

West End Surgery

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?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at West End Surgery on 23rd August 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained 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.
- Only 64% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

- Some 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. Other patients told us the telephone lines were busy in the mornings.
- The practice had good facilities and was equipped to treat patients and meet their needs. However there were areas of health and safety that needed improvement such as the calibration of one type of equipment.
- 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 should make improvement are:

- Review systems and processes to ensure that all clinical equipment is calibrated regularly.
- To review the practice processes for identifying current smokers and giving advice on the benefits of stopping smoking

Summary of findings

- Improve the access to the practice for making appointments.

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



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong reviews and investigations were thorough and lessons learned were communicated widely enough to support improvement.
- Risks to patients who used services were assessed and action was taken to reduce risks.
- Not all clinical equipment was calibrated to ensure it was working properly. This was rectified by the end of the inspection visit.”
- We read the Health and Safety policy and a risk assessment of the building and environment that had been undertaken for staff or patients.
- The practice had also commissioned an external company to monitor the risks associated with Legionella, and we observed some advice had been sought.

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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.
- Clinical audits demonstrated quality improvement .We saw evidence of planned audit programmes. Medicine reviews for patients on long term treatments were undertaken every six months.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had a good range of clinical skills within the team. The GPs attended regular learning events hosted by the clinical commissioning group (CCG). One of the nurses attended both locality and CCG nurse meetings. One practice nurse had just completed a degree in Long Term Conditions; another had almost completed an Infection Prevention and Control update with a further session to attend. One of the administrative staff was the lead for customer relations and had trained reception staff on ‘motivational interviewing’ techniques.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff. Staff told us that any training needs identified at appraisal were met.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. There were clear pathways for patients managed through Integrated Care Teams and with other practices within the locality.

Are services caring?

The practice is rated as good for providing caring services.

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

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified.
- We saw comprehensive patient care plans relevant to elderly patients. The care plan template was developed locally by a Consultant Geriatrician.
- 64% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- However some 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. When we spoke to patients, they reported that sometimes the telephone lines were busy in the morning. During the practice opening times there is a nominated duty doctor.
- The practice had good facilities.
- The practice had an application under consideration for refurbishment and expansion of the current premises.

Good



Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded openly, transparently and promptly. We saw contemporaneous hand written outcomes of complaints by telephone contact with patients.
- Learning from complaints was shared with staff and stakeholders. We were able to cross reference complaints which were discussed at the all staff meeting and were recorded in the minutes.
- There were extra 'Sit and Wait' clinics especially for young children.

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. There are two practice managers one responsible for business management and the other with responsibility for operational management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy for care delivery.
- 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. We saw the minutes of staff meetings where significant events and learning outcomes were shared with some staff.
- The practice proactively sought feedback from staff. The patient participation group was due to hold their first meeting in September 2016.
- There was a focus on continuous learning and improvement at the practice.

Good



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.

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice has developed an Integrated Care Team in conjunction with local practices, which offers a full assessment of patients with complex health and social care needs.
- The practice undertook admission avoidance reviews for vulnerable patients with long term conditions
- The GPs showed us documentation relating to patients residing in care homes had care plans.
- The practice worked closely with the local pharmacy and offered a variety of ways for patients to access prescribed medicines. We saw how prescription requests were handled on the day and the communication between the practice and the pharmacy.
- The practice worked closely with the local older peoples mental health services.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- We saw the call and recall systems in place to encourage patients to attend reviews. The practice had a manager responsible for the recall system.
- The Quality and Outcome Framework (QOF) clinical data for exception reporting for the practice, relating to Diabetes Mellitus (combined overall totals) is 13% compared to the CCG at 14% and a national average of 11%
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being

Summary of findings

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, coordinated through the Integrated Care Teams.

- Two practice nurses had a lead for Long Term conditions, one for diabetes and the other for respiratory conditions.

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 patients 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 patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years, the rates achieved for the practice were 81% in line with the CCG and national rate of 81%.
- 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, health visitors and school nurses, with meetings scheduled on a regular basis.
- There was an extra sit and wait clinic for young children.

Good



Working age people (including those recently retired and students)

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

- 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 a wide selection of self-help leaflets available in the waiting area.
- The practice had extended the hours of the phlebotomy (blood tests) service to enable patients who work to attend.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including 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.

People experiencing poor mental health (including people with dementia)

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

Good



- The practice 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 a good understanding of how to support patients with mental health needs and dementia.
- The practice chaired the multidisciplinary team meetings attended by partners, management and health and social care professionals.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages, 237 survey forms were distributed and 122 were returned.

This represented 2% of the practice's patient list.

- 64% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 75% 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%.
- 86% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 85% 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 14 comment cards which were all positive about the standard of care received.

We spoke with 16 patients during the inspection. All the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice had a response rate to the national GP survey for July –September 2015 was 51% compared to a national response rate of 38%.

West End Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to West End Surgery

The practice is known as West End Surgery. The practice is located in a purpose built premises. The practice has a patient population of approximately 7,486 registered patients. The practice population of registered patients aged between 0 to 4 is lower than the national average. The patients aged 65 years plus, 85 years and over are above higher than the national averages.

We were told that the profile of the population registered is changing with a significant number of new homes being built locally. The practice has applied for redevelopment financial support to cope with the increase in population locally, and rising registrations with the practice.

There is a car parking area with disabled bays but access for patients using prams and wheelchairs was difficult as there are no automatic doors. Reception staff do assist patients. There is a self-check in; reception has a low desk for wheelchair users and an accessible toilet. There is a dementia friendly sign, a hearing loop and a practice brochure in large print. There is a self-check blood pressure monitor available. A privacy screen is available in case of an emergency in a public area.

There are four GP partners, two female and two male, and a salaried GP. The practice employs three practice nurses

and a health care assistant. There are two practice managers, two secretaries and nine receptionists. Services are provided via a General Medical Services (GMS) contract. (GMS contracts are negotiated nationally between GP representatives and the NHS)

The practice has core opening times between 8.00am to 6.30pm Monday to Friday. The practice offers GP and nurse telephone consultations, and phlebotomy appointments are available.

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice, in the practice information leaflet and on the patient website.

Services are provided from the following location:

West End Surgery

Moorgreen Road

Southampton

Hampshire

SO30 3PY

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

Detailed findings

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 23 August 2016. During our visit we:

- Spoke with nine staff including 3 GPs, 3 nurses, 2 practice managers, 2 receptionists 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 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, 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.

We found that some clinical equipment had not been calibrated. This meant that some clinical recordings may not be accurate and could have an impact on safe patient care. The fault was rectified by the end of the inspection visit.

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 vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three, reception staff were trained to level one.

- 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. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was a new infection control protocol in place and the lead nurse had received up to date training.
- 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 clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. A health care assistant was trained to give B12, pneumococcal and flu injections.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- Medicine reviews were undertaken at regular intervals and varied according to the nature of the medicine and

Are services safe?

patient factors. The majority of medicine reviews were undertaken annually but for patients with long term conditions or following a hospital admission the reviews were undertaken more regularly. We reviewed 15 personnel files and found appropriate recruitment checks had been undertaken 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 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. However, not all clinical equipment was calibrated to ensure it was working properly. This was rectified by the end of the inspection visit. 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. The practice had commissioned an independent company to assess the legionella risk. (Legionella is a term for a particular

bacterium which can contaminate water systems in buildings). The risk assessment set out control measures the practice was required to take to reduce risk.

- 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 there were protocols in place to ensure cross cover between all staff for annual leave.

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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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. However the safety alerts were not always communicated to staff.
- 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 for the year ended March 2015. This showed the practice had achieved 98% of the total number of points available.

This practice was not an outlier for any QOF clinical targets. Data from 2015-2016 showed:

- Performance for diabetes related indicators was similar compared to the national average. West End Surgery was 13% against a clinical commissioning group (CCG) average of 13% and National average of 11%.
- Performance for mental health related indicators was better than the national average. West End Surgery was 6%, against the CCG average of 12% and the national average of 12%.
- There was evidence of quality improvement including clinical audit.
- There had been five clinical audits completed in the last two years. Two of these were second or third audit cycles providing quality assurance in the area of new cancer diagnosis and fitting intrauterine devices (coils). We saw evidence from the clinical commissioning group (CCG) prescribing reviews that the practice had been

improving rates of anti-coagulation for appropriate patients with atrial fibrillation (atrial fibrillation is an irregular and often very fast heart rate) leading to a reduction in risk and potentially avoidable strokes.

- 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 phlebotomy review as patients had difficulty in getting an appointment. The practice had extended the availability of the phlebotomy clinic as a result
- Information about patients' outcomes was used to make improvements such as: The Medicines Optimisation Incentive Scheme led by the CCG demonstrated that the practice was not an outlier in any prescribing. This showed effective and improved prescribing practices.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. A practice nurse had recently completed a degree in the care of 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,

Are services effective?

(for example, treatment is effective)

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 in-house training.

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.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- 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 and patients were signposted to the relevant service.
- Patients had access to a dietician and smoking cessation advice was available from a local support group.
- The practice had provided advice on the benefits of stopping smoking to 76% of those identified as current smokers. This was below the CCG average of 91% and the national average of 87%.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG and national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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. People, aged 60-69 years of age screened for bowel cancer within 6 months of invitation (uptake %) the practice recorded 67% compared to the national average of 55%.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. The immunisation rates for the immunisations given to under two year olds ranged from 80% to 96% compared to the CCG average rates of 80% to 99%. For five year olds the practice rates of immunisation were 98% to 100% compared to the CCG average rates of 94% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

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 14 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 did not have the opportunity to speak to members of the patient participation group (PPG) which had only recently been formed. There had been an active recruitment process and the group had a first meeting booked for September 2016. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 97% 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%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

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

One of the administrative staff was the lead for customer relations and had trained reception staff on 'motivational interviewing' techniques

Care planning and involvement in decisions about care and treatment

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

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 94% 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%.
- 89% 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.

Are services caring?

- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

Patients and carers were monitored through the new care navigator pilot which has now secured further funding from the clinical commissioning group. 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 letter. 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 applied for a grant from the CCG to refurbish and extend the patient facilities.

The Practice was responding to changes in the demand, demographics and delivery of care in the local population by being an active member of the Eastleigh Southern Parishes Multi-Community Provider (MCP). There is a lead GP from the practice who attends and contributes to the MCP meetings and feeds back to the practice.

The practice has worked with other local practices on a Care Navigator Project funded by the CCG. This is a patient/carer goal based programme, funding has just been granted for a further three years. Early data from the programme outcomes indicate that there have been some reduction in hospital admissions

- The practice offered phlebotomy appointments on a Monday to Thursday from 8am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients, those with learning disabilities who were unable to attend the surgery and patients with clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, a hearing loop and translation services available.
- The practice was located on the ground floor.
- Staff were trained to meet the needs and take into consideration patient's age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation and patients with complex needs. For example, those living with dementia or those with a learning disability. Other

reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. The doors to the premises were difficult for disabled users to access but reception staff were available to assist. Installation of automated doors had been included in the refurbishment plans.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available on the day 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.

- 81% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 64% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.
- GPs and nurse were available for telephone consultations

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

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. We saw posters and leaflets on display.

We looked at 20 complaints received in the last 12 months and found that they had been responded to openly and promptly. Patients received a verbal follow up to their

concerns at the earliest opportunity. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. The practice had introduced a customer care training program with staff.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The clinical commissioning group (CCG) had been invited to the practice earlier in 2016 to focus on the quality and safety of services.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained although some actions for legionella could not be evidenced.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were limited arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The cleaning company had not dealt with a bag of clinical waste correctly; this was immediately corrected on the day.

Leadership and culture

The practice had a strong management team comprised of the four partners supported by the two practice managers. In addition the work force was stable with very little turnover of staff. A second practice manager responsible for operations had been employed to identify and take action on any gaps in safe service delivery.

They told us they prioritised, 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 an apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings. Minutes of meetings we reviewed confirmed this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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 surveys and complaints received. For example the practice had rescheduled the phlebotomy service.

Are services well-led?

Good 

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

- The practice had only recently recruited members for the patient participation group (PPG) been scheduled to meet in September 2016 for the first time.
- 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.
- Minutes of meetings reflected outcomes of complaints and to inform staff of changes in practice that may be required when communicating with patients, for example training for reception staff on the patient interface, both patients who attend the surgery and for patients who telephoned the practice.
- The Practice worked with the locality on the Care Navigator pilot, which due to the success of the pilot program has recently received multi-year financing, and the Practice is shortly starting a one year trial of eConsultations.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example,