

Southsea Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Southsea Medical Centre on 1 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure all staff receive training in areas which the practice considers are mandatory. Such as adult safeguarding, the Mental Capacity Act 2005, fire safety and infection control.

The areas where the provider should make improvement are:

- Continue to review arrangements for identifying patients who are also carers.

Summary of findings

- Continue to review actions to improve the wellbeing, support and care of patients with long term conditions and for health screening such as cervical screening, breast and bowel screening.
- Review arrangements for promoting ways in which patients are able to provide feedback.
- Review arrangements for handling complaints to include information on other agencies patients may approach if they are not satisfied with the practice response. Ensure that themes or trends identified are acted on appropriately and in a timely manner.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However not all staff had adult safeguarding training.
- Risks to patients were assessed and well managed.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. However, exception reporting rates were higher than national averages, in particular those related to diabetes care.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, training was not consistently provided in the areas the practice considered mandatory to underpin their knowledge for example the Mental Capacity Act 2005, adult safeguarding, fire safety and infection control.
- 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.
- Continue to review actions to improve the wellbeing, support and care of patients with long term conditions and for health screening such as cervical screening.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- However the practice needed to continue to review arrangements for identifying patients who are also carers.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. However arrangements for handling complaints did not include information on other agencies patients might approach if they were not satisfied with the practice response. Themes or trends identified were not acted on appropriately and in a timely manner.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.
- However the practice needed to review arrangements for promoting ways in which patients were able to provide feedback and promote the patient participation group.

Summary of findings

The six population groups and what we found

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

Older people

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

- 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.
- Each patient over the age of 75 had a named GP and were offered an annual health review.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Quality Framework Outcomes for patients with diabetes were higher than clinical commissioning group (CCG) and national averages. For example, 100% of patients on the register had a flu vaccine, compared with the CCG average of 95% and the national average of 94%. However, we noted that exceptions reporting for diabetes was higher than the CCG and national averages. Exception reporting for this area was 23% compared with the CCG average of 18% and the national average of 18%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- 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.

Good



Summary of findings

- 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 percentage of patients who had a cervical screening test was 70% which was lower than the CCG average of 81% and the national average of 82%. The practice had taken action to improve uptake of cervical screening and their latest unverified figures were 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

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).

- 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.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

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 living with dementia).

- A total of 92% 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 national average.
- Outcomes for patients with a mental health diagnoses were similar to the national average. For example, 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed care plan in their records, compared with the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages. A total of 383 survey forms were distributed and 104 were returned. This represented 1% of the practice's patient list.

- 81% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 85% 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%.
- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 80% 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 26 comment cards which were all positive about the standard of care received. Patients considered staff were helpful. Comments included that staff were caring and supportive and patients were well looked after. There were some concerns about booking routine appointments in advance.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They raised some concerns over routine appointment booking. This was an area the practice were aware of and were actively monitoring the appointment system to provide the best possible service.

Southsea Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and an Expert by Experience.

Background to Southsea Medical Centre

Southsea Medical Centre is situated in a residential area of Southsea, Hampshire. The practice had approximately 8000 patients on its register. There are higher numbers of patients aged 25 to 34 years when compared with the national average. The practice is situated in one of the second most deprived areas of England. The majority of patients describe themselves as White British and there are ethnic populations which include Black African, Bangladeshi and White Other.

Southsea Medical Centre has six GP partners, four of whom are male and two whom are female. The partnership of the practice had recently changed prior to our inspection and the name was changed to reflect this. All GP partners worked six sessions a week, which equals 36 sessions in a working week (4.2 whole time equivalent). The practice has a business manager, an operations manager, one nurse practitioner, three practice nurses and one healthcare assistant. The reception and administration team had three personal secretaries and one administrator. In addition there is a data management team, a repeat prescribing team and nine receptionists.

The practice is a training practice for GP registrars who are training to become GPs. The practice holds a personal medical services contract.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available between these times. When the practice is closed patients are advised to contact the Out of Hours doctors via the NHS 111 Service.

Southsea Medical Centre has not been inspected by the Care Quality Commission previously.

We inspected the only location at:

Carlisle Road

Southsea

Portsmouth

PO5 1AT

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 September 2016. During our visit we:

Detailed findings

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

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

- Is it well-led?

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out 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, an example of a significant event occurred when a patient was suspected of having a heart attack. Staff in the practice responded appropriately and provided immediate basic life support and care and contacted the emergency services. This demonstrated that the process for basic life support had been followed. Another incident occurred when the dictation system was found to be unreliable and referrals to other services were lost; the practice implemented checking of referrals whilst a new dictation system was purchased and installed.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and but not vulnerable adults. GPs were trained to child protection or child safeguarding level three. Only one of the four GPs had received training on safeguarding adults.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient group directions had been adopted by the

Are services safe?

practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available. Exception reporting for clinical indicators was 12% overall, compared with the CCG average of 10% and national average of 9%. Exception reporting for public health additional services domain was 3%, compared with the CCG average of 10% and national average of 6%. (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).

- Quality Framework Outcomes for patients with diabetes were higher than clinical commissioning group (CCG) and national averages. For example, 100% of patients on the register had a flu vaccine, compared with the CCG average of 95% and the national average of 94%. However, we noted that exception reporting for diabetes was higher than the CCG and national averages. Exception reporting for this area was 23% compared with the CCG average of 18% and the national average of 18%.

- Outcomes for patients with a mental health diagnosis were similar to the national average. For example, 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed care plan in their records, compared with the national average of 88%.

The practice was aware of where there was high exception reporting and had commenced working on these areas. For example, recall systems were reviewed for diabetes care and the outreach nurse would be assisting the practice nurses in monitoring and follow up on patients with diabetes.

There was evidence of quality improvement including clinical audit.

- We looked at a sample of nine practice based clinical audits which had been completed in the past two years. Five of these were completed audits, and two were in the process of being re-audited for the second cycle, where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a completed cervical screening audit carried out in response to low QOF figures. Figures from July 2015 showed that only 68% of the 93% of patients eligible for screening had had this carried out. The practice identified that a lack of a female GP was a barrier, along with a lack of patient education about the procedure. The practice provided training for the two female GPs, one of whom was a new member of staff. They also held a 'Pink Week' to raise awareness of cervical screening and found that opportunistic uptake was good and patients also booked routine screening appointments. The second cycle carried out in June 2016 showed that figures had improved to 74%.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- 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. We reviewed the training records of staff and found that not all staff had received training which was considered mandatory by the practice. For example: four of the GPs had not received fire safety training, however one of them had recently been recruited; none of the GPs had received training in infection control; only one GP had received training on safeguarding adults. We noted that training had been planned for these areas for the forthcoming year.

Coordinating patient care and information sharing

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

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

- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice worked closely with other agencies when providing care and treatment for patients who misused drugs and alcohol.

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 (MCA) 2005. Improvements were needed to ensure that all staff received training on the MCA 2005. We found six members of the clinical team had not received specific training on this area. When providing care and treatment for children and young people, staff were able to describe how they would assess capacity to consent.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The percentage of patients who had a cervical screening test was 70% which was lower than the CCG average of 81% and the national average of 82%. The practice had taken action to improve uptake of cervical screening and their latest unverified figures were 74%. The practice had run a 'Pink Week' in June 2015 to promote cervical screening by using posters, balloons and leaflets displayed prominently

Are services effective?

(for example, treatment is effective)

in the reception and waiting room areas. The practice reported that several patients underwent opportunistic cervical screening that week and others booked appointments.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, but uptake was significantly lower than CCG and national averages. For example, 41% of patients

aged between 60 and 69 years old had been screened for bowel cancer, compared with the CCG average of 57% and national average of 58%. A total of 55% of eligible females had been screened in the last 36 months compared with the CCG average of 68% and national average of 72%. The practice were promoting this screening when they saw patients.

Childhood immunisation rates for the vaccines given were comparable to CCG. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 94% to 100% (CCG 94% to 98%) and five year olds from 91% to 98% (CCG 91% to 97%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 26 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 87% 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%.
- 95% 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%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% 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:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 85% 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%.
- 94% 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.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the practice which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 47 patients as carers (less than 1% of the practice list). The practice had a carer's champion who actively identified carers and made sure there was an alert on their records so staff could offer

appropriate care. They also gave advice on support service available to carers. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately or were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a learning disabilities champion who had produced a card for patients to use, which explained that they wished to see a GP. In addition there was a support pack, which had information in an Easy Read format on the annual health check offered and flu vaccines. There was information on making decisions and an example of a communication handbook which could be adapted for each patient if needed.
- The practice also had a pregnant woman lead who coordinated ante and post natal care, which included six to eight week checks and childhood vaccines.
- The practice worked with substance misuse agencies to provide shared care for patients who misuse drugs, alcohol or substances.
- The practice said that there were high numbers of patients of no fixed abode, but did not provide figures, who were able to register and access care and treatment at the practice

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available between these times. The practice had a nurse practitioner led minor ailments clinic each day and there was information on what type of conditions the nurse could deal with. The

practice had a duty GP and a GP to carry out home visits when needed. In addition to pre-bookable appointments that could be booked up to five weeks in advance, urgent appointments were also available for patients that needed them. Extended hours appointments were not currently being offered by the practice. They had been part of a scheme to offer Saturday morning appointments with a group of other GP practices. However, funding for this had been discontinued and the practice had found there was a low uptake of this service by their patients. We spoke with patients who had children and who were of working age. They said that they were able to have an appointment at a time which fitted with their working lives and school commitments.

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.

- 85% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 81% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Patients told us on the day of the inspection that they were able to get same day appointments when they needed them. However, we found that continuity of care for patients was an issue and this was highlighted on comment cards and patients we spoke with. There was a protocol in place if a GP wanted to see a patient at a certain time interval, such as three weeks' time; the reception staff would see what appointments were available with that GP. If no appointments were available, then the receptionist would liaise with the GP and see what could be done. Staff reported that it was sometimes easier to book an appointment online in these situations. The practice manager said that the appointment system was actively under review. The practice monitored the number of patients who did not attend for appointments on a weekly basis and displayed this information in the waiting area.

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.
- In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP

Are services responsive to people's needs?

(for example, to feedback?)

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 in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. However, there were no details on other agencies patients could contact if they were not satisfied with the response.
- 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. Information was displayed on a TV screen and there were leaflets available in the waiting area.
- The practice worked collaboratively with the local Healthwatch team and advocacy services, such as those provided by the Red Cross to assist with patient concerns.

We looked at six complaints received in the last 12 months and found these were investigated and responded to. Lessons were not consistently learnt from individual concerns and complaints or from analysis of trends. We noted that although the overall number of complaints that the practice had received were low; four complaints received since June 2015, all concerned the same member of staff and similar concerns. Appropriate action had not been taken to minimise risk of reoccurrence.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The partnership of the practice had recently changed prior to our inspection, along with the name that the practice was known by. This had enabled the partnership to look at how they would provide services to their patient population.
- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- Their mission statement was to 'provide the very highest quality of primary health care to all patients'.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. The practice ensured that policies and procedures were reviewed regularly to ensure they were up to date and relevant to the practice.
- A comprehensive understanding of the performance of the practice was maintained. The practice had operation manager meetings monthly to review staffing levels, GP room allocation, performance the previous month and plans for the future.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However there were gaps in the training for the subjects of adult safeguarding and Mental Capacity Act 2005.

Leadership and culture

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

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

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology. However, themes and trends of complaints although identified were not acted on in a timely manner. This had resulted in a number of concerns being raised about the same issue by different patients.
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. The practice held a range of meetings, which included business meetings, weekly administration meetings and clinical governance meetings.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Good 

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, they told us that they engaged other patients by carrying out carried out patient surveys and submitted proposals for improvements to the practice management team. For example, providing a water cooler in the waiting area. The PPG was in the process of finalising the annual survey to be carried out in October 2016.
- The practice did not actively promote the PPG. We found there was limited information about the group

and their work displayed in the practice and how patients could make suggestions on improving how the practice was run. We did not see a suggestion box in the waiting area.

- The Family and friends test was via an iPad which was near the consulting rooms, but there were no paper forms for patients to complete.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was part of the South Cluster of GP practices who worked together to provide care for patients. This included holding multi-disciplinary team meetings to discuss patients who were at risk of unnecessary hospital admission. The practice had recently received funding for an outreach nurse to visit housebound patients and those living in care homes.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The registered provider did not ensure that training was provided for all staff in areas it considered were mandatory.</p> <p>We found there were shortfalls in ensuring all staff had received training on safeguarding adults, fire safety, infection control and the Mental Capacity Act 2005.</p> <p>This was in breach of regulation 18 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>