

Parkside 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

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Parkside Practice on 11 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and were generally well managed. However, some staff employed since April 2013 did not have Disclosure and Barring Service (DBS) checks and were being used as chaperones. There was no record of a locums GMC registration number or references being taken up.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

Summary of findings

- Ensure recruitment checks include all necessary employment checks and a complete record is maintained.
- Staff that have the role of chaperone need a Disclosure and Baring Service (DBS) checks or a risk assessment explaining why this is not required. Where not required the correct procedures for the chaperone to follow must be reflected in the practice policy.

The areas where the provider should make improvement are:

- The treatment room needs to be kept locked when not in use and the medicine fridge keys kept secure at all times.
- The practice should increase the support provided to patients with mental health needs.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.

However:

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

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

Good



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.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services

- Practice staff 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

However:

- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.

Good



Are services well-led?

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

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

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Performance for conditions common in older people was similar to the national averages. For example 84% of patients with high blood pressure had a blood pressure reading which was in acceptable limits compared to the clinical commissioning group (CCG) average and national average
- Performance for conditions common in older people was similar to the national averages.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 78% of patients with diabetes had an acceptable blood pressure reading, which was similar to the CCG average of 77% and national average of 87%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Good



Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practices uptake for the cervical screening programme was 79% which was lower than the CCG average 82% and the national average 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.

Working age people (including those recently retired and students)

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

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

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice had identified 25 patients with a learning disability; 72% of these had received a physical health check in the previous 12 months.
- 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.

Good



Summary of findings

- 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 living with dementia).

- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average 84%.
57% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, which is lower than the CCG 88% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. A total of 295 survey forms were distributed and 116 were returned, which is a response rate of 39%. This represented 1% of the practice's patient list.

- 65% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 83% 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%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received. Patients commented upon how kind and welcoming staff were and how they felt treated with dignity and respect. Seven patients also commented upon the difficulty in getting appointments to see their GP.

We spoke with eight 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 used the Friends and Family test (FFT) to get patients views on whether they would recommend the practice to family and friends. We looked at the latest FFT scores that were available to us and 71% of patients said they would recommend the practice.

Parkside 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.

Background to Parkside Practice

Parkside Practice is located in a purpose built building at the Eastleigh Health Centre which the practice shares with another GP practice. The practice is based near the town centre of Eastleigh, located near Southampton and Winchester. The practice has approximately 8,500 registered patients.

The practice provides services under a NHS General Medical Services contract and is part of NHS West Hampshire Clinical Commissioning Group (CCG). The practice is based in an area of low deprivation compared to the national average for England. A total of 15% of patients at the practice are over 65 years of age, which is lower than the CCG average of 22% and national average of 28%. A total of 60% of patients at the practice have a long-standing health condition, which is slightly higher than the CCG average of 55% and national average of 54%. Less than 11% of the practice population describe themselves as being from an ethnic minority group; the majority of the population are White British.

The practice has two GP partners, who are both male, as well as employing four female and one male salaried GPs. Together the GPs provide care equivalent to approximately 46 sessions per week. The GPs are supported by four practice nurses and two health care assistants who provide

a range of treatments and a phlebotomist. The clinical team are supported by a management team with secretarial and administrative staff. The practice is a training practice for doctors training to be GPs (registrars).

Parkside Practice is open between 8am and 6.30pm Monday to Friday. Extended hours surgeries are available every Monday morning from 7.30am to 8.00am and evening from 6.30pm until 7.30pm and the second Saturday each month from 8.30am to 10.30am. The GPs also offer home visits to patients who need them.

The practice has opted out of providing out-of-hours services to their own patients and refers them to the Portsmouth Healthcare service via the NHS 111 service. The practice offers online facilities for booking of appointments and for requesting prescriptions.

We inspected the only location:

Parkside Practice

Eastleigh Health Centre

Newtown Road

Eastleigh

SO50 9AG

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 July 2016.

During our visit we:

- Spoke with a range of staff GPs, nurses, managerial, 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 comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a medicine error related to a patient living with dementia, improvements were identified which included ensuring that an alert was placed on the patients notes to ensure their carer was contacted regarding treatment.

Overview of safety systems and processes

The practice had 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 were trained to child protection or child safeguarding level 3.

- A notice in the waiting room and clinical rooms advised patients that chaperones were available if required. However, we found that not all staff (receptionists) who acted as chaperones had a risk assessment undertaken or 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. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, in the last audit 25 actions were highlighted which included lack of appropriate cleaning of computer keyboards and lack of cytotoxic sharp bins in four treatment rooms. We saw that all the actions had been completed. Cytotoxic medicines are any medicine that has a toxic effect on cells.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, and disposal). However we found that a treatment room with a locked medicines fridge had been left unlocked with the fridge key stored in an unlocked drawer.
- Processes were in place for handling repeat prescriptions. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient group directions had been adopted by the

Are services safe?

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

- We reviewed four personnel files and found that not all records held appropriate recruitment checks. On two files there was no evidence that appropriate checks through the Disclosure and Barring Service had been undertaken prior to employment.
- There was no record of a locum who the practice had recruited directly GMC registration number or references being taken up. This shortfall has since been rectified and proof of GMC registration has been provided along with an action plan to address other issues raised within 48 hours of the inspection.

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. The last fire drill was in November 2015.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The last Legionella check was undertaken in January 2016.
- 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. The practice had a staff roster lead who ensured that each shift had adequate cover. There was also an appointment lead who monitored the GPs and nurses availability.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available. The practice's exception reporting was 12% compared to the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 -2015 showed:

- Performance for patients diagnosed with dementia related QOF indicators was better than the national average. A total of 100% of patients with dementia had their care reviewed in a face to face review in the preceding 12 months, compared to the clinical commission group (CCG) and national average of 84%.
- We found that there were a total of 51 patients on the register who were diagnosed with dementia however 13 (25%) had been excepted from this outcome which was higher than the national average (8%).
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months, was 79%, which is above the CCG average of 74% and national average of 75%.

- We found that there were a total of 663 patients on the register who were diagnosed with asthma however 256 (38%) had been excepted from this outcome which was higher than the national average (7%).
- Performance for cervical screening was worse than the national average. A total of 79% of women aged 25-64 whose notes recorded that a cervical screening test in the preceding 5 years, compared to the national average of 82%.
- Performance for diabetes related indicators was to the national average.
- Performance for mental health related indicators was significantly worse compared to average. 57% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to a CCG average of 89% and national average of 88%. The practice told us that some of the patients care plans were completed by the Community Mental Health Team (CMHT) so were not recorded on the practices Quality and Outcomes Framework (QOF).
- The percentage of patients with COPD (Chronic obstructive pulmonary disease (COPD) is a common lung disease) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 94% which was higher than the CCG average of 90% and national average of 90%.
- There was evidence of quality improvement including clinical audit.
- There had been clinical audits undertaken in the last two years, of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services.

Information about patients' outcomes was used to make improvements. For example the practice participated in the West Hampshire CCG's colorectal pathways audit to map current referral pathways for patients to help inform future commissioning decision making.

Effective staffing

Are services effective?

(for example, treatment is effective)

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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- The practice is a training practice for GP s which provided opportunities for trainee registrars and was also part of the Wessex clinical research network.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice takes part in CCG group training sessions. The practice closes for half a day, three times per year for protected learning time. Patients were informed in advance and supported to use the NHS111 system during these closures.

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 people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

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 were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 79%, which was lower than the CCG average of 82% and national average of 82%. There was a policy to offer

Are services effective? (for example, treatment is effective)

telephone reminders for patients who did not attend for their cervical screening test. The practice offered appointments on a daily basis and ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. A total of 70% of eligible patients attended breast cancer screening which was lower than the national average of 72% and CCG average of 74%. A total of 61% of eligible patients were screened for bowel cancer which was lower compared to the CCG average of 66%, but higher than the national average of 58%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 86% to 97% and five year olds from 91% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. However, seven patients also commented upon the difficulty in getting appointments to see their GP.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and that the PPG had been consulted about the recent restructuring of the practice.

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

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 93% 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%.

- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 92%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

- 83% 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%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and 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.

The practice's computer system alerted GPs if a patient was also a carer. 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. 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. The practice recently closed its branch surgery to concentrate on the needs of the remaining 8,500 patients as it recognised the need to make improvement in some areas.

- The practice offered extended hours surgeries every Monday morning from 7.30am to 8am and evening from 6.30pm until 7.30pm; and one Saturday morning per month from 8.30am to 10.30am, for 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 and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered in-house phlebotomy to patients every week day from 11.00am to 1.30pm. A home visit phlebotomy service was also provided to patients who were unable to attend the practice.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Extended hours appointments were available Monday morning from 7.30 am until 8am, Monday evening until 7.00pm and on the second Saturday of the month from 8.30 to 10.30am. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them. Patients who requested an urgent appointment were assessed by a GP by telephone to assess how urgent their need was, and an appointment

made as appropriate. Routine telephone appointments were also offered. The practice had a leaflet which explained the opening times of the practice and the GPs working days.

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.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 78%.
- 67% of patients said they could get through easily to the practice by phone compared to the CCG average of 82% and the national average of 73%.
- 72% of patients stated that the last time they wanted to see or speak to a GP or a nurse from their practice they were able to get an appointment compared to the CCG average of 84% and national average of 76%.

Patients told us on the day of the inspection that they were to get appointments when they needed them. However, they were not always able to see their chosen GP on the same day. Patients who booked in advance were able to see their chosen GP.

The practice had a system in place to assess:

- Whether a home visit was clinically necessary.
- The urgency of the need for medical attention.

The practice offered a telephone triage service for patients who requested an urgent appointment to assess how urgent their need was and an appointment made as appropriate. 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?)

- The practice held regular complaints review meetings to identify trends and appropriate action.
- We saw that information was available to help patients understand the complaints system.

We looked at three complaints of 12 received in the last 12 months and these were satisfactorily handled, dealt with in a timely way, and with openness and transparency when dealing with the complaint. Lessons were learnt from

individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, the practice analysis of complaints identified that they had a number of complaints concerning accessibility of appointments. The practice introduced a telephone triage system to establish the urgency of patients' needs and an appointment was offered as appropriate.

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 recently restructured its services closing its branch surgery and transferring patients to another GP practice to stabilise the practice and income. This also enabled the practice to concentrate on its remaining 8,500 patients.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on the practices intranet.
- The practice understanding of performance of the practice had not identified the need for improvement in relation to chaperone safety and locum recruitment checks.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. However improvements for patients with mental health needs and not been acted upon.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- 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 the patient participation group (PPG) and through surveys and complaints received. The PPG met with the practice manager and the GP's once a quarter and produced a six monthly newsletter, carried out

Are services well-led?

Good 

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

patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had improved access to the premises for patients with limited mobility.

- The PPG was consulted about the recent restructuring of the practice and helped to facilitate an open meeting for patients about the changes during the consultation period.
- 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. For example, nursing staff had requested that the senior nurse manager attended the weekly GP

meetings to share information. Also following concerns raised by nursing staff about their clinical cleaning regime protected appointments were introduced to give nurses the appropriate time to complete their cleaning tasks. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice is part of TLC (Tri – Locality Care) federation which brings together three practices in Eastleigh with the aim to develop closer working relationships.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed.</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure that persons employed for the purposes of carrying on a regulated activity were of good character. The registered person did not have regard to the matters outlined in Schedule 3 of the regulations.</p> <ul style="list-style-type: none">• Recruitment for locums and checks for staff who act as chaperones were not always completed. <p>This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>