

# Dr Andrew Whitfield

## Quality Report

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

## Ratings

Overall rating for this service		Requires improvement	
Are services safe?		Inadequate	
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 Andrew Whitfield in October 2016. Overall the practice is rated as requires improvement.

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

- Not all staff were up to date with the training they needed to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Not all governance structures, systems and processes were effective and enabled the provider to identify, assess and mitigate risks to patients, staff and others.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patient comments highlighted that 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.
- Most 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 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 practice had a number of policies and procedures to govern activity, but some were overdue a review.
- The provider was aware of and complied with the requirements of the duty of candour.

Importantly, the provider must:

- Establish and operate effective audit and governance systems to assess, monitor and mitigate the risks

# Summary of findings

relating to the health, safety and welfare of patients. For example to monitor safety alert guidelines to ensure they are followed through risk assessments, audits or random sample checks of patient records.

- Ensure all medicines are held securely and that all Patient Group Directions and Patient Specific Directions are in place for the safe administration of vaccines. Ensure an appropriate system is in place for the safe monitoring of blank prescriptions.
- Ensure an infection control policy is up to date and that audits are effective and have a clear action plan to make improvements. To include cleaning schedules and hand hygiene audits.

- Ensure all staff have the relevant training updates that is recorded, to ensure they have the required skills and knowledge to deliver effective care and treatment. Including, safeguarding children level two and three according to job role, health and safety, fire safety and basic life support.
- The practice must ensure that where a person lacks capacity to make an informed decision or given consent, staff must act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice.

**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 inadequate for providing safe services.

- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example;
- The practice did not have effective systems and processes in place to ensure that all staff had the skills and knowledge they needed to deliver safe care and treatment to patients. Records showed that the two health care assistants and one of the three practice nurses had not completed safeguarding children level two training. This was a requirement for their role. Staff knew about safeguarding procedures and knew who they would report any concerns to.
- Medicines were not held securely and an effective system was not in place for the safe monitoring and security of blank prescriptions. Patient Group Directions and Patient Specific Directions were not in place for the safe administration of vaccines.
- Training records showed that no staff had been recorded as completing infection control training.
- There was a clear incident reporting system in place and staff were encouraged to report incidents. Learning was shared within the relevant teams however systems to share learning across teams were not embedded. There was evidence of learning from incidents and evidence of improvements being made as a result of reporting and sharing the outcomes of incidents.

Inadequate



### Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



# Summary of findings

- Practice staff were not ensuring that where a person lacked capacity to make an informed decision or give consent, they acted in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. Including communication with receptionists. Patients said staff were kind and considerate and we observed a strong patient-centred culture.
- The practice was involved in promoting multi-disciplinary integrated care for their patients.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice was proactive in developing multi-disciplinary working with other agencies to ensure patients had prompt access to relevant services. For example, plans were in place to recruit a physiotherapist to enable patients to have access to physiotherapy services at the practice.
- 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 adequate facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

# Summary of findings

## Are services well-led?

The practice is rated as requires improvement for well-led.

- The practice had a vision and a strategy and were committed to delivering integrated, high quality care and promote good outcomes for patients.
- The practice had a number of policies and procedures to govern activity, but some of these did not have review dates in place and staff were unable to confirm if they had read and implemented them, the practice did not have a record of staff acknowledging policies or procedures.
- Systems were not effective in providing them with oversight of potential risks so that they could mitigate these. For example, some policies did not reflect current guidelines, and audits were not comprehensive enough to identify where improvements were needed to ensure risks were minimised for patients.
- Leaders encouraged and supported staff so they felt respected valued and supported.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and the practice 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.

## 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 inadequate for safe and requires improvement for effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had monthly multidisciplinary team meetings which involved other professionals from the community teams as necessary.
- Patients residing in care homes received visits by a GP whenever required, allowing early identification of illness and health decline.

**Requires improvement**



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice performed comparably with other practices, with for example, patients on the diabetes register, with a record of foot examination and risk classification within the preceding 12 months for long term condition.
- Longer appointments and home visits were available when needed.
- 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. Patients had a named GP and a structured annual review to check their health and medicines needs were being met.

**Requires improvement**



# Summary of findings

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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 88%, which was higher than the England average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- There was limited health promotion material available in multi-languages.

Requires improvement



## People whose circumstances may make them vulnerable

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

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Requires improvement





# Summary of findings

- 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.

## People experiencing poor mental health (including people with dementia)

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

- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the clinical commissioning group (CCG) average and better than the national average of 84%.
- 89% of patients experiencing poor mental health had received an annual physical health check. This was comparable with the CCG average and better than the England average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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 an understanding of how to support patients with mental health needs and dementia.

**Requires improvement**



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages, 251 survey forms were distributed and 111 were returned. This represented less than 2% of patients.

- 74% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

- 85% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 58 comment cards which were all positive about the standard of care received. All were overwhelmingly positive about the care and support they had received from all staff, including GPs, nurses, reception and administration staff.

# Dr Andrew Whitfield

## 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 and Practice manager specialist advisor.

## Background to Dr Andrew Whitfield

Dr Andrew Whitfield also known as Southwood surgery part of the NHS North East Hampshire and Farnham Clinical Commissioning Group (CCG) and is contracted to provide personal medical services (PMS).

The practice is situated in Farnborough, Hampshire within a multi-use purpose built development. All patient services are offered on the ground floor.

The practice has approximately 6800 patients on its list and is located in a predominantly urban area with mid-range social deprivation. The practice has a young age profile, with approximately 90% of people under 65 years. The practice told us they had a low percentage of patients over 75 years. 3.7 % compared to the England average of 7.8%. The area has a high proportion of working parents, international workers, students and military personnel and families. There is a high turnover of patients with up to 15% of patient's relocating due to work or house moves. The practice has a low incidence of cancer and other long term conditions compared to the England average.

The practice had one male GP partner and employs four female salaried GPs. The nursing team consists of one female practice nurse and two health care assistants who also offer phlebotomy. The practice also employs two

independent nurse prescribers. The clinical team are supported by the practice manager, office manager, secretary, one practice secretary/receptionist and seven receptionists.

The practice had recently recruited a newly qualified salaried GP and was supporting and providing them with clinical supervision to develop general practice skills and knowledge.

The practice is open between 8.30-6.30pm Monday to Friday. Telephone lines were open from 8am and appointments available from 8.30am daily. Extended hours surgeries are offered on Tuesday, Wednesday and Thursday evenings until 8.00pm. The practice is closed Saturdays and Sundays.

The practice has opted out of providing out-of-hours services to their own patients. These are provided by the North Hampshire Urgent Care Service (NHUC) and are accessed via the NHS 111 service.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on the 4 October 2016. During our visit we:

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

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

? Is it safe?

? Is it effective?

? Is it caring?

? Is it responsive to people's needs?

? Is it well-led?

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

Older people

People with long-term conditions

Families, children and young people

Working age people (including those recently retired and students)

People whose circumstances may make them vulnerable

People experiencing poor mental health (including people with dementia)

# Are services safe?

## Our findings

### Safe track record and Learning

- There was an 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, recent training on the alert system on the patient electronic record had been provided for staff following an incident to ensure all staff were aware of the correct processes.
- and two health care assistants had not completed this training. This is the minimum level required for all clinical and non-clinical staff with some degree of contact with children and young people.
- A notice in the waiting room and treatment room advised patients that chaperones were available. Disclosure and barring service checks were correctly completed on new staff ensuring unsuitable people would not work with vulnerable groups. The practice manager told us that one health care assistant had had formal training and did most of chaperoning. Other nurses chaperoned when the health care assistant was not available.
- Not all 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).
- Blank prescription stationery was left in printers overnight in unlocked rooms. No records were kept of the identifying prescription numbers in the printers. This meant the practice would not know when or if blank prescriptions had been removed from the printers by unauthorised persons.
- We saw that the external fridge temperature reading gauge on one of the two fridges in the treatment room had tape over it. Staff told us it had been recording the wrong temperature and they were not using it. The temperature gauge in the fridge was within the correct 2-8 degrees. Staff recorded regular checks and we were assured the cold chain was safe.

### Reliable safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.
- Staff demonstrated they understood their responsibilities for safeguarding. However not all staff had received training on safeguarding children and vulnerable adults relevant to their role. For example, nursing staff were required to complete level two safeguarding adults and children. One practice nurse
- Two practice nurses were Independent Prescriber's and could prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role.
- Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However we found that three PGD's had expired. For example, Meningococcal C had expired in July 2016 and HPV in March 2016. This meant practice nurses were giving vaccines without the required legal authority to do so.
- Health care assistants had to have a patient specific direction (PSD) or signed prescription from a prescriber (patient specific direction is a written instruction from a doctor or dentist or other independent prescriber for a medicine to be supplied or administered to a named patient). The practice had not followed the statutory

## Are services safe?

requirement in ensuring a signed PSD was in place to allow the health care assistant to administer vaccines and medicine. When this was brought to their attention on the day of the inspection, the practice provided a written protocol that would meet the statutory requirement within two days of the inspection.

- 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.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines.

The practice maintained standards of cleanliness and hygiene and we observed the premises to be clean and tidy. However:

- An infection control protocol was in place however this was not being followed. For example, the practice had not carried out hand hygiene audits to ensure staff were using appropriate hand washing techniques that followed best practice guidance.
- We saw an annual infection control "checklist" had been completed in December 2015 with "Yes" and "No" answers recorded. There was no evidence of actions or risk assessments that had been completed as a result of the audit.
- Formal infection control audits were not regularly undertaken and we did not see evidence that action had been taken to address any improvements identified as a result. For example, the seating in the waiting room was fabric which meant it would be unable to be cleaned satisfactorily. This had not been identified as an issue in the December 2015 "checklist".
- Whilst a cleaning schedule was in place there were no appropriate systems in place to evidence the practice monitored the level of cleanliness and were able to take action without delay when any shortfalls were identified. The practice manager told us they used ad-hoc "walk arounds" to check whether the practice was clean. Cleaning schedules we saw were signed to say the cleaner had been at work however no other information was recorded on the schedule. This meant the practice were unable to determine what had been cleaned and when.
- Legionella testing was carried out by the owner of the premises and results shared with the practice.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken for four personnel prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring safety and responding to risk

- Health and safety 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 a fire drill in the last twelve months. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patient's needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

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

## Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### 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. Staff received National Patient Safety Alerts and alerts from the Medicines and Healthcare products Regulatory Authority (MHRA).
- The practice completed checks on patients known to have been prescribed relevant medication when alerts were received. However, they did not monitor that MHRA safety alert guidelines were followed, through risk assessments, audits or random sample checks of patient records. This meant the practice did not have accurate and up to date information confirming that best practice guidance was being used to improve care and treatment and patient's outcomes.
- **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 published QOF 2014 to 2015 results were reviewed as part of this inspection and were 96% of the total number of points available.

We also reviewed the newly published QOF 2015 to 2016 results which showed some changes and these were in the main positive. For example there was 97.6% of the total number of points available. The exception reporting on 2015 to 2016 results was 6.2% which was below the local clinical commissioning group and England averages

This practice was not an outlier for any QOF (or other national) clinical targets in the previous year. Data from April 2014 to March 2015 showed:

- Performance for diabetes related indicators was similar to the national average.

- For example, 96% of patients with diabetes had received an influenza immunisation compared to the England average of 94% and CCG average of 96%.
- 93.8% of patients with diabetes had a record of foot examination and risk classification within the preceding 12 months, compared to the England average of 88% and CCG average of 90%.
- Performance for mental health related indicators was similar to the national average.
- 92% of patients with mental health problems had an agreed care plan documented in their record compared with 88% for the England average and 87% for the CCG.
- 89% of patients diagnosed with dementia had had face to reviews in the preceding 12 months compared to 84% for the CCG and England average.
- There was evidence of quality improvement including audit. There had been four audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice had completed an audit of 20 patients treated with shoulder injections. This showed that shoulder injections did not always provide an effective solution to patient's pain. As a result, they now requested all patients to have an ultra sound of their shoulders before injection to determine whether the joint was amenable to injection. They were planning to redo the audit in the next few months to determine the outcome and define a clear pathway for treatment. The findings had been used by the practice to improve services.
- The practice had also completed an informal qualitative audit, looking at whether laxatives were prescribed appropriately and patient's symptoms had improved as a result. Results showed most users of regular laxatives symptoms were improved for patients.
- All new patients received a comprehensive screening check-up that included, alcohol screening of new registrations.

### Effective staffing

The practice were not always following their own training policy in ensuring all staff had the skills, knowledge and experience to deliver effective care and treatment.



# Are services effective?

## (for example, treatment is effective)

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.

- 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 however systems for ensuring staff completed training were not effective. Training records were not up to date so we were unable to evidence whether staff had completed all training. For example, no staff were recorded as having had annual infection control training and basic resuscitation training. Staff told us basic resuscitation training had been booked for all staff to attend at the same time in the next few weeks.
- Staff were able to access e-learning training modules and in-house training.
- All medical staff had successfully completed their re-validation. Nursing staff were working towards their revalidation deadlines.
- Most staff had received an appraisal within the last 12 months.

### Information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when

patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Staff did not always seek patients consent to care and treatment in line with legislation and guidance.

- Staff did not understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurses assessed the patient's capacity. Nurses gave examples where they would ask consent from a friend, relative or carer and proceed with treatment if that was in the best interest of the patient.
- Some staff said they recorded when verbal consent was given on the patients records. Other staff said they did not always record consent and that consent was not routinely recorded. However consent was always recorded when Immunisations were given. The practice had a consent template for immunisation. No other templates were used for consent.
- Nurses were not following best practice guidance in how they recorded best practice decisions. They told us they did not record them as best interest decisions on the electronic patient record. The Mental Capacity Act (2005) code of practice states that responsibility for deciding what is in a person's best interest lies with the member of healthcare staff responsible for the person's treatment. They should record their decision, how they reached it and the reasons for it in the person's clinical notes.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The process for seeking consent was not monitored through patient records audits.

### Health promotion and prevention

The practice identified patients who may be in need of extra support. For example,

# Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Patients were signposted to the relevant service. For example the practice had close links with the local hospice for patients that required end of life care, health visitor, district nurses and local authority social care teams.
- Smoking cessation advice was available two evenings a week from a local support group.
- The practice's uptake for the cervical screening programme was 87%, which was better than the CCG average of 76% and the England average of 82%.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- Childhood immunisation rates for the vaccinations given were above the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 94% which was better than the CCG average of 88% and 90%. For five year olds, immunisation rates varied between 85% and 89% which was comparable with the CCG average.
- 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. We saw one example where information highlighted at a diabetic review had highlighted additional support needs that had been proactively followed up by the practice.
- The practice did not provide disease specific clinics as it was small practice, management of long term conditions was provided by the practice nurses. Patients received invitation on their birthday to attend over 75 health checks. Nurses gave us examples where they had included health checks during regular visits to ensure patients received appropriate care.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- A chaperone policy was in place.
- All of the 58 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 three members of the patient participation group. 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 had mixed satisfaction scores. For example:

- 87% 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%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 91% 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%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

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

### Care planning and involvement in decisions about care and treatment

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

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

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.
- The practice provided facilities to help patients be involved in decisions about their care:
- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format if required.

### Patient/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.

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- 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. 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. For example; the practice had been part of a project to develop a virtual practice manager role in the integrated care team for Farnborough locality of 60,000 patients. The role was based at the local fire station and supported integrated working practices across community services. For example, the fire service will complete falls risk assessments whilst completing home safety checks. Any concerns are then forwarded onto the relevant community services.

- Appointments were available throughout the day from 8.30am and covered lunchtime, early and late afternoon and evening to cater for the needs of the population.
- The practice offered extended hours clinics on three evenings a week until 8.00pm for patients who could not attend during normal opening hours.
- The service had implemented a text reminder service. This was introduced after feedback from the patient participation group suggesting it would reduce did not attend rates.
- There were longer appointments available for vulnerable patients, for example, patients with a learning disability and additional appointment time allocated for patients with additional needs. For example, patients over 75 requiring a medicines review.
- Double appointments were pre-bookable for patients with increased needs, for example; vulnerable patients, patients with a learning disability and some patients with psychiatric illness and substance misuse.
- 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 access travel vaccinations available on the NHS as well as those only available privately. They could be referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

- The practice was open between 8.30am and 6.30 pm Monday to Friday. Telephone lines opened at 8am and bookable appointments were available from 8.30 - 6.30 pm. Extended hours appointments were offered three days a week until 8.00pm weekdays.
- In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people 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.
- 80% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 74% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- Whether a home visit was clinically necessary;
- And the urgency of the need for medical attention.
- For example, by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on 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 has a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there is a designated responsible person who handles all complaints in the practice.

- Complaints were discussed at fortnightly clinical meetings

## Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system, for example posters displayed contact information and a summary leaflet was available.
- We looked at 13 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way.
- Examples we saw gave a complaint chronology of events and easy to understand explanation. Responses were appropriate and demonstrated openness and transparency when dealing with the complaints.
- Lessons were learnt from individual concerns and complaints and also from an analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice had made changes to processes to ensure a GP that was familiar with a patients history always checked reports they received from other agencies before forwarding onto the patient. This was to ensure that confidential patient information went to the correct patient.

# 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 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 governance frameworks were not always effective in supporting the delivery of the strategy and good quality care.

- Systems were not always effective to ensure the security of medicines. Additionally, three Patient Group Directions were out of date.
- Infection control audits were not effective enough to identify whether staff were following infection control procedures. For example, audits on whether hand hygiene and the cleaning schedule was being adhered to.
- Administration policies and procedures were not effective enough in ensuring an appropriate system was in place to ensure all staff had the relevant training they needed to deliver appropriate care and treatment.
- We saw training records that evidenced staff had access to training in the Mental Capacity Act (2010) (MCA) and Deprivation of Liberty Safeguards (DoLS). However only one member of staff was recorded as having attended training.
- Practice specific policies were implemented and available to all staff. However, these were not always in line with current legislation. For example, we identified that the Infection control policy referenced out of date national guidance from 2012.

### Leadership, openness and transparency

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.

- There were weakness and gaps in the nursing leadership and management of staff and systems.
- The practice encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment they gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The leadership team consisted of the lead GP and the practice manager.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff told us the partners were approachable and always took the time to listen to all members of staff.
- Staff said they felt respected, valued and supported, particularly by the GPs in the practice. Staff were involved in discussions about how to run and develop the practice. Staff were encouraged to identify opportunities to improve the service delivered by the practice.

### Practice seeks and acts on feedback from its patients, the public and staff

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met three times a year, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, we saw comprehensive minutes that detailed responses to complaints and friends and family test feedback. The practice was proactive in ensuring it looked at the patient's perspective in all complaints.
- The practice gathered feedback from staff through an annual staff survey, through staff away days and generally through staff meetings, appraisals and

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discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff had suggested changes to allocation of treatment rooms to take account of patient needs and this had been recently implemented. Staff told us they felt involved and listened to and were keen to support improvements in to how the practice was run.

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. For example; the practice had implemented a drop in phlebotomy service that included evening clinics and patients held their own record of results. This had been as a result of patient feedback around the accessibility.

## Management lead through learning and improvement



## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered provider did not ensure that:</p> <ul style="list-style-type: none"><li>• All medicines were held securely.</li><li>• All Patient Group Directions and Patient Specific Directions were in place for the safe administration of vaccines.</li><li>• An appropriate system was in place for the safe monitoring of blank printer prescriptions.</li><li>• Infection control procedures and policy were up to date and audits were effective with a clear action plan to make improvements. To include cleaning schedules and hand hygiene audits.</li></ul> <p>This was in breach of Regulation 12 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not have suitable systems and processes to evaluate improve and mitigate risks to the health, safety and welfare of service users and others.</p> <ul style="list-style-type: none"><li>• There was not an effective audit and governance system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients.</li><li>• Systems were not effective enough in providing oversight and assurance that the actions had been completed to mitigate any potential risks.</li></ul>

## Requirement notices

- Infection control audits had not been completed in a timely way to ensure current guidance was being followed.
- Internal audits were not effective enough to monitor quality of systems and processes.

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

### Regulated activity

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

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**How the regulation was not being met:**

The registered provider did not ensure that persons employed received appropriate support, training, professional development, supervision and appraisal as necessary for them to carry out the duties they were employed to perform.

- The provider had failed to ensure the planning and delivery of staff training in the areas required for them to carry out their role. Not all staff had clearly recorded training records or the relevant training updates, to ensure they had the required skills and knowledge to deliver effective care and treatment. Including safeguarding children level two according to job role, health and safety, fire safety, basic life support and Mental Capacity Act 2005.
- This was in breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014