

Jubilee Surgery

Quality Report

Barrys Meadow
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Titchfield
Fareham
PO14 4EH
Tel: 01329 844220
Website: www.jubileesurgery.co.uk

Date of inspection visit: 5 October 2016
Date of publication: 01/02/2017

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



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 Jubilee Surgery on 5 October 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and managed apart from those related to emergency equipment and high risk medicines.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. However, improvements were needed to ensure checks and audits of care and treatment were carried out routinely.
- Staff were able to access training to provide them with the skills, knowledge and experience to deliver effective care and treatment. This was not consistent and records showed that there were gaps in training provision.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Patients who were vulnerable were offered regular appointments with the same GP to support them.
- The practice had a system in place to promote uptake in childhood vaccinations.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had produced pictorial guides on how to carry out tasks on the computer system, such as how to make an appointment or produce a repeat prescription. These had been shared with other practices in the area that used the same computer system.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure all staff have received training in areas the practice considers are mandatory including basic life support, safeguarding information governance and fire safety to a level according to job role.
- Ensure accurate records are maintained of training undertaken.
- Ensure arrangements for monitoring of high risk medicines are safe and effective and patients receive appropriate care and treatment.
- Ensure there are suitable arrangements for monitoring prescription stationery.
- Ensure appropriate actions are taken if the medicine fridge temperatures are outside safe limits.

The areas where the provider should make improvement are:

- Review arrangements for monitoring patients with diabetes, to improve the exception reporting rate, and make sure appropriate care is given.
- Review arrangements for recruitment to demonstrate that all necessary checks have been completed prior to a member of staff commencing employment.
- Review the safeguarding policies to reflect current organisations.
- Review systems to ensure clinical guidance is routinely audited and the practice is able to demonstrate that patients are receiving suitable treatment.
- Review arrangements for carrying out all clinical procedures to minimise risk of infection as far as practicably possible.
- Review arrangements to determine whether child defibrillator pads are needed.
- Continue to identify patients who are also carers and the support provided.

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 requires improvement for providing safe services.

- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed, apart from those related to emergency equipment, fridge temperatures, prescription handling and high risk medicines.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. However, there were areas of high exception reporting on diabetes indicators.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Ensure appropriate systems are implemented to ensure clinical guidance is routinely audited and the practice is able to demonstrate that patients are receiving suitable treatment.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However we found training records did not fully evidence training that had been given.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Summary of findings

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

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However we found improvements were needed in managing high risk medicines, prescriptions, vaccine fridges, and training provision.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice was rated as requires improvement for safety and for effective and good for caring, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice visited patients in their homes to carry out health checks. They are leading on developing the Frailty Strategy for Fareham, which includes GP practice, community nurses and representatives from social care and the voluntary sector providing, joined up support and care.

Requires improvement



People with long term conditions

The practice was rated as requires improvement for safety and for effective and good for caring, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators in other areas was similar to the national average. For example, 84% of patients on the diabetic register had a blood test for cholesterol within acceptable limits in the preceding 12 months, compared with the clinical commissioning group average of 80% and national average of 81%. However, we found exception reporting for a diabetes indicator related to blood pressure monitoring was high when compared with clinical commissioning group (CCG) and national averages. (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, the

Requires improvement



Summary of findings

practice had excepted 18% of patients who were diabetic and who did not have their blood pressure recorded in the preceding 12 months. This compared with the CCG average of 10% and the national average of 9%.

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice holds weekly multi-disciplinary clinics consisting of a GP and specialist diabetes nurse, for patients with diabetes.
- Patients who had more than one long term condition are offered a thorough annual health review yearly to monitor all their conditions, for example coronary heart disease and diabetes.
- The practice uses a computer based system called Diasend which enables patients to input blood glucose readings, which in turn aids GPs to identify trends in levels and provide appropriate support and advice.

Families, children and young people

The practice was rated as requires improvement for safety and for effective and good for caring, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- The practice wrote to the parents of new born infants with details of six and eight week appointments for baby checks and the first dose of immunisations. The practice ensured the parents were aware of when the next vaccine was due and confirmed an appointment time with them.
- Appointments times had been organised so that children of school age could be seen early on in the day and mothers with babies were seen later in the morning.
- 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.

Requires improvement



Summary of findings

- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with community nurses, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice was rated as requires improvement for safety and for effective and good for caring, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice was a pilot site along with two other practices in Hampshire for using e-Consult, which is an online system allowing patients to request medical advice and care at any time during the day or night. Requests were looked at on the next working day and a GP would respond to patient requests.

Requires improvement



People whose circumstances may make them vulnerable

The practice was rated as requires improvement for safety and for effective and good for caring, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice was rated as requires improvement for safety and for effective and good for caring, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 98% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- Data for mental health indicators was comparable to or better than national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- The practice hosts a monthly Alzheimer's Society drop in clinic. This was open to anyone who lived in Fareham and their carers, whether they were registered at the practice or not.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia.

Requires improvement



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. A total of 223 survey forms were distributed and 128 were returned. This represented 1% of the practice's patient list.

- 66% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 74% 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%.
- 73% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 64% 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 34 comment cards and the response was mixed. Areas of concern included telephone access; GPs appointment running late and availability of routine appointments. Positive comments included friendly staff; children or babies being seen on the same day and excellent care.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The Family and Friends test showed 73% of respondents out of a total of 44 would recommend the practice to others.

Jubilee 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 adviser and an assistant CQC inspector.

Background to Jubilee Surgery

Jubilee Surgery is situated in a small town near Fareham, in a semi-rural location. The practice provides a range of primary medical services to approximately 9500 patients and has a general medical services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. Jubilee Surgery is a training practice and have doctors on placements who are training to become GPs.

The practice has three male GP partners and one female GP partner. Two of the partners are full time and two are part time. Other members of the clinical team include a nurse practitioner; five practice nurses and one healthcare assistant. The clinical team are supported by a practice manager and a team of reception and administration staff.

The demographics are similar to the national average, with slightly lower numbers of patients aged 15 to 39 years of age. A large proportion of older patients continue to live in their own homes. The practice is situated in one of the least deprived areas of England and the majority of the population describe themselves as White British. There are small numbers of travellers and patients of no fixed abode who use the practice.

The practice is open between 8.30am and 6.30pm Monday to Friday. Appointments are available during these times. Extended hours appointments are offered at the following times on Mondays between 6.30pm and 7.30pm; and Wednesday morning between 7am and 8.30am. The telephone lines are open from 8am until 6.30pm daily. Out of hours patients are advised to contact the out of hours service via the NHS 111 service.

We inspected the only location at:

Barrys Meadow

High Street

Titchfield

Fareham

PO14 4EH

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

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

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

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. 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 an 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 notification was received to recall a particular brand of blood glucose monitors for patient use at home. On receipt of the notification the practice identified that they did not have the full details of the serial numbers of monitors held in stock for new patients. As a consequence they then contacted patients to verify which monitor they had been issued with and proceeded to put in place a record of serial numbers for all stock held by the practice and the patients.

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. Reviews had been carried out regularly and information was updated, for example the inclusion of female genital mutilation and people trafficking. However, we found both the adult and children's safeguarding policy referenced the primary care trust, rather than the clinical commissioning group. Staff were able to describe what actions they would take if they suspected a patient was at risk of harm.

- 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. Staff demonstrated they understood their responsibilities on safeguarding children and vulnerable adults relevant to their role. GPs said they were trained to child protection or child safeguarding level three, but there were no records to confirm this. Non-clinical staff were trained to level one and practice nurses were trained to level two. Although we found that the practice was not able to demonstrate that all staff had received training to the appropriate level. Records we looked at showed that one member of the administration team had not received safeguarding adults training; two health care assistants and one practice nurse had not received any safeguarding training; and three practice nurses had not received adult safeguarding training. In addition the practice met at least quarterly with school nurses and health visitors to discuss children at risk of harm.
- 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 and

Are services safe?

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 GPs carried out joint injections at the practice. We were informed that when a patient needed an injection in their wrist to treat carpal tunnel syndrome, this would be carried out in the consulting rooms which we saw were carpeted. We found that these rooms did not have a full range of medical supplies in them to deal with an emergency. Other joint injections for example into knee joints were carried out in the minor operations room, which minimised the risk of infection for patients and gave assurance that appropriate equipment was available if needed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We found there were gaps in monitoring of high risk medicines. For example, an audit carried out by the practice showed that 49 patients had not received a specific blood test for three years and were on regular repeat medicines which could affect their kidney function. The practice acknowledged this and supplied us with an action plan to rectify this immediately after our inspection. This included a series of letters to send to patients to remind them of the importance of having blood tests and that if blood tests were not carried out then the practice would consider taking the medicines off repeat prescriptions in the future. The practice also set up computer searches to be carried out monthly to identify who needed a blood test.
- 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. We noted that the practice did not have a log for printer prescription stationery. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They

received mentorship and support from the medical staff for this extended role. Patient group directions had been adopted by the practice to allow 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.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We looked at the medicine fridges used for vaccine storage. We found that these were hardwired into the electrical system, to prevent accidental supply interruptions. Records showed that the temperature was monitored and recorded on the days that the practice was open. Records from the previous month showed that the temperature had been higher than recommended ranges three times. It was not clear what action had been taken when this occurred, as the records did not demonstrate how long the temperatures were out of range and whether it was on days when immunisation clinics were taking place.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. One file did not have evidence of satisfactory conduct in previous employment in the form of references.

Monitoring risks to patients

Risks to patients were assessed and well managed.

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

Are services safe?

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 were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and there were adult defibrillator pads in place, but none for children and this had not been risk assessed by the practice. Oxygen was available with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- GPs had a small supply of medicine in their doctor's bags and these were checked monthly.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice did not consistently monitor that these guidelines were followed through risk assessments, audits and checks of patient records. Ad hoc arrangements were in place to monitor that guidance was followed. Information from NICE was reviewed by GPs when it was received and cascaded to relevant staff, but records did not fully demonstrate whether changes were made if needed. A schedule of checks were not routinely planned for and carried out, to enable the practice to be assured that patients were receiving suitable treatment.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available. We found exception reporting for a diabetes indicator related to blood pressure monitoring was high when compared with clinical commissioning group (CCG) and national averages. (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, the practice had excepted 18% of patients who were diabetic and who did not have their blood pressure recorded in the preceding 12 months. This compared with the CCG average of 10% and the national average of 9%. The practice had looked the records of patients and found that patients who had been excepted from this area did not need to be as their blood pressure readings were within acceptable limits

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators in other areas was similar to the national average. For example, 84% of patients on the diabetic register had a blood test for cholesterol within acceptable limits in the preceding 12 months, compared with the CCG average of 80% and national average of 81%.
- Performance for mental health related indicators was better than the national average. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed care plan in their records; compared with the CCG average of 90% and national average of 88%.
- There was evidence of quality improvement including clinical audit.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. We looked at audits which had been undertaken.
- These included an audit of patients who had atrial fibrillation (an irregular heartbeat, which can lead to strokes and heart attacks). The audit had been run on three occasions in October 2015; June 2016; and September 2016. The purpose of the audit was to monitor whether the patients were on suitable anticoagulants, which are blood thinning medicines to prevent clots. The first audit showed that 49 patients out of 200 had not received an anticoagulant; the second audit showed that 48 patients out of 206 were not on appropriate medicines; the third audit showed that 46 patients out of 213 were not anti-coagulated.
- On each of these audits patients' records had not been coded to show that their condition had resolved and they no longer needed treatment. For example, the third audit showed there were 16 patients who were at high risk and not on an anticoagulant. The practice found that in seven of these patients the condition had resolved and that the others had documented clinical reasons for not being on medicine. The practice implemented a system to search and monitor patients with atrial fibrillation regularly to ensure they were on the suitable medicines if needed and their records were completed fully.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. This covered safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- There was an ongoing training programme for all practice staff, which included topics that the practice considered were mandatory to be completed on an annual basis, for example basic life support, health and safety and safeguarding. We reviewed training records and found that two administration staff and one practice nurse had last received basic life support training in 2014 and none in 2015. We saw this training had been planned for to take place in November 2016. Training was provided face to face, both externally and in-house, and also on-line. Other areas where staff had not received training included information governance and fire safety.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff 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.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice had regular meetings with the community diabetic teams, health visitors and palliative care teams, and clinical commission group (CCG) pharmacists to coordinate care and share best practice. For example the CCG pharmacist assisted with prescribing and medicine reviews in the practice, and would also carry out medicine reviews in care homes that the practice provided support to.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Patients who were subject to a deprivation of liberty safeguard were read coded on their records.
- 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:

Are services effective?

(for example, treatment is effective)

- 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. Patients were signposted to the relevant service.
- Leaflets were available in the waiting room providing information for example, support with mental health conditions; exercise opportunities in the community and the local memory café for patients living with dementia and their carers.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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 vaccines given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 96% to 98% and five year olds from 90% to 94%.

The practice had updated their system for childhood vaccines as they had experienced a high non-attendance rate, particularly when appointments were arranged for early morning. The practice sent a letter to the parents of new born babies with an appointment for the six week mother and baby check and eight week vaccines. Appointments were arranged for late morning to allow new parents to have sufficient time to get ready. Once the initial vaccinations had been given an appointment was made before the parent and baby left the practice and this system was also in place for further vaccines.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

A total of 27 out of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Negative comments focused on difficulties with getting an appointment with a named GP and waiting to see a GP once they had arrived at the practice.

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

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 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%.
- 93% 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%.
- 87% 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. We also saw that care plans were personalised.

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

- 91% 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%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 82% 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.
- Information leaflets were available in easy read format.

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 80 patients as carers (0.84% of the practice list). The practice had incorporated an aim to improve identification and support for carers in their business plan. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was one of three local practices that were piloting the use of e-Consult in Hampshire. This is an online system which allows patients to request medical advice and care at any time during the day or night. Requests were looked at on the next working day and a GP would respond to patient requests.

- The practice offered extended hours appointments on Monday evenings and Wednesday mornings for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- The practice had a 'real time' home visit system, where the daily requests were added onto the system when they were received. This allowed GPs to review the list and if they were familiar with a patient they were able to carry out the home visit, which promoted continuity of care.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. School age children were usually seen early in the morning and mothers and babies later in the day, to minimise absence from school.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately or were referred to other clinics for vaccines available privately.
- There were disabled facilities, baby change facilities, a hearing loop and translation services available.

- The practice had a patient who was disabled carry out an accessibility audit with the assistance of cares and an occupational therapist. An issue was a lack of an automatic door into the practice and they were in the process of establishing whether one could be installed.
- The practice worked with McMillan nurses in providing end of life care.
- Patients who were vulnerable were offered regular appointments with the same GP to support them. An example is a patient with complex medical conditions who would attend the practice every two weeks for a review and check on their general health.
- The practice had areas of social deprivation and a traveller site in their catchment area and tailored services accordingly for these patients. For example, on occasion patients would arrive without booking an appointment and the practice would accommodate their requests on the day.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday; the telephones were manned from 8am. Appointments were available between these times. Extended hours appointments were offered at the following times on Monday evening from 6.30pm to 7.30pm and Wednesday mornings from 7am to 8.30am; these appointments were pre bookable only. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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.

- 72% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 66% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and

Are services responsive to people's needs?

(for example, to feedback?)

- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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 in the form of leaflets and posters in the waiting area.

We looked at 23 complaints received between October 2015 and September 2016. We found these were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint. Lessons were learned from both individual concerns and complaints and also from analysis of trends, and action was taken to as a result to improve the quality of care. For example, three complaints related to the attitude of a member of the reception team. The practice had therefore provided refresher training and support in communicating effectively with patients and was continuing to monitor the situation to ensure the training given had been put into practice by the member of staff. Members of the patient participation group we spoke with commented that they had noted an improvement in the manner of reception staff.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice promoted teamwork and told us they welcomed ideas for improvement from staff and patients.
- The practice had a 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 however there were improvements needed:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Policies and procedures were readily available for staff to refer to. However, reviews were not always thorough enough to ensure information was current. For example, the safeguarding policies referred to organisation which were no longer in existence.
- The practice used QUASAR - a quality and outcome reporting system - where information on areas such as significant events and complaints were provided to the clinical commissioning group (CCG) and themes and trends were then identified. Comparison data was also available from other GP practices in the CCG area that used the system as well.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However we found improvements were needed in managing high risk medicines, prescriptions, vaccine fridges, and training provision.

- The practice had produced pictorial guides on how to carry out tasks on the computer system, such as how to make an appointment or produce a repeat prescription. These had been shared with other practices in the area that used the same computer system. Work was in progress to produce pictorial guides on areas which needed monthly and quarterly returns, such as CQUINS, a quality assurance system. The practice manager said this would enable all staff to cross-cover other roles when needed. It was also a valuable resource for new members of staff.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- 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

Are services well-led?

Good 

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

involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and there was also a virtual group. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. For example, two chairs with arms had been purchased for the waiting area in response to feedback from patients. The practice was looking at the development of a social network presence in response to a suggestion from the PPG.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff said the appraisal system had changed over the past 12 months and they now considered the process was relevant and they were listened to. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was a pilot site for e-Consult and carried out testing and revalidation for NHS Digital. They were collaborating with other local GP practice on developing a multi-speciality community provider to offer primary care community services to patients, such as physiotherapy access on site. Work was ongoing to align human resource processes with other practices in the area.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <ul style="list-style-type: none">• There were gaps in monitoring of high risk medicines. For example, an audit showed that 49 patients had not received a specific blood test for three years and were on regular repeat medicines which could affect their kidney function.• Printer prescription stationery was not handled safely at all times.• Action had not been taken when medicine fridge temperatures had been outside of safe limits. <p>This was in breach of regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure that all staff received training which is necessary for them to carry out their role and responsibilities.</p> <ul style="list-style-type: none">• We reviewed training records and found that not all staff had received basic life support training, information governance and fire safety. <p>This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

The registered person did not ensure that records related to the running of the service were maintained and accurate.

Staff training records were incomplete and did not evidence what training had been provided.

This was in breach of regulation 17 (1) (2) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.