

Riverside Kelsey Surgery

Quality Report

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Hampshire

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Riverside Kelsey Surgery on 6 June 2017. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Reviews and investigations were completed but subsequent review documents were not always linked back to the original incident report.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care.

- There was evidence that audits were driving improvements to patient outcomes.
- Patients we spoke with 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.
- All of patients said they were treated with compassion, dignity and respect. All patients felt cared for, supported and listened to.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns. Patients were always responded to and where needed received an apology.
- The practice had a number of policies and procedures to govern activity. All policies had been reviewed but some policies lacked practice specific information.

The areas where the provider must make improvements are:

Summary of findings

- Ensure recruitment arrangements include all necessary employment checks for all staff.

In addition the provider should:

- Review current process for recording discussions and actions following complaints and significant events to allow for easier monitoring of themes and trends.

- Ensure all staff have a record of completing training appropriate for their role and receive update training within expected timeframes.
- Review and update procedures and guidance to ensure they contain practice specific information.
- Review arrangements for identifying carers.

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.

Requires improvement



- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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. However, supplementary review documents were not always linked back to the original incident report.
- The practice had systems, processes and practices in place to minimise risks to patient safety, with the exception of recruitment checks.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents. The practice's major incident plan had been tested several times in the past four years.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average. Exception reporting levels were variable with some above and some below national averages.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.
- All staff had completed induction training for their role however some staff were out of date for updates but had been booked on courses or were scheduled to complete e-learning.

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 comparable to others for all aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Patients spoken to on the day and comment cards were positive about the care received. Patients reported a preference to remain registered at this practice due to the high quality of care despite the distance to travel now the branch surgery had closed.
- Information for patients about the services available was 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.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice offered translation services as needed for patients where English was not their first language
- There was a local caravan park near the practice which hosts the travelling community. People staying at the site were registered as temporary patients at the practice.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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 evidence from four examples reviewed 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.

- There had been a period of change at the practice and the staff and management had worked to ensure changes were implemented well.

Good



Summary of findings

- There was a documented leadership structure and all staff felt supported by management.
- The practice had a vision and a strategy in place and was available in the patient waiting area.
- The practice had a number of policies and procedures to govern activity. All policies had been reviewed, however most were generic policies and lacked practice specific information.
- An overarching governance framework did not always support the delivery of the strategy and good quality care. As not all risk assessments had been fully implemented or completed. Also not all staff had received regular performance reviews or attended staff meetings and events. However there were plans in place to address meetings and training updates.

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

Good



The practice is rated as good for the care of older people.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- 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 conducted a weekly ward round at the local nursing home; and there was a dedicated bypass telephone line for the nursing home to have easy access to the practice.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

Good



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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with asthma who had a review of their condition in the past 12 months was 76.6% which is in line with clinical commissioning group and national averages of 77.7% and 75.6% respectively.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Summary of findings

- All these patients had a named GP and there was a system to recall patients for 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.
- All patients identified with a long term condition had six monthly medication reviews, most of which were done as face to face consultations.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were below national averages for childhood immunisations. However, the practice evidenced unpublished statistics to show these had improved to in-line with or above national averages for 2016-2017.
- There were no set clinics for baby immunisations instead appointments were made to suit the availability of the parent.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital.

Appointments were available outside of school hours and the premises were suitable for children and babies.

- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice sent out personalised birth congratulations cards to new parents with a reminder for mums to book in for their own and their baby's six week check-up.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.
- 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.
- Online prescription ordering was available with the facility for prescriptions to be sent to the patients' choice of chemist so that they could collect medicines directly from there.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability. Home visits were offered to complete learning disability health checks in order to minimise anxiety.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



- The practice carried out advance care planning for patients living with dementia.
- 73% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is below the national average of 83.8%.

Summary of findings

- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 97.7% of patients with a diagnosis of schizophrenia, schizoaffective disorder or other psychoses had had their alcohol consumption recorded within the previous 12 months compared to the clinical commissioning group average of 94% and national average of 89.3%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

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. 240 survey forms were distributed and 108 were returned. This was a response rate of 45% which is above the national average response rate of 38%. This represented 5% of the practice's patient list.

- 82.7% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 87.7% and the national average of 84.8%.
- 78.9% of patients described their experience of making an appointment as good compared with the CCG average of 78.7% and the national average of 73.3%.

- 76.8% 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 85.5% and the national average of 79.5%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. Comments included patients' thoughts about good services received by receptionists and GPs as well as the friendly and caring approach.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff.

Action the service **SHOULD** take to improve

- Review current process for recording discussions and actions following complaints and significant events to allow for easier monitoring of themes and trends.

- Ensure all staff have a record of completing training appropriate for their role and receive update training within expected timeframes.
- Review and update procedures and guidance to ensure they contain practice specific information.
- Review arrangements for identifying carers.

Riverside Kelsey Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Riverside Kelsey Surgery

Riverside Kelsey Surgery is also known as 'The Riverside Partnership' and is situated in the town of Liss in Hampshire. The practice was registered in June 2015 and has since made changes such as the closure of its branch site.

The practice is located in an area of low deprivation being at the 9th decile out of 10 on the deprivation scale. The practice population is similar to national averages with slightly below average working aged patients 16-45.

The practice has a small car park attached to the premises with a disabled car parking space. The practice is all on one level with four consulting rooms and one treatment room. There is also a reception area and separate waiting area. There are 4877 registered patients at the practice.

The practice is owned solely by one GP and there are two additional salaried GPs. There are two females and one male GP providing the equivalent of just over two full time GPs. The practice has one practice nurse and two health care assistants. The clinical team are supported by a management team of practice and assistant practice managers and a reception manager as well as secretaries and reception/administration staff.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours are available on a pre-bookable basis from 7am to 8.30am Thursday morning and 6.30pm to 7.30pm Thursday evening.

The practice does not offer out of hours treatment for their patients instead referring patients to the NHS 111 service.

We inspected the only location, Riverside Kelsey Surgery, 75 Station Road, Liss, Hampshire, GU337AD. The practice is part of NHS South East Hampshire Clinical Commissioning Group.

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. We carried out an announced visit on 6 June 2017. During our visit we:

- Spoke with a range of staff including the practice manager, reception manager and administration staff, a health care assistant, the lead GP and a salaried GP. We also spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a 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.
- Visited the practice location.
- Looked at information the practice used to deliver care and treatment plans.

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 a system 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).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. There was no standardised agenda for practice meetings and therefore significant events was not a standing item to ensure discussion at every practice meeting.
- At the end of 2016 and beginning of 2017 the practice underwent a period of significant change which meant that practice meetings were not recorded as having occurred during this time period. Some significant events happened during this timeframe. We saw evidence that although significant events were not recorded as discussed at practice meetings during this timeframe, internal reviews of significant events continued to be conducted and documented on the significant event forms and summary sheets. These were available on the shared drive for staff to view alongside the annual summary. The practice did not have a set of formalised agenda items to be discussed at each team meeting (which would include significant events).
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a faxed two week rule referral letter to the

hospital was not received. The practice learned from this and implemented a 2 week rule cancer referral spreadsheet. The implementation of this spreadsheet and rationale was discussed at staff meetings and all reception staff now record into the spreadsheet whenever a letter is sent in order to monitor progress. The practice also told us that as a small team they were able to risk assess importance for action and if immediate changes were required they would discuss with staff on an individual basis (and document to say this had been discussed) rather than waiting for the next practice meeting.

- The practice also monitored trends in significant events and evaluated any action taken. Subsequent review documents were not always linked back to the original incident record.
- The practice significant event/incident reporting policy was a generic policy and did not contain practice specific information such as who the practice manager was or details of who to submit to in their absence.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The safeguarding adult policy was a generic policy and did not contain practice specific information such as details about the practice safeguarding lead. The safeguarding children policy was a practice specific policy and did contain details about the safeguarding lead. The practice had a separate document containing contact details for external safeguarding leads (such as within the clinical commissioning group). This document was stored on the practices computer shared drive for all staff to access if they had concerns about a patient's welfare.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nursing staff were trained to level two and administration staff to level one.

Are services safe?

- 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. There were cleaning schedules and monitoring systems in place.
- The practice had been without a lead practice nurse for a period of nearly two months. The previous practice nurse was the infection prevention and control (IPC) clinical lead. This role had temporarily been taken over by the lead GP until the newly recruited lead practice nurse started employment towards the end of June. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken. We saw evidence that the practice consistently scored highly on their infection control audits with their most recent audit conducted in 2017 scoring 98%. There were a few recommendations from the audit. The practice had recorded what actions were to take place and documented when these happened or to evidence a discussion had taken place and rationale for not implementing a recommendation.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).
- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- 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 and patient specific prescriptions or directions from a prescriber were produced appropriately.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. There was no documented record of health checks in any of the staff personnel files we checked. The practice's recruitment policy was a generic policy and did not contain practice specific information.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice had a policy and risk assessment in place for monitoring Legionella in relation to water temperatures. The practice could evidence that they were monitoring weekly hot and cold water checks and in line with guidelines. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Are services safe?

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The practice had risk assessments in place for when the lead GP and other key staff were on annual leave. The practice had also identified the risk associated with a lack of practice nurses which was due to staff changes and had completed a risk assessment with associated actions. All staff had access to these risk assessments via the shared drive on staff computers.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 clinical staff received basic life support training and there were emergency medicines available in the treatment room. All administration staff had received

basic life support however this had not been annually. The practice had recently noted and recorded which staff needed update training and planned for this to be completed via an electronic learning training package. At the time of our inspection five out of the nine administration staff had completed this update training.

- 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 for major incidents such as power failure or building damage. The practice held an electronic and a hard copy of the plan. We were told that the electronic copy was the most up-to-date version and main point of call for staff. This did not contain emergency contact numbers for staff or a cascade for calling plan. The hard copy stored in the administration office did contain this information.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.7% of the total number of points available compared with the clinical commissioning group (CCG) average of 97.7% and national average of 95.3%.

The practice's exception reporting level was variable in comparison to CCG and national averages with some indicators being higher than CCG and national averages and others being lower than. For example, the practice exception reported 24.6% of patients with diabetes on the register who had a blood glucose monitoring level within an acceptable range within the preceding 12 months. This was higher than the CCG average of 17.5% and national average of 12.5%. The practice had a lower than average exception reporting level for patients with chronic obstructive pulmonary disorder (a chronic lung condition), who had a review of breathlessness recorded in the preceding 12 months. The practice recorded 119 patients with this condition and did not exception report any of them (0%). The CCG average exception reporting percentage was 12.4% and the national average of 11.5%.

(Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was similar to the CCG and national averages. For example 78.6% of patients with a diagnosis of diabetes had a blood pressure reading in the past 12 months in an acceptable range. This is comparable to the CCG average of 80.3% and national average of 77.6%.
- Performance for mental health related indicators was similar to the CCG averages but better than national averages. For example, the percentage of patients with a diagnosis of schizophrenia, schizoaffective disorder or other psychoses who had a documented and agreed care plan in their records was 97.7%. This is similar to the CCG average of 94.2% and better than the national average of 88.8%.

There was evidence of quality improvement including clinical audit:

- The practice evidenced that they had completed annual audits required by the CCG such as the infection control audit and routine prescribing audits. The practice also showed us examples of audits that were currently at data collection stage such as an audit around volume and type of telephone calls to the practice.
- The practice provided us with one example of a four cycle audit where improvements made were implemented and monitored. They also showed us an example of a single cycle audit which is due to be repeated later this year on both these occasions findings had been used by the practice to improve services.
- For example, the practice conducted an audit around the two week cancer referral rule. The practice looked at the 15 referrals made from December 2015 to December 2016. The practice identified that on two out of the 15 cases referrals could have been done differently or in a timelier manner. Findings were discussed with the team

Are services effective?

(for example, treatment is effective)

and awareness raised about the importance of making timely referrals and awareness of more rare case presentations and referrals. This audit is due to be repeated in 12 months time.

- The practice presented us with an example of a completed four cycle audit around the effectiveness of using the NHS health check to identify early diagnosis of diabetes and other health conditions. Over the first two cycles the practice identified what they considered to be disappointing results around uptake for the NHS health check. The practice identified that patients responded better to personalised invites from the practice as opposed to those from the national screening programmes. The practice looked at increasing funding for the health checks and increase clinical time to complete these checks. Following implementation of the new process the audit was repeated and showed that uptake for the health check had improved. The audit was repeated once more three months after this period and although uptake had reduced slightly again diagnosis of health conditions had improved particularly around identifying individuals with hypertension and high cholesterol. As a result the practice purchased a self-testing blood pressure monitor for the patient waiting room and the data is automatically updated to the patients notes. The practice had put a threshold on where an alert would activate for a clinician's attention if a patient's range was above this threshold.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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 and appraisal training for staff with managerial or lead responsibilities. The practice supported staff to engage in training programs such as National Vocational Qualifications (NVQs) in order to enhance their knowledge
- 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 and nurses. All nursing and administrative staff had received an appraisal within the last 12 months. The salaried GPs had not received an appraisal from the lead GP but did have an external appraisal as part of their GP revalidation process.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. All staff completed training as part of their induction programme. However there were some shortfalls in updates such as for fire, information governance and basic life support. Where the practice had identified gaps in staff training records prior to our inspection, arrangements were in place for staff to complete this e-learning or had booked staff onto training sessions. One member of staff had no record of having completed information governance training and two staff having not completing fire training beyond their initial induction.

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.
- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Are services effective?

(for example, treatment is effective)

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. Information was shared between services, with patients' consent, using a shared care record. 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. We saw meeting minutes from the multidisciplinary team meetings, of which the practice were part of, for patients with mental health problems and those receiving end of life care.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.

- A member of the clinical team had a background in diet and nutrition and therefore was able to opportunistically provide support and advice around this. Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 77.9%, which was comparable with the CCG average of 82.4% and the national average of 81%. The practice was below CCG and national averages for update of bowel screening. For example 45.6% of male patients aged 60-69 had received bowel screening within six months of invitation compared to the CCG average of 60.6% and national average of 55.6%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were below CCG and national averages. For example, 78.4% of children at the practice aged five had completed the second dose of the Measles Mumps and Rubella (MMR) immunisation scheme compared to the CCG average of 89.3% and national average of 93.9%. The national expectation is that practices achieve 90% coverage of vaccinations for children under two registered to the practice. The practice achieved this target in one out of the four indicators. For example 91.1% of children aged 1 had completed the full course of vaccinations. The percentage of children aged two who had received the MMR vaccination was 87.5%. The practice achieved a score of 8.8 out of 10 for childhood vaccinations (10 being the highest on the scale). During the inspection we spoke to the practice about this data. The practice was aware of this data and provided unpublished data showing that the practice was now at 90% or above for each indicator. The practice had identified that they were low on these indicators and conducted a review into possible reasons for this. The practice told us they were receiving lots of return to sender letters from families of patients who were due for their immunisations. The practice sought advice from the local health authority and were given permission to remove these patients from the practice list as they no longer lived at that address and had no forwarding address. The practice had also stopped having a dedicated clinic time for baby immunisations, instead choosing to fit the immunisation around the availability of the parents which the practice felt had helped increase update and reduce non-attendance. The practice also identified that demographics and location could also be factors. For example, since the published data the practice

Are services effective?

(for example, treatment is effective)

had also closed its branch site in Bordon which has a high young and working age population and has a higher deprivation rate than the main practice site in Liss which is more of an affluent area, as a result of the closure some patients choose to register at another practice in Bordon as public transport links to the main practice were poor. The practice stated that there was a higher level of non-attendance to appointments at the branch site. The population in Liss is predominantly older adults. The practice attributed a combination of all these factors to the improvement in their statistics.

There was a policy to offer telephone or written 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. There were failsafe systems 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.

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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 13 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 four patients. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. The practice told us that quite a few patients had wanted to remain on the practice list when the branch site closed despite poor public transport links. We spoke to some patients on the day of the inspection who used to use the branch site. They echoed what the practice told us with some stating they would rather travel to the Liss site in order to keep receiving care than have to register with another local practice.

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:

- 90.5% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90.5% and the national average of 88.6%.

- 89.7% of patients said the GP gave them enough time compared to the CCG average of 89.1% and the national average of 89.6%.
- 91.4% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94.5% and the national average of 92.1%.
- 88.9% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85.4%.
- 92.2% of patients said the nurse was good at listening to them compared with the CCG and national averages of 90.1%.
- 88.1% of patients said the nurse gave them enough time compared with the CCG average of 91.6% and the national average of 91.9%.
- 98.3% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96.8% and the national average of 97.1%.
- 91.5% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% national average of 90.7%.
- 85.4% of patients said they found the receptionists at the practice helpful compared with the CCG average of 90.3% and the national average of 86.8%.

The practice had patients from a couple of nursing homes and residential care for learning disabilities. One of the GPs at the practice attended weekly ward rounds at each home in order to review patients who were registered at the practice.

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.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Are services caring?

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:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 89.7% and the national average of 86%.
- 86.8% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85.8% and the national average of 81.8%.
- 88.7% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89.3% and the national average of 89.6%.
- 85.3% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85.9% and the national average of 85.3%.

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

- Staff told us that interpretation 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. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.

- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 39 patients as carers (less than 1% of the practice list). The practice had a policy in place to help support identification of carers. The practice also had a patient information booklet located in the waiting area which contained information about identifying yourself as a carer and directing carers to the various avenues of support available to them such as the local carers forum. Older carers were offered timely and appropriate support.

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

The practice sent out personalised birth congratulations cards to new parents with a reminder for mums to book in for their own and their baby's six week check-up.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours appointments for working aged patients who could not attend during normal opening hours. The days of extended opening hours had recently changed but at time of inspection were offered on a Thursday morning and evening.
- There were longer appointments available for patients with a learning disability.
- The practice had 56 patients with a learning disability on their register (1% of the practice list size). These patients were offered their health checks as a home appointment in order to minimise anxiety experienced waiting at the GP practice.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice did not have automatic door access for wheelchair access or prams but did have a note on the door to press the buzzer for assistance.
- Patients from the travellers community and local caravan site were regularly registered as temporary patients at the practice.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- There were no set clinic times for baby immunisations, instead fitting these in around the availability of the parent.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were currently offered on a Thursday morning from 7am to 8am and a Thursday evening from 6.30pm to 7.30pm. Pre-bookable appointments 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.

- 69% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.
- 80.4% of patients said they could get through easily to the practice by phone compared to the CCG average of 81.8% and the national average of 72.9%.
- 75.1% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 84.3% and the national average of 75.7%.
- 93.3% of patients said their last appointment was convenient compared with the CCG average of 93.6% and the national average of 91.8%.
- 78.9% of patients described their experience of making an appointment as good compared with the CCG average of 78.7% and the national average of 73.3%.
- 31.2% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 58.1% and the national average of 57.7%. The practice told us that they had amended clinics and staggered timings to allow for 'catch up' slots. The practice reported that they had noticed a reduction in waiting times but this data is not verified.

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.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice would telephone the patient or carer in advance to gather information to allow for an informed decision to be made and prioritisation according to clinical need. 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 a system 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. The practice had a folder on display at the reception desk containing the complaints policy.

The practice recorded receiving five complaints in the past 12 months. We looked at the summary records for all five complaints and in detail for four of those five complaints received. We found that complaints were satisfactorily handled and dealt with in a timely way. There was openness and transparency from the provider in dealing with the complaints and all patients received written communication from the practice following the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a complaint was made about the lack of appointments available. As a result of the complaint the practice had begun an audit of telephone calls to monitor demand. Data collection for the audit had just finished at the time of our inspection and the practice told us findings were due for discussion at the end of June 2017.

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 vision to deliver quality care and promote good outcomes for patients.

- The practice had registered in June 2015 and had since closed a branch. This resulted in a period of change at the practice. The Lead GP and Practice Manager had worked with staff to implement the changes needed and recognised areas that were still to be improved.
- The practice had a mission statement which was displayed in the waiting areas.
- 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, however not all aspects of the framework were fully embedded within the practice. The governance framework outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- The practice had policies in place which were implemented and available to all staff. All policies were up to date. However, many of the policies were generic policies and did not contain practice specific information, such as the safeguarding adult policy.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held on a regular basis which provided an opportunity for staff to learn about the performance of the practice. The practice acknowledged that during a period of change with the branch site closing it had been difficult to arrange practice meetings. The practice made sure staff continued to be notified of important information through other means such as emails and through the shared drive.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice had implemented a spreadsheet tracking system following an audit of the two week cancer referral rule. The practice also had risk assessments in place for the temporary lack of nursing staff at the practice.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.
- The practice was aware that the monitoring of staff training had historically been an issue. The practice had implemented structures to monitor all staff training and when updates were due. The practice manager had sought advice from the clinical commissioning group around what is considered mandatory training and timescales for refresher training. Following this the practice identified that several staff were out of date with the guidelines for update training. We saw evidence from the provided training matrix that staff had either completed e-learning update training or were due to do so.

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 lead GP was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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 lead GP encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

Are services well-led?

Good 

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

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and held regular telephone update meetings with social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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. We noted team away days were held with the next away day planned for September 2017. Minutes were comprehensive and were available for practice staff to view.
- 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.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the virtual patient participation group (PPG) and through surveys and complaints received for example offering more same day appointments.
- the NHS Friends and Family test, complaints and compliments received.
- staff through staff surveys, away days and staff meetings, appraisals and discussions. We saw some evidence to show feedback had been collected in meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the practice wanted to implement a central telephone call hub system but this was unpopular with patients and staff so the plan was abandoned. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice demonstrated that through audits and training courses there was a focus on continuous learning and improvement. For example, the practice had identified some shortfalls in areas such as training prior to announcing this inspection and had begun to implement changes. The practice had also reviewed guidelines for new Health Care Assistant documents and completed the relevant form which was stored in the staff members personnel file.

This section is primarily information for the provider

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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: The registered person did not do all that was reasonably practicable to ensure specified information is available regarding each person employed: They had failed to have completed health checks or declarations in staff personnel files.