of staff on duty. Locum GPs were not currently used as GPs covered for each other's annual leave and sickness.

Arrangements to deal with emergencies and major incidents

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

- 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.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit was easily available.
- There was no emergency lighting installed as outlined as an action in the fire risk assessment of January 2015. However a new fire risk assessment was booked to be undertaken for the week following the inspection as the practice had been informed by an electrical inspector that the lighting was not required. The fire risk assessment was therefore due to be independently reviewed before works began on electrical modifications. There was suitable emergency signage in place and easily accessible fire exits.

Are services safe?

- 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

At our previous inspection on 18 December 2014, we rated the practice as requires improvement for providing effective services as the arrangements in respect of staff appraisal needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 31 January 2017. The provider is now rated as good for providing effective services.

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 for 2015-2016 were 98% of the total number of points available. Exception reporting was lower for the practice for some clinical indicators when compared to the national and local figures. 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. For example, patients with diabetes who required their blood sugar levels to be monitored in the previous year, the practice exception reported 10% of all such patients, compared to the national average of 13% and the local average of 21%. This meant that out of the 662 patients with diabetes that 64 were exception reported. The practice was working on increasing the number of

annual reviews and patients checks for all groups. For example it was taking on additional staff and forming a specialised team to undertake medication and blood pressure reviews.

However there were some instances where the exception reporting was significantly greater than the local and national averages. For example, for patients with asthma, who required an annual review, the practice exception rate was 25%, compared to the national exception reporting rate of 8% and the local average of 13%. This meant that out of a total of 618 registered asthma patients that 152 were exception reported. The practice was aware that this was an area that they needed to improve on and was a future focus for the medications team including the pharmacists.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015 - 2016 showed:

- Performance for diabetes related indicators was similar to the national average. For example patients with diabetes who had an acceptable blood pressure reading in the preceding 12 months was 82%, compared to the national average of 78% and the clinical commissioning group (CCG) average of 79%.
- Performance for mental health related indicators was similar to the national average. For example of those patients diagnosed with a psychoses, 91% had had their alcohol consumption monitored in the last 12 months compared to the national average of 89% and the CCG average of 87%.

There was evidence of quality improvement.

- The practice participated in local audits including medicines management audits. In addition the practice pharmacist and GPs had been monitoring their prescriptions for antibiotics to ensure these were prescribed in line with current guidance. In March 2015 the practice found that two in 10 prescriptions had been completed in line with guidance. Actions were put in place to ensure antibiotic prescribing was effective and relevant and a re-audit in July 2016 showed that six in 10 prescriptions were completed in line with guidance.
- Findings were used by the practice to improve services. For example, it was noted that many patients were not attending medicine monitoring checks when needed. The practice had begun to reduce the quantity

Are services effective?

(for example, treatment is effective)

of medicine prescribed to patients that did not attend and requested that they attended the practice for a review prior to a new prescription being generated. This had encouraged patients to attend patient checks as requested in order to avoid a reduction in the amount of medicine prescribed.

Information about patients' outcomes was used to make improvements. An example was the implementation of a practice policy to make sure that all patients on Denosumab (a medicine for various uses including improving bone strength when the patient has bone cancer) had regular blood monitoring for calcium levels. (Denosumab can cause a reduction in calcium levels in the body which will potentially cause harm to teeth and muscles and, if very severe, can be fatal). This was co-ordinated by the practice pharmacist and meant that more patients could be treated with the knowledge that they were being safely monitored.

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 and a comprehensive staff handbook that contained all the practice policies and information on areas such as confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, diabetes training and updates for a salaried GP in order to be able to give effective treatment.
- 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 with new GPs receiving internal appraisal in addition to the mandatory external appraisals.

- Staff had received training that included safeguarding and basic life support. Fire training and information governance training for all staff. Four staff were due to have an update on safeguarding training in February and March 2017. We saw evidence which confirmed this.

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.
- There were 143 patients that had an admission avoidance care plan in place to promote patient wellbeing and reduce hospital admissions.
- GPs provided support for 64 patients in care homes and worked with care home staff and relatives when appropriate.
- The practice liaised with community specialist teams in order to promote better treatment plans for patients with diabetes, chronic obstructive pulmonary disease, heart failure and palliative care.

Meetings regularly took place to share information on patient care in order to improve treatment. One example was the medicines team which was composed of the practice pharmacists, a prescriptions clerk and a receptionist. These staff reviewed prescriptions, health checks and medicine review clinics, and any prescribing queries. Another example was a weekly integrated child health clinic held in the practice with the practice GP and nurse together with the health visitor team and midwives. This meant that patients could be seen for new baby checks and vaccinations, and also ensured that there was co-ordination of care for all these patients.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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 medicines. Patients were signposted to the relevant service and there was advice on offer via the practice and on their website. The practice gave patients information on how to make use of the Surgery Sign posters service that was provided by the Gosport Voluntary Action group together with the local clinical commissioning group. This enabled patients to make an appointment with a signposted volunteer who could then confidentially talk through improving their general health and wellbeing by using community services.
- The practice was involved in the Better Local Care initiative in the Gosport area which encouraged closer integration of general practice, community services and the voluntary sector. One GP partner was directly involved in this and planned to host a local free event

that demonstrated simple cooking skills using food from a food bank. This encouraged healthier eating and awareness of nutrition and wellbeing using affordable food.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 84% and 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 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% (compared to the national expected standard of 90%) and five year olds from 92% to 100% (compared to the CCG average of 92% to 95% and the national average of 87% to 94%).

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. There were some groups that had a lower than average rate of face to face annual reviews. The percentage of patients diagnosed with dementia whose care had been reviewed face-to-face in the last 12 months was 71% compared to the national average of 84% and the local average of 83%.

Are services caring?

Our findings

At our previous inspection on 18 December 2014, we rated the practice as good for providing caring services. The practice is still rated as good for providing caring services.

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. This room was located to the side of the reception area and was soundproofed.

We received 39 patient Care Quality Commission comment cards of which 35 were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity, patience and respect. One comment stated that the practice regarded patients as valued people with everyone eager to help. Another comment stated that they would go nowhere else. The four negative comments focused on the difficulties in obtaining a non-urgent appointment on the telephone.

We spoke with one member of the patient participation group (PPG). They told us they thought the care provided by the practice was marvellous and that the practice always seemed to want to do the best for its patients.

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

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.

- 86% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 92%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% 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.

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:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 77% 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%.
- 80% 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%.

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

Are services caring?

- 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 and an example of how language services were provided for appointments.
- Information leaflets were available in easy read format.
- A member of the nursing staff had a dedicated role to help patients to be involved with, and regularly informed of changes, in their care plans.
- A practice pharmacist was available for appointments with patients if they wanted to know more about their medicines or were unsure about anything, for example dosages and side effects.
- There was a practice mental health practitioner who was available to all patients who wanted to discuss management of their condition or wanting to review their treatment including medicines. This was additionally supported by the recent introduction of dementia clinics managed by a specialist NHS Trust dementia nurse.

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 158 patients as carers (about 2% of the practice list) and these patients were advised of local voluntary groups that may be of interest to them and given relevant written information on accessing help or advice.

Staff told us that if families had suffered bereavement, their usual GP contacted them and would normally offer a home visit or an appointment at their convenience in the practice. The bereavement was recorded in a book in the reception area so that all staff would be aware and would be able to update the notes of relatives accordingly.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 18 December 2014, we rated the practice as good for providing responsive services. When we undertook a follow up inspection on 31 January 2017 we found the practice is still good for providing responsive services.

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 appointments once every three weeks for one evening session and one Saturday morning session for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or who were considered vulnerable.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice co-ordinated regular home visits with the local care homes.
- Same day appointments were available for children and those patients with medical problems that required a same day consultation. These were available at the practice or patients were referred to the same day access clinic at the local community hospital.
- There was a triage system for patients requiring advice or an urgent appointment through the same day access service at the local hospital.
- The practice had recently introduced e-consultations as an alternative method of communication between GPs and patients. This enabled patients to email the GPs directly with either a specific or general enquiry. The GPs replied via email with treatment options and/or advice within one day.
- Reception staff had received training to become care navigators. This enabled them to give a basic triage to patients in order to assess the best possible appointment or referral, including to determine if they

were suitable for the same day access service or not. All patients were given an appointment, or transferred to a telephone call for a clinician, therefore reducing any risk of there being no clinical oversight.

- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately or were referred to other clinics for vaccines available privately.
- One GP partner offered acupuncture services. The practice had also introduced extended services including allergy testing, advanced family planning, cryotherapy (the use of extremely cold substances for small surgical procedures), and a joint injection service.
- There was an on-site physiotherapy service provided by the practice supplying two sessions of physiotherapy weekly to patients. This enabled quick access to specialist advice regarding muscle and joint problems for adult patients without the need for a GP referral.
- There was a mental health practitioner in the practice, who was also a prescriber, that patients could be referred to by the GPs.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6pm Monday to Friday and offered 33 GP sessions per week. Extended hours appointments were offered one Tuesday evening every three weeks from 6.30pm until 8.40pm, and one Saturday every three weeks from 8am until 12.10pm. In addition to pre-bookable appointments urgent appointments were also available for people that needed them on the day in the practice or through the local community hospital using the same day access service.

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.

- 74% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 62% of patients said they could get through easily to the practice by phone compared to the national average of 73%. The telephone system will be reviewed as part of the plan to merge with three other GP practices to form a new GP group in April 2017.

Are services responsive to people's needs?

(for example, to feedback?)

People told us on the day of the inspection that they were able to get appointments when they needed them either at the practice or through using the same day access service at the local community hospital.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system through posters, website and leaflets, and also through the knowledge of the reception staff when asked.

There were 14 complaints recorded by the practice in the last 12 months. We found that they were all recorded appropriately, dealt with in a timely manner and adhered to the practice complaints procedure protocol. Lessons were learnt from individual concerns and complaints as they were discussed at team meetings where appropriate. For example a complaint was received when a patient was not referred for further treatment, and instead was at the time reassured and told to wait and come back if no improvement. The patient then attended a private clinic and was referred for further treatment. An apology was issued and the management of the patient was discussed as a significant event at the next staff meeting.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 18 December 2014, we rated the practice good for providing well led services. On our inspection on 31 January 2017 the practice is now rated as good for being well-led.

Vision and strategy

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

- The practice had a well-developed plan for further integration with other local GP practices, including a merger with three other practices to form one larger group practice in Spring 2017.
- There were plans for better coordinated home visiting using the same day access service hub provided by four GP practices in the area, which aimed to see patients earlier in the day where possible, to avoid unnecessary hospital admissions.
- The practice had a detailed 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
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However the practice needed to review the accessibility to appointments using the telephone system. The practice also needed to review the process for annual checks and reviews of patients in certain population groups to ensure that sufficient monitoring was being undertaken.

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 written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings which were evidenced on the day with meeting minutes.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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. Recently the reception staff had all been renamed as care navigators to reflect the importance the practice management placed on their role and further training in ensuring patients received good and appropriate treatment.

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.

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example the PPG campaigned for text message alerts for all patient appointments which were then introduced.
- The practice had gathered feedback from staff through appraisals and team meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in improving how the practice was run, and were generally enthusiastic regarding the future merger with other local practices this year.

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. This primarily included the Better Local Care initiative to improve on the co-ordination of health and community services and extend the use of the community hospital and the same day access service. The practice partners were keen to be seen as a good example of future collaborative working with primary care and community organisations.