

Chessel Practice

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This inspection was an announced focused inspection carried out on Thursday 27 October 2016 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on Thursday 25 February 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The full comprehensive report on the February 2016 inspection can be found by selecting the 'all reports' link for Chessel Practice on our website at www.cqc.org.uk.

Overall the practice is now rated as requires improvement.

At our previous inspection, we found that the practice had not ensured that:

- Lessons were learnt and action taken following significant event investigations to improve the safety in the practice.
- Clinical audits and re-audits were carried out to improve patient outcomes.

- Appraisals were undertaken for all staff.
- A Legionella risk assessment had been completed..

Our key findings for this inspection were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Reviews and investigations had been introduced and were taking place.
- Data showed patient outcomes were low compared to the locality and nationally.
- New audits had been carried out and we saw evidence that audits were driving improvement in performance to improve patient outcomes.
- A Legionella risk assessment had been completed.
- Patient survey results showed lower satisfaction with this practice than nationally however the majority of patients we spoke with said they were treated with compassion, dignity and respect.
- The practice had commenced regular communication with all staff in a format that meant staff were aware of relevant changes in the practice.
- The practice had started to review and update practice policy documents and implement them.

Summary of findings

- Training the practice felt was necessary, had been reviewed; such as for the Mental Capacity Act 2005, which had taken place.
- The practice ensured all patients had a named GP.

The areas where the provider must make improvements are:

- The provider must ensure that all staff had received regular appraisal.

In addition the provider should:

- Make sure that learning from significant events is shared with all staff as relevant and recorded.
- Review and improve the number and frequency of patient appointments.
- Ensure the governance arrangements and risk management are fully embedded and increase the availability of the leadership in the practice for staff

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.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients who used services were assessed; the systems and processes to address these risks were now implemented well enough to ensure patients were kept safe.
- Legionella checking at the practice had been risk assessed since our last inspection.

Good



Are services effective?

The practice is rated as requires improvement providing effective services.

We found that not all staff had received a staff appraisal.

There were, however, examples of good practice.

- There was evidence that audits had been conducted and were starting to drive improvement in performance to improve patient outcomes.
- Multidisciplinary working was taking place and outcomes were now being recorded.
- At our last inspection, the percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review for the preceding 12 months was 74% compared to the national average of 85%. This had increased to 82% in figures for 2015-2016, compared to the national average of 84%.
- The practice's uptake for the cervical screening programme had remained at 84%, which is comparable to the national average of 82%.
- The practice had also recently employed an advanced nurse practitioner who triaged home visits with the assistance of a GP to ensure that decisions were within their competencies.
- The practice also employed two clinical support officers, their roles were to support the GPs around four key workflows, document management – predominantly hospital correspondence, laboratory result management, medicine management and report writing.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey published in January 2016 showed patients rated the practice lower than others for several aspects of care. For example, 76% 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%. Data from the national GP patient survey in July 2016 showed that 75% of patients answered the question in the same way.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as requires improvement providing responsive services. There were, however, examples of good practice.

- 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 that the local clinical commissioning group still had concerns about staffing levels but had acknowledged that improvement was taking place.
- 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.
- Urgent appointments were usually available on the day they were requested.
- The national GP patient survey results published in July 2016 showed the practice was performing below local and national averages in some areas.

Requires improvement



Are services well-led?

The practice is rated as requires improvement for being well-led. There were, however, examples of good practice.

- The practice had a vision and a strategy which was being implemented and staff were aware of this and their

Requires improvement



Summary of findings

responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management but at times they weren't sure who to approach with issues.

- The practice had a number of policies and procedures to govern activity; these were being reviewed and updated to reflect the vision and strategy.
- All staff had received inductions but not all staff had received regular performance reviews.

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 requires improvement for the care of older people.

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

- Longer appointments, urgent appointments and home visits were available for older patients when needed, and this was acknowledged positively in feedback from patients. The leadership of the practice had started to engage with this patient group to look at further options to improve services for them.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice had also recently employed an advanced nurse practitioner who triaged home visits with assistance of a GP to ensure that calls were within their competencies.

Requires improvement



People with long term conditions

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

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- The practice ensured all patients had a named GP, those requiring it had a personalised care plan or structured annual review to check that their health and care needs were being met.

Requires improvement



Families, children and young people

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

Requires improvement



Summary of findings

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- Appointments were available outside of school hours.
- Pregnant women had antenatal appointments with a GP; the practice also hosted a weekly midwife clinic.
- Safeguarding training for staff was up to date and an on-going priority area for the practice.
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the national average of 82%.

Working age people (including those recently retired and students)

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

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

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

Requires improvement



People whose circumstances may make them vulnerable

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

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Requires improvement



Summary of findings

- The practice had carried out annual health checks for patients with a learning disability.
- The practice worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice had told 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 requires improvement for the care of people experiencing poor mental health (including people with dementia).

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

- The practice 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 understanding of how to support patients with mental health needs and dementia. staff had received relevant Mental Capacity Act 2005 training.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing below local and national averages. 261 survey forms were distributed and 125 were returned. This represented about 1% of the practice's patient list.

- 38% found it easy to get through to this surgery by phone compared to a national average of 73%. This was 3% higher than the January 2016 GP patient survey.
- 71% were able to get an appointment to see or speak to someone the last time they tried compared to a national average of 77%. This is 6% lower than the January 2016 GP patient survey.
- 70% described the overall experience of their GP surgery as fairly good or very good compared to a national average of 86%. This was 7% lower than the January 2016 GP patient survey.

- 59% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a national average of 80%. This was 4% lower than the January 2016 GP patient survey.

We noted that there had been negative comments made on the NHS choices website. For example, patients had reported that since the CQC visited this practice and rated it as needing improvement, all of the GPs had left.

The practice told us at this inspection that recruitment for the practice was complete and that most of the new salaried GPs were already working at the practice in a locum capacity.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were approachable, committed and caring. Although we were also told that, on some occasions, patients were kept waiting to see the GP past the appointment time and appointments were difficult to obtain.

Chessel Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Chessel Practice

The Chessel Practice is located in a purpose built medical centre at Sullivan Road, Sholing, Southampton, Hampshire, SO19 0HS.

This practice has a branch practice at 4 Chessel Avenue, Bitterne, Hampshire, SO19 4AA. During this inspection we did not visit the branch practice.

In February 2016, the practice was preparing for a time of change of the leadership and was being supported by Integral Medical Holdings (IMH) who were providing back office functions and clinical support. In March 2016, IMH started the process of running of the practice and Chessel Practice is now under the brand of IMH and has two registered partners who are GPs.

At the time of this visit, the practice staff included the two male GP partners and a registered manager. The practice also had four salaried GPs, two male and two female.

The practice had three advanced nurse practitioners, two practice nurses and two healthcare assistants and a phlebotomist. The practice had also recently employed an advanced nurse practitioner who triaged home visits with the supervision of a GP, to ensure that calls were within their competencies.

The clinical team are supported by a practice manager an assistant practice manager and a team of receptionists, typist and administration support staff.

Chessel Practice has an NHS General Medical Services contract to provide health services to approximately 11900 patients in and around the east of the city of Southampton and surrounding area. The practice covers an inner city area with a significant numbers of disadvantaged patients and is in the fourth more deprived decile. This practice has a high percentage of patients aged between 0-19 years and 70 years and over.

The practice is open Monday to Friday 8am to 6:30pm. Phone lines are open from 8am to 6.30pm Monday to Friday (excluding public holidays). The practice is closed between 1pm and 2pm on a Monday for staff training.

The medical centre includes the GP practice and an independent pharmacy. All consulting and treatment rooms are on the ground floor and there are appropriate toilet facilities for disabled patients and baby changing.

The waiting area is large and has an open and calm feeling. There is a self-check in system with automatic opening entrance doors. The waiting area also has the entrance to the independent pharmacy.

Same day appointments can be booked at any time from 8am on the day the patients needed the appointment for. Routine appointments are available up to four weeks ahead with each GP.

Urgent appointments are also available for people who needed them. Appointments can be made by phone, on line or by visiting the practice. The practice offered online booking of appointments and requesting prescriptions.

Detailed findings

The practice offers telephone consultation appointments with the GP or nurses which can be arranged via the reception team. The practice also offers home visits if required and appointments with the practice nurses if the patient felt they did not need to speak with a GP.

The practice has opted out of providing out-of-hours services to their own patients and refers them to the Out of Hours service via the NHS 111 service.

Why we carried out this inspection

We undertook a comprehensive inspection of Chessel Practice on 25 February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for safe, effective, responsive and well led services and good for caring services. The practice was rated overall as requires improvement.

We undertook a further announced comprehensive inspection of Chessel Practice on 27 October 2016. To check that the practice had made improvements to the areas that required improvement.

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 27 October 2016. During our visit we:

- Spoke with a range of staff including GPs, Nurses, administration and reception 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 information supplied to us by the practice to show they had made improvements.

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.

At our previous inspection on 25 February 2016, we rated the practice as requires improvement for providing safe services as the practice did not fully Investigate significant incidents thoroughly doing all that is reasonably practicable to mitigate risks and ensure learning points were properly dealt with and communicated to staff. The practice did not have a legionella risk assessment.

These arrangements had significantly improved when we undertook a follow up inspection on 27 October 2016. The practice is now rated as good for providing safe services.

There was a 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 practice was now carrying out analysis of significant events. There were six monthly meetings to discuss significant events and learning was shared. The next meeting had been scheduled for November 2016.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were not always completely shared to make sure action was taken to improve safety in the practice. For example, we saw that a significant event dated 15 August 2016 had been discussed by a GP and nurse but had not been formally recorded as discussed in the practice.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Monitoring risks to patients.

Risks to patients were assessed and well managed for most aspects of the practice.

- 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.
- At the previous inspection we found that a Legionella risk assessment had not been completed. On this inspection we found that the practice had employed a private company to carry out a risk assessment for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice was working through any recommendations made in the assessment within a reasonable time frame.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 25 February 2016, we rated the practice as requires improvement for providing effective services as the clinical audits and re-audits were not carried out to improve patient outcomes and appraisals were not undertaken for all staff.

These arrangements had improved when we undertook a follow up inspection on 27 October 2016, but staff appraisals had not been fully completed.

Effective needs assessment.

- Clinical audits and re-audits were carried out to improve patient outcomes.

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 2015-2016 were 84% of the total number of points available. The practice had a clinical exception rate of 6%. This is an improvement on the previous year. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This was 5% lower than clinical commissioning group and 4% lower than the national average. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-2016 showed;

- Performance for diabetes related indicators was similar to the national average. For example: The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding months was 96% compared to the national average of 95%.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 74%, this was 6% points below the clinical commissioning group average.
- Performance for mental health related indicators was comparable to other practices in the clinical commissioning group and national average.

At our last inspection there were not sufficient clinical audits and re-audits carried out to improve patient outcomes.

Since our previous inspection, we were told that there had been four clinical audits completed with an initial audit followed by a second audit to compare results and where the improvements had been monitored. For example, we saw evidence of a Warfarin audit completed by the practice to ensure patients were receiving the correct treatment. (Warfarin is an anticoagulant (blood thinner). Warfarin reduces the formation of blood clots. Warfarin is used to treat or prevent blood clots in veins or arteries, which can reduce the risk of stroke, heart attack, or other serious conditions.) The audit showed that the practice had been able to reduce the error rate of patients being on the correct regime from 50% to 10%.

Information about patient outcomes demonstrated that the practice was moving forward and leading to improvement.

Effective staffing.

At our last inspection staff had the skills, knowledge and experience to deliver effective care and treatment however not all staff had received an appraisal.

At this inspection we found that:

- Staff had the skills, knowledge and experience to deliver effective care and treatment however, systems to support staff appraisal had not been completed for all staff. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.

Are services effective?

(for example, treatment is effective)

- However it was still the case that not all staff had received an appraisal in the last 12 months; some were not sure when they had received their last appraisal. Data supplied by the practice showed that there was no record that appraisals had been completed for the GPs. The two lead GPs showed that they may have appraisals at IMH Head Office. Three of the four salaried GPs had appraisals booked for 2016 and 2017, although these were shown as probationary reviews, two GPs had been on maternity leave and one was shown to start in November 2016. Of the nursing staff four staff appraisals had been completed the day before the inspection and six staff had not received appraisals. The data showed 18 administration staff with only two staff having completed an appraisal. All staff had been booked in for an appraisal in October or November 2016. The practice manager and deputy practice manager had received an appraisal in October 2016.
- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice also employed two clinical support officers (CSO) their roles were to support the GPs around four key workflows, document management – predominantly hospital correspondence, laboratory result management, medicine management and report writing.
- The role was intended to work very closely with two key areas of the practice support functions – namely the Clinical Pharmacist and the Referral team. The CSOs were also being mentored by a named clinician working in the practice. We saw an IMH Group South Region Clinical Support Officers Handbook which set out the role requirements and what CSO's were allowed to do.

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. Information such as NHS patient information leaflets were also available.

- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis.

Consent to care and treatment.

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

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

Supporting patients to live healthier lives.

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

- These included patients in the last months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates were comparable to clinical commissioning group averages. For example, childhood immunisation rates given to under two year olds ranged from 71% to 100% compared to the clinical commissioning group averages of 72% to 96% and five year olds from 69% to 98%. Compared to the clinical commissioning group averages of 73% to 96%.

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.

Results from the national GP patient survey July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and national average of 89%.
- 84% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 96%.
- 79% said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 79% said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

The practice was aware of the low area relating to GPs and receptionists and believed that now that the practice had appointed salaried GPs instead of locum GPs this area would improve dramatically. Reception staff had been working hard to deal with the changes in GPs and

challenges with the telephone system. More staff were manning the telephones at the busiest times and now that the practice was becoming stable the providers felt that the figures in this area would also improve.

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.

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:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care compared to the national average of 81%.
- 85% said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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.

Patient and carer support to cope emotionally with care and treatment.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice had recorded 440 patients on their carers register (171 males and 269 females) this represented over 3% of the practice population.

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 would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service.

The practice is open Monday to Friday 8am to 6:30pm. Phone lines are open from 8 am to 6.30pm Monday to Friday (excluding public holidays). The practice is closed between 1pm and 2pm on a Monday for staff training.

Same day appointments can be booked at any time from 8am on the day the patients needed the appointment for. Routine appointments are available up to four weeks ahead with each GP.

Urgent appointments are also available for people who needed them. Appointments can be made by phone, on line or by visiting the practice. The practice offered online booking of appointments and requesting prescriptions.

The practice offers telephone consultation appointments with the GP or nurses which can be arranged via the reception team. The practice also offers home visits if required and appointments with the practice nurses if the patient felt they did not need to speak with a GP.

The practice has opted out of providing out-of-hours services to their own patients and refers them to the Out of Hours service via the NHS 111 service.

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

- 67% of patients were satisfied with the practice's opening hours compared to the national average of 80%.
- 38% patients said they could get through easily to the surgery by phone compared to the national average of 74%. This had gone up by 3% since our last inspection.
- 18% patients said they always or almost always see or speak to the GP they prefer compared to the national average of 36%.

We raised these figures with the practice who told us they had placed patient satisfaction on the practice continuous professional development plan and were starting to make improvements in patient experience. The practice told us they felt that feedback from patients was crucial and were learning from that by implementing change to improve patient experience. The practice had worked to improve the phone system and the practice had put additional receptionists taking calls at peak times. The practice manager was continuing to monitor and audit call waiting times and missed calls.

Call waiting times and unanswered calls had been an agenda item on the new patient participation group meeting. The practice had monitored the calls and on average the practice takes 300 plus calls and over 500 calls on a Monday.

Listening and learning from concerns and complaints.

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Examples seen were complaints and comments leaflets available from reception or online. Also available online was a complaints form which could be filled in by the patient.

We looked at 12 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency when

Are services responsive to people's needs?

(for example, to feedback?)

managing the complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the telephone systems had been reviewed.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy.

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

- There has been a change of direction and leadership from March 2016, as IMH started the process of running of the practice and Chessel Practice is now under the brand of IMH and has two registered partners who are GPs.
- The practice had a mission statement which was displayed in the waiting areas and senior staff knew and understood the values. However, some staff we spoke with were not sure of the mission statement and were unsure what responsibilities the GPs had and who to go to with concerns.
- The practice had a strategy and supporting business plans which reflected the vision and values.
- A GP had introduced a monthly meeting attended by all GPs and if relevant nurses. This meeting included discussion as needed about patients in vulnerable circumstances.

Governance arrangements.

The practice had an overarching governance framework which was not fully embedded but improvements had been seen for the delivery of the strategy and patient care:

- 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 although there were policies that required reviewing.
- We saw evidence of programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions these were recently put into place and were not yet embedded.

Leadership and culture.

The partners in the practice had the experience and capability to run the practice and ensure high quality care. However, governance arrangements and risk management

were not fully embedded. The partners were not always visible in the practice and staff told us they were not always approachable and took the time to listen to members of staff.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

There was a changing leadership structure still being put in place in place and staff in general felt supported by management but were still uncertain about the future.

- Staff told us there was an open culture within the practice and they had the opportunity to raise issues, most we spoke with felt confident in doing so.
- Staff said they felt respected, valued and supported at the time of our visit. Staff were sometimes 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.
- The leadership had not ensured that all staff had received an appraisal in the last 12 months.

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 found difficulty in retaining patients to take part in a patient participation group (PPG). A new group started on 7 March 2016. We saw documentation that showed the new PPG was meeting regularly and producing documentation with comprehensive proposals for the future of the practice, including completing patient surveys and submitting proposals for improvements to the practice management team.

Are services well-led?

Requires improvement



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

Continuous improvement.

The practice team was forward thinking and had started to implement a focus on continuous learning and improvement. The practice was being run by Integrated

Medical Holdings (IMH) and had introduced improvements at the practice which were continuing in line with an action plan and Practice Continuous Professional Development Plan Jan 2016 - Dec 2017.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>Persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.</p> <p>Not all staff had received regular appraisal.</p> <p>This was in breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>