

Dr Stone & Partners

Quality Report

St Mary's Surgery

Andover

Hampshire

SP10 1DP

Tel: 01264 361424

Website: www.stmaryssurgery.co.uk

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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

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?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Stone & Partners on 14 June 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 well managed with the exception of recording of cleaning checks in line with the practices infection control policy and ensuring that oxygen masks were sealed and unused.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The majority of patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw an area of outstanding practice:

- The practice worked closely with local organisations in the community to provide enhanced support for its patients. For example, the practice registered all patients from the local crisis centre and homeless refuge as temporary patients. Patients from the crisis centre were seen as an urgent appointment on the

Summary of findings

day they registered and then contacted again by the practice to arrange further appointments as necessary. One of the GPs attended regular multi-disciplinary meetings with the community mental health team to discuss patients registered at the practice who had a dual diagnosis of mental health and substance misuse problems. The GP ran a substance misuse programme for patients in the community and had completed additional training to prescribe to patients who were undergoing treatment programmes for their addictions.

The areas where the provider must make improvement are:

- Ensure all staff receive safeguarding training to the level appropriate for their role and ensure this is recorded.
- Ensure a Legionella risk assessment has been completed and an action plan in place to evidence timescales of implementation following recommendations.
- Review current systems to support a regular programme of audit and clinical improvement.

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.

- 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.
- 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.
- The records for training did not demonstrate that all staff had completed safeguarding training to the level appropriate for their role.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data showed patient outcomes were low compared to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder or other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 76% compared to the Clinical Commissioning Group (CCG) average of 88% and national average of 90%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was limited evidence to demonstrate that clinical audits were driving patient outcomes.
- The practice could not evidence that all staff had received training suitable for their role to ensure that they had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- 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. A poster in the practice promoted to patients the practice's aim to communicate with them in a way that best suited them. For example, writing patient letters in large print or easy read format. The poster advised patients to speak to reception staff for further details.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, offering extended hours appointments on a daily basis from 7.30am to 8am.
- Patients can access appointments and services in a way and at a time that suits them. Appointments could be pre booked online, in person or via the telephone. A duty doctor was allocated daily to deal only with urgent appointments. Home visits were also available.
- The practice had good facilities and was well equipped to treat patients and meet their needs. There was lift access to the upper level consulting and waiting rooms and handrails on both sides of the stairs.
- One GP ran a substance misuse programme for patients who had substance misuse issues living in the community.
- The practice registered people from the local crisis centre and homeless refuge as temporary patients. These patients were offered urgent appointments to assess clinical needs and followed up for further appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients could get information about how to complain in a format they could understand. The practice did not consistently

Good



Summary of findings

use information from complaints to identify where improvements could be made in the practice. Not all complaints records had a response to identify whether a patient was satisfied with the final outcome.

Are services well-led?

The practice is rated as requires improvement 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.
- The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework however the practice had not always ensured the delivery of the strategy and good quality care. For example there had not been checks on progress with risk assessments and actions related to legionella, and training.
- There was limited evidence to show that audits and learning from results were driving patient outcomes such as for patients with long term conditions.
- 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. There was information boards displaying to patients what action had been taken as a result of feedback. The patient participation group was a virtual group.

Requires improvement



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 provider was rated as requires improvement for safe, effective and well-led and good for caring and responsive. 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.
- GPs at the practice visited the registered elderly patients living at the local nursing home a couple of times per week. The practice told us that GPs would also check in on patients at the home when attending to see another patient.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe, effective and well-led and good for caring and responsive. 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.
- The percentage of patients with diabetes whose last average blood glucose reading was acceptable was 75%, which is comparable to the Clinical Commissioning Group (CCG) average of 80% and national average of 78%. Exception reporting for diabetes indicators was 8%, which was lower than the CCG average of 15% and national average of 11%.
- 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 did not have care plans in place for patients with long term conditions.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as requires improvement for safe, effective and well-led and good for caring and responsive. 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.
- 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.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG and national averages of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Requires improvement



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered telephone follow up consultations for patients to discuss results of recent tests conducted at the practice.
- The practice offered appointments from 7.30am Monday to Friday for patients who could not access services during normal working hours.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe, effective and well-led and good for caring. The provider was rated as

Requires improvement



Summary of findings

outstanding for responsiveness to this population group. 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.
- 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.
- Care plans were completed for all patients identified as vulnerable adults or children.
- The practice had 46 patients on their learning disabilities register, less than 10 had had a recorded health check. The practice had identified ways to improve this and further support patients.
- The practice worked closely with the local crisis centre for people who had suffered domestic abuse. All residents are registered as temporary patients at the practice. Patients are seen as an urgent appointment when the first register and then called back for further appointments if required.
- One of the GPs offers a shared care substance misuse programme in the community for patients registered at the practice. The GP had completed additional training to be able to prescribe to patients in the community with substance misuse problems and engaging in treatment programmes.

People experiencing poor mental health (including people with dementia)

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

- 82% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which

Requires improvement



Summary of findings

is comparable to the national average of 84%.The practice had a lower than average exception reporting rate for these patients: 5% compared to the CCG average of 7% and national average of 8%.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 87%. This was comparable to the national average of 88% and Clinical Commissioning Group average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out care planning for patients living with dementia and for those with mental health conditions. The practice attended monthly multi-disciplinary team meetings to discuss patients with dual diagnosis substance misuse and mental health problems.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 246 survey forms were distributed and 113 were returned which is a response rate of 46% (national average response rate 38%). This represented 1% of the practice's patient list.

- 91% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 82% and the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and the national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.

- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and 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 10 comment cards which were all positive about the standard of care received. Comments included stating the excellent care received and the service offered. Comments also included how clean the practice was. Patients named GPs when discussing the good quality care. Two comments reflected on having to wait 3-4 weeks to get an appointment and difficulties in getting an appointment with a named GP.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results from the May 2016 friends and family test showed that 93% of patients would recommend the practice to others. The practice received 82 responses.

Dr Stone & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Stone & Partners

Dr Stone & Partners, also known as St Mary's Surgery, is located at Church Close, Andover, Hampshire, SP10 1DP. The practice is based in the town centre of Andover and has approximately 12000 registered patients.

The practice provides services under a NHS General Medical Services contract and is part of NHS West Hampshire Clinical Commissioning Group (CCG). The practice is based in an area of low deprivation compared to the national average for England. The practice patient population have greater health needs compared to national averages. A total of 60% of patients registered at the practice have a long-standing health condition compared to the national average of 54% and West Hampshire CCG average of 55%. The practice explained that the population is predominantly White British but that they also have some registered patients from Eastern Europe, particularly of Polish nationality. The practice has a number of patients registered as temporary patients due to the links with the local crisis centre for individuals who have suffered domestic violence as well as links with the local homeless refuge centre. Andover has undergone a period of re-development with new homes being built in the surrounding areas resulting in an increase to practice list sizes.

The practice has six doctors, four female, and two male, who are all GP partners. The practice uses locum doctors to provide additional GP support. The GPs are supported by four practice nurses and one health care assistant who provide a range of treatments. The practice is a training practice for doctors wishing to become GPs. The practice currently has one registrar. As of August 2016 the practice will have two new GPs joining the practice who were both former registrars with the practice.

Dr Stone & Partners is open between 7.30am and 6.30pm Monday to Friday. Appointments are available daily between 7.30 and 6pm. Extended hours surgeries are also available on alternate Saturday mornings. Appointments with a GP are available from 7.30am until 11am, 1pm until 2.45pm and again from 3.45pm until 5.35pm daily. The GPs also offer home visits to patients who need them.

Care to patients is provided over two floors of the building. Two GP rooms are based on the first floor; the other GP rooms are all located on the ground floor. The practice has two treatment rooms which are also used for minor operations, based on the ground floor. The practice has two waiting areas, one on the ground floor and a smaller one on the first floor. There is lift access between these waiting rooms. The first floor of the building also has offices for practice support and management staff.

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

We have not previously inspected Dr Stone & Partners.

Detailed findings

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.

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 14 June 2016.

During our visit we:

- Spoke with a range of staff including GPs, practice nurses and admin staff. We also spoke with patients who used the service. The practice manager was unable to be available during the inspection and was interviewed by telephone the week before.
- 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 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, the practice had not completed relevant tests on a patient when they attended the practice and was subsequently admitted to hospital due to their condition. The practice reviewed the significant event at a meeting and identified action points. As a result of the discussions one of the GPs presented to the rest of the team the NICE guidelines for treatment of suspected pulmonary embolism to enhance understanding and learning.

Significant events were discussed at lunchtime meetings as well as monthly multi-disciplinary team meetings. All staff were invited to attend the meetings and outcomes of discussions were disseminated to all staff at the practice.

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 vulnerable adults' policy did not name the lead GP at the practice. The policy also had limited information about external contacts for further guidance if staff had concerns about a patient's welfare. There was a lead and a deputy 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 and were able to provide examples of safeguarding concerns. However, evidence from the training records provided by the practice showed that not all staff had received safeguarding children or vulnerable adult training at a level appropriate to their role. For example, we looked at the training records provided by the practice and found that five of the GPs had been trained to level two for child safeguarding and that they were yet to complete level three training. Two of the nurses had been trained to level one, and not to level two. Six of the administration staff had no record of completing safeguarding children or vulnerable adult training. The training records provided by the practice were from an online training system and records dated back to 2013. The practice was unable to demonstrate that all staff had received training as records were incomplete.
- Vulnerable children and adults identified by the practice had an alert on their notes. The lead safeguarding GP discussed vulnerable children at monthly meetings with the health visitor. One of the GPs also liaised with the school nurses to discuss children identified at risk. The practice aimed to expand discussions to more at risk children who were not already identified from the over five age group.
- 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 manager told us that only clinical staff undertake chaperoning duties. The chaperone policy did not specify whether the practice allowed for non-clinical

Are services safe?

staff to undertake chaperoning duties. Some non-clinical staff had completed the on-line chaperone training package. We saw an example of the risk assessments completed for administration staff.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had a cleaning schedule in place for cleaning of treatment rooms and specialist equipment. Staff told us that they completed cleaning of the treatment rooms on a daily basis but did not record that these had taken place. Staff kept a record for cleaning of specialist equipment such as ear syringes but told us that the reporting of this had lapsed recently and was not always recorded. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The practice used washable curtains in all of their consulting and treatment rooms, including where family planning procedures were performed. Curtains did not have a date on them for when they were last washed. Nurses were unable to tell us when the curtains were next due for laundering or when they were last changed. They told us that they thought the practice manager oversaw this. The managing partner told us that curtains were arranged to be cleaned every six months or earlier if found to be dirty and that dates were arranged for when GPs were on leave. The practice provided records after our visit to evidence the dates for the next laundering.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- We were told that vaccine stock checks were allocated to a specific staff member and were completed on a weekly basis. Orders were placed monthly.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. All prescription paper was taken out of the printer and locked in a cabinet overnight. 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 reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

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 monitor safety of the premises such as control of substances hazardous to health and infection control. The practice did not have a legionella risk assessment in place but we saw that the practice had booked for this to be completed on 23rd June 2016 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.
- Locums were used on a long-term basis to provide continuity of care for patients.

Arrangements to deal with emergencies and major incidents

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

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

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

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The business continuity plan is also available off site for key members of staff to access in the event of an emergency.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 85% of the total number of points available. The practice had low levels of exception reporting in comparison to the 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).

Data from 2014-15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes whose blood pressure reading was within an acceptable range was 76% compared to the CCG average of 77% and national average of 78%.
- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients with a diagnosis of schizophrenia, bipolar affective disorder or other psychoses whom had a comprehensive agreed care plan was 87% compared to the CCG average of 89% and national average of 88%.

- There were several areas where the practice was highlighted as having a large variation from the CCG and national averages for QOF performance. For example, the practice had a lower than average figure for flu vaccines for diabetic patients with 85% recorded as having had the vaccine compared to the CCG average of 96% and national average of 95%. The practice exception reported 15% of patients which was similar to national averages. This was similar for the percentage of patients with hypertension whose blood pressure levels were recorded within an acceptable range. For example, 75% compared to the CCG average of 83% and national average of 84%. The practice exception reported 3% of these patients which was lower than the CCG average of 5% and national average of 4%.
- The practice had very large variation away from the national averages for QOF indicators in patients with long term conditions such as asthma and Chronic Obstructive Pulmonary Disorder (COPD) which is a chronic lung condition. For example, only 57% of patients with a diagnosis of COPD had a review undertaken which included a measure of breathlessness in the preceding 12 months compared to the CCG and national averages of 90%. The practice reported that their QOF levels for these conditions had dropped in 2014-15 as the lead nurse responsible for asthma and COPD was on maternity leave and that they had difficulty recruiting a nurse for locum cover. However, the practice reported fewer patients being excepted from QOF than the national and CCG averages (9% compared to the CCG average of 15% and national average of 11%). The practice had a lower level of exception reporting of patients, when compared to CCG and national averages, for all but one of the QOF indicators. The practice had a review and recall process in place for the monitoring of all patients on long term conditions.
- The practice told us that their overall unverified QOF results had risen from 83% to 90% in the 2015-16 statistics (this is unpublished data). The practice attributed the increase in their performance to having implemented stronger management and oversight of the QOF figures as well as switching to a different electronic records system. The practice said that this new system had help identify patients that need to be called in for review in a timelier manner.

Are services effective?

(for example, treatment is effective)

- There was evidence of some quality improvement including clinical audit.
- We requested examples of clinical audits undertaken in the past two years. The practice showed us one clinical audit that had been undertaken in the past two years. The GP explained that they were in the process of completing a second audit looking at patients who have been fitted with a gastric band.
- The practice carried out audits in response to the clinical commissioning group requests; these were mainly on infection control and management of prescribing medicines. There was limited evidence of practice led audits.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff told us that they had recently attended a practice nurse conference around revalidation and diagnosis specific workshops such as around diabetic care and 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. New staff received interim reviews at one, two and three months of employment before being signed

off of probation. The practice told us that there would be a delay in some staff receiving their annual appraisal this year as the practice had recently changed its process for appraisals from the anniversary of a staff members start date to their month of birth. All staff had an annual appraisal date planned.

- The practice could not evidence that all staff received training suitable for their role. Training included basic life support, safeguarding and fire safety awareness. The practice had a list of training that staff still needed to complete. We were told that the practice used to use a different training system but have now switched to Bluestream academy for all staff training. The practice provided a copy of the electronic staff records file as part of the pre-inspection information but we were unable to open the file. We were also unable to open the electronic file using the practices computers. The business managing partner ran a report from the Bluestream training records and provided this within 48 hours of inspection. However, this meant that we were unable to see evidence of any training that had taken place before implementation of this system or that had happened face to face.
- The practice was a training practice for doctors who wish to become GPs.

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 did not have care plans in place for patients with long-term conditions such as COPD and asthma. The practice did have care plans for patients with dementia, mental health diagnoses or identified as vulnerable.
- 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

Are services effective?

(for example, treatment is effective)

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 a register for patients with learning disabilities and for patients with mental health problems. The practice had 46 patients on its learning disabilities register but less than 10 had received regular health checks. The practice had identified this as an area for development and had made efforts to improve this, such as by providing training for one of the nurses to do these health checks.

The practice had 100 patients on its mental health register. The practice attended monthly multi-disciplinary team meetings with the community mental health teams to discuss patients who have a dual diagnosis of mental health and substance misuse.

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. Staff at the practice gave us examples of scenarios where consent and best interest issues may occur. 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. The practice recorded verbal consent for minor surgery on patient records. The practice did not keep written consent forms.

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 were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 82% 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 and was comparable to CCG and national screening averages. 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/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 52% to 99% and five year olds from 93% to 100%.

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.
- Staff told us that the reception area can get very quiet and during these times some GP and admin staff conversations can be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 10 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the virtual 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 average for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We did not see notices in reception to inform of this service.

Are services caring?

- Information leaflets were available in easy read format.
- Both waiting rooms had a poster which advised patients to speak to reception staff if they had any form of communication difficulties. The poster explained that the practice wished to provide information and letters to patients in a format most suitable to them, for example in easy read or large print.

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 163 patients as carers (just over 1% of the practice list). Volunteers from the local branch of a charity for carers used a consultation room at the practice every two months to provide additional support to carers. These dates were booked in the diary well in advance so that the practice could advertise this to patients. 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.

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. One of the GP partners is the locality clinical director for Andover and regularly attends CCG meetings.

- The practice offered daily extended hours from 7.30am until 8am for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had consulting rooms on both levels. The practice had a lift that took patients from the ground floor waiting area to the upstairs waiting area.
- The practice had installed handrails on both sides of the stairs for patients who might need additional support when climbing stairs to access the upper level consultation and waiting rooms.
- GP and nursing staff were observed to collect patients from the waiting area and offer additional support to patients should they require it. For example, we observed a nurse ask an elderly patient whether they needed assistance in walking to the consultation room.
- All residents from the crisis centre for domestic abuse are registered as temporary patients with the practice. Many of these patients are treated without previous medical records or addresses. Urgent appointments are offered to these patients when they first arrive to sort out basic health checks and then followed up later for additional treatment needs.

- One of the GPs runs a shared care substance misuse programme for patients with substance misuse issues living in the community. The GP had completed training in prescribing of medicines used for the treatment of patients with addictions.
- The practice has links to a local refuge for homeless individuals, many of whom have substance misuse problems. Many of these residents register as temporary patients.
- GPs visit registered elderly patients residing at the local nursing home a couple of times per week. The GPs told us that they will informally check in on patients when they visit for another purpose to ensure everything is okay.

Access to the service

The practice was open between 7.30am and 6.30pm Monday to Friday. Appointments were from 7.30am to 11am every morning and from 1pm to 2.45pm and 3.45 to 5.35pm daily. Extended hours appointments were offered from 7.30 to 8.30am Monday to Friday and from 8.30am to 11.30am on alternate Saturdays. The practice implemented the daily morning and weekend extended hours at the request of patient feedback.

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. The practice allocated a duty doctor for each day that sees only urgent appointments. The practice previously offered telephone triage systems but have withdrawn this as they felt it didn't work for the practice and reduced the number of bookable appointments available. The practice offered telephone follow up consultations to discuss the outcome of test results undertaken at the practice. Appointments can be booked via the telephone, in person or via the website.

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

- 91% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 78%.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 82% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

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

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 on the practice's website.

We looked at 10 complaints that were stored in the practice's complaints folder. We were told this folder contained complaints for the past 12 months; however the complaints were from July to December 2015. Of the complaints we looked at, we could see that the practice

had responded to patients in writing. We observed that for several of these complaints no actions were recorded or the learning implemented as a result of the complaint, for others this information was only partially completed. Several of the complaints files had been recorded as "no response from patient" in response to a written letter of apology or explanation and the file closed. There was no evidence to show that the practice had followed up to check that the patient was happy with the response received.

We saw one example of the practice implementing a change as a result of a complaint. A patient complained about not being able to collect a prescription on behalf of their terminally ill spouse. As a result of the complaint, staff discussed the issue and agreed that the spouse should have been able to collect the prescription. The practice has amended their procedure so that all palliative care patients can have their spouses collect prescriptions on their behalf.

Are services well-led?

Requires improvement 

(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 and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had recently had two new partners join the practice to help manage capacity for care in line with the expanding list size at the practice.

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 was some evidence that the practice participated in a programme of clinical and internal audits to monitor quality improvement, such as infection control audits. However, there was limited evidence beyond this to identify that audits were driving clinical improvements to patient outcomes. The practice also had below average QOF outcomes.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, but these were not consistently implemented. For example, the practice had a record of what staff had completed training such as safeguarding but these were incomplete. There were limited records of what training had occurred outside of the electronic training packages. Therefore the practice could not demonstrate that all staff received training to the required level for their role.

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. The practice also held coffee mornings for the partners at the practice to share learning but these learning points were not documented.
- Staff told us that they received protected time to complete training modules. They said that any training completed outside of normal working hours could be claimed back.
- 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.

Are services well-led?

Requires improvement 

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

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 is a virtual group of over 900 patients. The practice had identified 10 members who wished to develop the group and to begin meeting face to face on a regular basis. The PPG had carried out patient surveys and submitted proposals for improvements to the practice management team.
- The practice had a "how is my surgery doing" board displayed in both waiting rooms to notify patients about what patients have suggested and actions that the practice have taken to address these. For example, patients had complained that it was taking up to three

weeks to get a pre-bookable appointment. As a result of the feedback the practice have recruited two new partners who were former registrars at the practice to help bring appointment waiting times down.

- The practice had gathered feedback from staff through meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, for example, administration staff complained about the chairs and that they were uncomfortable. As a result of feedback the practice purchased new chairs for staff. 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 is part of a scheme being trialled by all practices in Andover to introduce web-GP consultation advice services. The practice told us that training on this system was due to take place in July and August 2016.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered provider did not have systems and processes which were operated effectively to ensure compliance with the regulation.</p> <p>The registered provider had not acted on low QOF figures and there was limited evidence of driving quality improvements through regular clinical audits.</p> <p>The registered provider had not carried out a risk assessment for legionella.</p> <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered provider did not demonstrate fully that all staff had received training in safeguarding to ensure they carried out their duties effectively.</p> <p>This was in breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>