

Queenswood Surgery

Quality Report

223 London Road,
Waterlooville,
Hampshire
PO8 8DA

Tel: 02392263491

Website: www.queenswoodsurgery.co.uk

Date of inspection visit: 6 September 2016

Date of publication: 26/01/2017

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Queenswood Surgery on 6 September 2016. Overall the practice is rated as Requires Improvement.

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

- The arrangements for governance and performance management were not always embedded or operated effectively. There is limited assurance that risks to patients were assessed and well managed. For example, those relating to management of legionella, blank prescription stationery security, safeguarding training, fire safety and lack of records of electrical equipment testing checks. There was limited oversight of the system managing access for patients with limited mobility.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment, but not all staff had received an appraisal of their performance within the last year.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns. The practice had gathered feedback from patients through the Patient Participation Group.
- 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.

Summary of findings

- The practice collaborated with other practices as part of the local Vanguard multi-speciality project to provide alternative routes for patients who require home visits.
- The practice had identified over 4% of the patient population who were also carers and provided them with appropriate support.

The areas where the provider must make improvement are:

- Ensure that governance and systems for health and safety are operated effectively and any risks are appropriately managed. For example, management of legionella and electrical equipment testing checks.

The areas where the provider should make improvement are:

- The provider should review the use of family members as translators for patients whose first language is not English.
- All policies should be regularly reviewed to ensure they reflect current processes in the practice.
- The provider should continue to review the access arrangements to meet the needs of all patients.
- The provider should review the system for managing the security of prescription stationery.

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.

Requires improvement



- 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 and safeguarded.
- For example, the chaperone policy did not reflect the current procedures, the system for blank prescription stationery tracking was not effective, there was no practice management of legionella and no evidence that checks of electrical equipment safety had been undertaken.
- 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice is rated as good for providing effective services.
- The majority of staff had received an appraisal within the last 12 months, with the exception of two non-clinical staff who received regular reviews from line managers.
- 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.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- The practice had identified over 4% of the patient population who were carers.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. For example, they employed a pharmacist for the practice, as part of the NHS England pilot programme to support prescribing guidelines.
- The practice has implemented an on-line consultation system to meet the needs of working age people.
- The practice was part of a local initiative for older people to increase access and the practice responsiveness for patients who required a home visit.
- 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 offered a range of access options including, daily bookable telephone appointments, weekly late night clinics and twice daily walk-in same day access clinics.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Some patients with limited mobility told us they found the main entrance ramp access difficult.
- 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.

Good



Are services well-led?

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

- The practice had a number of policies and procedures to govern activity, but some of these were not fully embedded or

Requires improvement



Summary of findings

operated effectively. For example, prescription tracking and oversight of adult safeguarding training. There were further issues in respect of areas of health and safety, for example the lack of management of legionella and no records of electrical equipment testing were in place.

- The practice had a 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.
- 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.
- The practice engaged with local initiatives and working closely with neighbouring practices for the benefit of patients.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older 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. For example, they were part of a group of providers working together delivering healthcare, along with paramedics which meant that frail older people gained access to a skilled practitioner when an urgent appointment was required.
- The practice ensured older people were discussed at least every two weeks at the multi-disciplinary meeting, so their needs were met with clear care plans.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe and well-led and good for effective, caring and responsive. 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 a hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last average blood sugar result was within acceptable limits in the preceding 12 months, was 86% which was higher than the local clinical commissioning group (CCG) average of 80% and a national average of 81%.
- Patients diagnosed with diabetes received as part of their diabetes review received regular educational support in order to be self aware in respect of staying well, such as the benefits of losing weight
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

- 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.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the clinical commissioning group (CCG) average of 77% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. For example, there was a walk-in same day access clinic for parents with babies, this was held at the practice every Tuesday.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe and well-led and good for effective, caring 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



Summary of findings

- The practice offered a range of access options including, daily bookable telephone appointments, weekly late night clinics, and a new 'on-line' consultation service.

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe and well-led and good for effective, caring and responsive. 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.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

- 79% of patients diagnosed as living with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- The percentage of patients with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 97%, which was higher than the clinical commissioning group (CCG) and national average of 90%.
- 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.

Requires improvement



Summary of findings

- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages. 246 survey forms were distributed and 121 were returned. This represented 2% of the practice's patient list.

- 95% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 82% 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%.
- 96% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The patient interviews were mostly positive and patients used words to describe their experience such as understanding, compassionate and friendly when describing the practice. Several patients commented on the easy system for same day appointments and how they could always see a GP or nurse if you needed to.

Queenswood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Queenswood Surgery

Queenswood Surgery is located at 223 London Road, Waterlooville, Hampshire, PO8 8DA. The practice is located in a converted house and is situated on a main road, close to public transport links.

The Queenswood Surgery provide general medical services to approximately 4,700 patients in the Waterlooville area of South East Hampshire, one of the least deprived areas in the country. 21% of the practice population is over 65 years of age. 1% of the patient population are from Asian backgrounds and 1% are from mixed backgrounds, with the majority of the practice population identifying themselves as White British.

There are four GP partners, three female and one male, with one salaried GP, who together provide 2.4 whole time equivalent GPs.

There are currently three practice nurses and one health care assistant. At the time of our inspection, the practice had just appointed a clinical pharmacist to assist the practice with complex medicine issues.

The practice manager is a business partner in the practice. There is a deputy practice manager and team of 10 part-time clerical, reception and administrative staff.

A steep concrete ramp leads up to a front door, with disabled access to the rear of the building, but there are no automatic doors. The practice has a waiting area equipped with suitable chairs for patients with limited mobility.

There are several noticeboards in the waiting area displaying information for patients, including the how to make a complaint, the practice cleaning schedule and the action to take in the event of a fire..

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.15am to 6.30pm daily. Extended hours appointments are offered from 5pm to 8.00pm on Monday evenings.

Telephone lines are open 8am - 8.30pm Monday and 8.am - 6.30pm Tuesday to Friday.

- Walk in same day access is offered:
- Monday 8:30 - 10am
- Tuesday to Friday from 8:30 - 9:30am
- Monday to Friday 4:00 - 4:30pm
- Baby Clinic Tuesday 10:30 – 12pm

When the practice is closed, patients are encouraged to use the NHS 111 service, publicised on the website, the phone system and within the practice.

This is the first CQC inspection for this provider.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 September 2016.

During our visit we:

- Spoke with two GPs, a deputy practice manager, two administration and reception staff and three practice nurses 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 practices carried out a thorough analysis of the significant events and significant events were discussed at the fortnightly clinical meeting.
- The practice received updates from the local clinical commissioning group (CCG) system for reporting significant events. This allowed analysis of themes and learning from neighbouring practices.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed, most recently on 16 August 2016. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, staff told us about a case discussion regarding the use of the child safeguarding referral system. This showed that the reception team were able to identify issues regarding non-attenders to the practice and to those that missed their booked hospital appointments. This was raised as a concern and escalated appropriately through clinical staff. The outcome was that a child received additional care and protection. Staff were commended for using their training and their actions.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, apart from those related to legionella.

Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- 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 three.
- During the inspection, we found that practice nurses and health care assistants were trained to child safeguarding level one. Practice nurses are required to have level two training. On discussion with the practice team, they acted quickly to access child safeguarding training for all practice nurses and the deputy practice manager. Certificates of completion for level 2 for these staff were sent to the inspector within two working days.
- The practice had a system to ensure that children who missed appointments were followed up.
- A notice in the waiting room and clinical areas advised patients that chaperones were available if required. The practice chaperoning policy stated that a variety of people could act as a chaperone, however, the practice told us that they only use nursing staff as chaperones. The practice updated the policy following our inspection. All nurses were trained for the chaperone role and had received a Disclosure and Barring Service check (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. We raised this with the practice who amended their chaperone policy within 48 hours to reflect that only clinical staff would be used as chaperones.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection

Are services safe?

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.

- The infection control lead nurse disseminated information to all staff at meetings and via the practice's intranet. Annual infection control audits were undertaken, most recently on 7 September 2015 and we saw evidence that action was taken to address any improvements identified as a result. For example, this led to a discussion with the cleaning service contractor to improve the standard of the daily cleaning schedule, additional wipes, posters and couch roll being implemented. Painting of clinical rooms was recommended and we saw evidence this was to start in September 2016.
- The arrangements for managing medicines, including emergency medicines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- The practice had implemented electronic prescribing (EPS). This was a system that allowed prescriptions to be sent direct to a nominated pharmacy, saving time and improving access for patients.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription stationery was not always tracked as it came into the building. There were some systems in place to monitor use; however, this was not consistently safe because the clinical rooms were not always locked. We raised this with the practice who acted quickly. The practice immediately devised a new method of keeping prescription stationery safe and re-wrote a protocol for locking them away overnight, which we were sent within 48 hours.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous

employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice had an up to date fire risk assessment dated June 2016. The fire extinguishers were checked by a contractor in March 2016. There was a documented record of a fire drill on 23 August 2016. Staff told us what they would do in the event of a fire and informed us that each clinician was responsible for their rooms. Notices within the building clearly showed patients the fire assembly points at the front and rear of the building. However, staff told us they had not had training for several years, only the yearly fire drill.
- During the inspection we found there were no recorded checks or records of visual checking for electrical equipment to ensure the equipment was safe to use. We informed the practice who acted immediately and an electrical testing contractor was booked to conduct an assessment within the next two weeks.
- Clinical equipment was checked to ensure it was working properly by Medisafe contractor in March 2016.
- 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 but not for Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had no evidence of conducting a formal risk assessment for Legionella. This meant the practice could not demonstrate that all risks associated with Legionella had been identified and were managed appropriately.
- 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

Are services safe?

place for all the different staffing groups to ensure enough staff was on duty managed by the lead GP, deputy practice manager and the practice manager (business partner).

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- Contents of GPs' home visit bags were checked and its contents monitored by the health care assistant.
- 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. For example, the foot care guidelines for patient with diabetes were implemented by the practice by training the health care assistant. This led to the practice increasing their foot check rate from 80% to 90% over a six month period.
- 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 98% of the total number of points available. This was comparable to the national average of 95% and a local average of 98%. The overall exception reporting rate for Queenswood surgery was 8%, which was lower than the clinical commissioning group (CCG) average of 10% and comparable to the national average of 10% (Data from 2014-15) (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 2014/15. showed:

- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that includes an assessment of asthma control, was 74%, which was comparable to the local CCG average of

77% and the national rate of 75%. More recently, the published data for 2015 to 2016 showed that this figure had increased to 80%, compared to the local CCG average of 79% and the national rate of 75%.

- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients in whom the last blood pressure reading was within acceptable limits was 89%, which was higher than a local clinical commissioning group (CCG) average of 81% and the national average of 78%. For 2015-16, the practice achieved 85% which was higher than the local CCG average of 81% and the national average of 79%.
- Performance for mental health related indicators was higher than the national average.

For example; the percentage of patients with schizophrenia or similar psychoses who had a comprehensive care plan was 100%, which was higher than the local CCG average of 91% and the national average of 88%. For 2015-16, the practice achieved 86% compared to a CCG average of 95% and the national average of 89%. This data was available after the inspection.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last two years, six 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. For example, recent action taken included a discussion to ensure all GPs were following local referral guidance for the pain clinic for 5 patients who were prescribed strong pain killers. They reviewed the specialist advice from the pain clinic in order to support patients to avoid long term use.

The impact of this audit was that the practice agreed to implement regular patient reviews and ensure discussions with patients are documented. Two patients had their medicines changed based on this review. This was shared at the practice meeting, where it was noted that reasons for stopping medicines should also be documented. This was recognised by the practice to aid continuity of care and adheres to local guidelines from the pain clinic.

Are services effective?

(for example, treatment is effective)

- Information about patients' outcomes was used to make improvements. For example the practice conducted an audit to monitor anti-biotic prescribing compared to local guidelines. A peer review showed that GP knowledge of guidelines could be improved and on three occasions local hospitals requested specific anti-biotics to be prescribed that were outside of the guidelines without clear rationale. GPs met and conducted a peer review. This refreshed their knowledge of the anti-biotic prescribing guidelines. All prescribers were made aware of the reasons for the recommendations and asked to document any reasons for prescribing outside of these.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- This practice took part in TARGET training sessions which were supported by the local CCG. The practice closed for half a day, once per quarter for 'Protected Learning Time'. TARGET provided: Time for Audit, Research, Governance, Education and Training. During this time, patients were directed to the NHS 111 service. Practice closures were advertised to patients well in advance.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions attended regular updates and had protected time for training and link meetings.
- 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.
- The majority of staff, 18 out of 20, had received an appraisal within the last 12 months, with the exception of two non-clinical staff who reported they had not had an appraisal for about four years.

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.

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and local voluntary services like shopping. Patients were signposted to the relevant service.
- A dietician and smoking cessation advice was available on referral.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the clinical commissioning group (CCG) average of 77% and 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.

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, patients screened for bowel cancer in the last 30 months was 67% which was comparable to the local CCG average of 66% and the national average of 58%. Females, aged 50-70 years, screened for breast cancer in the last 36 months was 74% which was comparable to a local CCG average of 71% and the national average of 72%.

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 90% to 100% , compared to the local CCG average of 81% to 98% and five year olds from 96% to 100%, compared to the local CCG average of 92% to 99%.

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 14 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect and they felt listened to. One comment was mixed with reference to the difficulty in getting up the front door step.

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

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

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 87%.
- 98% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 99% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% 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 above the local and national averages. For example:

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 97% 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%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. However, we were told about two examples where staff were not using the translation services. They were using family as translators. This had an associated risk for the patient, who may be unable to speak freely and openly to their GP or nurse.
- Information leaflets were available in easy read format.

Are services caring?

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, for example, Community Action, Age Concern, and a local stroke support group. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 181 patients as carers (around 4% of the practice list). Written information was available to direct carers to the various avenues of support available to them on a noticeboard in reception.

Staff told us that if families had experienced a 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 by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice is part of the local vanguard multi-speciality community provider project. This was a project supported by the CCG to explore ways of providers working together to meet the needs of patients in one local area. The practice, along with a group of six practices, employed paramedics to visit patients at home, providing alternative access to GP home visits. The practice collaborated with this group of six practices to upload patient details to a secure website and then once the visit is complete, have a one to one debrief with the paramedic to ensure care and treatment is appropriate. This is supported by the local Vanguard group called Better Local Care which included the ambulance service. At the time of our inspection, the project was yet to be evaluated.

- The practice offered extended hours on a Monday evening 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.
- At Queenswood surgery a disability discrimination act assessment (now formally known as the Equality Act Assessment) had been undertaken but this was not effective and had not considered all of the risks and access concerns. There were facilities for people with disabilities, but due to the nature of the building, the ramp to access the building was at a sharp angle. One CQC comment card made reference to this. In addition we observed a patient with limited mobility trying to climb the steps to the building. The patient told us the ramp was too short and too steep for people with mobility problems, however stated they preferred to

attend this practice rather than other practices locally with more suitable disabled access. Alternative level access is available through clinic rooms from the back car park, but this is not always available as clinics are running and these rooms are in use. This limitation may mean patients with mobility difficulties were at risk.

- We raised disabled access with the practice who told us they had discussed this with the patient participation group. The practice had widened doors and eliminated sills and improved three external doors to make access easier for the disabled. The practice had sought quotes to eliminate the ramp and replace it with a lift and electric doors but the practice told us the cost of this was currently prohibitive.
- There was no hearing loop for patients, however the practice used alternative arrangements to support patients with hearing difficulties. For example, two patients with hearing difficulties emailed the practice with a list of concerns and this allowed staff to reply with advice or prepare longer appointments for them.
- Translation services were available; however we observed these were not routinely offered to patients, particularly in two examples described by staff.
- We observed that other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments are from 8.15am to 6.30pm daily. Extended hours appointments are offered from 5pm to 8pm on Monday evenings.

Telephone lines are open 8am - 8.30pm on Mondays and from 8am - 6.30pm Tuesday to Friday.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. Walk in, same day access is offered on Monday 8:30 - 10:00am. It is then offered twice a day Tuesday to Friday from 8:30 - 09:30am, Monday to Friday 4:00 - 4:30pm, with an additional dedicated baby same day access clinic Tuesday 10:30 to 12:00pm.

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

Are services responsive to people's needs?

(for example, to feedback?)

- 87% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 95% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Several patients found the same day appointment system easy and had told us it was easy to get seen on the day, if they needed to see a GP.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Patients were asked to call for a home visit early in the day, and these are then distributed among GPs who triage their own workloads, according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

The practice has implemented an on-line web based consultation system to meet the needs of working age people. There were buttons on the front page of the practice website which directs patients to information, to asking a question or to administration functions like repeat prescriptions. The impact of the system had yet to be analysed by the practice.

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 on a noticeboard in the waiting room, on the practice website, in the newsletter and in the practice leaflet.
- The practice had gathered feedback from patients through the Patient Participation Group who raised complaints on behalf of patients and asked for action to be taken by the practice relating to communication style and attitude of short term staff. This was reviewed by the practice and action taken.

There were five complaints received from 30 September 2015 to 21 July 2016. We found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint.

A lesson was learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice had been able to reflect on their experience of when a patient complained about all aspects of care and all professionals. After apologising and investigating the concerns and taking them all seriously, the practice found they would deal with this differently in the future. The complaint was discussed at the practice meeting and it was agreed to establish a formal contract with this patient. It was shared across the practice team and suggested that repeated complaints like that may be a symptom of illness and should be considered with compassion.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The practice manager business partner regularly attended the Clinical Commissioning Group as part of the CCG senior leadership team and on behalf of the practice. This enabled sharing of plans related to CCG changes and the national plan from NHS England called the Five Year Forward View.

Governance arrangements

The arrangements for governance and performance management were not always embedded or operated effectively. Systems or processes were not fully established and operated effectively to ensure the governance systems of the practice kept patients safe. For example, systems related to prescription security the overview of training updates for adult and child safeguarding.

Health and safety systems were not fully embedded or operated effectively for example, those associated with management of legionella and electrical testing and access for patients with limited mobility.

However;

The governance framework outlined the structures and procedures in place ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The majority of practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were some 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. Leadership was transparent and open about the work in progress. They resolved some issues identified on the day and implemented new processes but this had yet to be embedded across several governance systems.

The culture of the practice was such that there was a small traditional family approach, with staff knowing social details of patients. This enabled a continuity of care and allowed patients to feel cared for. 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 verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings. These were divided into business meetings and clinical meetings. There were protected sessions for clinical case reviews, multi-disciplinary working and palliative care meetings.
- The admin, nursing and reception teams held their own monthly team meetings to discuss relevant information.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff told us they all had an opportunity to talk informally and openly because of the family practice culture in the practice.

Are services well-led?

Requires improvement 

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

- Reception staff held a separate quarterly meeting to ensure they could raise areas of concern and offer solutions to run the practice more effectively. This fed into partners meetings via the practice manager.
- 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 regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had gathered feedback from patients through the PPG, when they reported poor service from a locum. This was then dealt with by the practice.

They received feedback through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice described the future growth of the local population related to nursing home building plans and the aging population likely to double as result of patients moving into the area. This influenced the business plans for the practice and developments for April 2017, where they were able to estimate additional staffing required.

Queenswood Surgery engaged with the local NHS Vanguard (Better Local Care) initiatives in South East Hampshire, such as the paramedic home visiting initiative. They were exploring options of working closer with local GP neighbouring practices to improve services across a wider geographical area.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems or processes were not fully established and operated effectively to ensure the governance systems of the practice.</p> <p>The practice governance systems and leadership oversight did not always operate effectively and were not fully embedded:</p> <ul style="list-style-type: none">For example, systems related to managing safeguarding training, fire safety, blank prescription stationery, legionella management and electrical testing. <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>