

Ladies Walk 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?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ladies Walk Practice on 11 January 2017. Overall the practice is rated as good.

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

- There was a commitment to providing co-ordinated, responsive and compassionate care for patients.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. There was a commitment to staff development and staff were trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from all of the patients we spoke with or who provided feedback and other stakeholders was continuously positive about the way staff treated them and other patients. Patients said staff went the extra mile and the care they received exceeded their expectations.

- 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 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 should make improvement are:

- Review the responses to complaints to ensure they are consistently in line with recommended national guidance.
- Review the processes for working with the patient participation group to fully meet the group's 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 good for providing safe services.

Good



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

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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. For example, the practice held a virtual clinic with a specialist diabetes doctor to ensure patients' needs were met.

Are services caring?

The practice is rated as good for providing caring services.

Good



- 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.

Summary of findings

- 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.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had developed communication cards for patients who were unable to express their needs verbally, to help ensure their needs were met.
- The practice adapted the services offered to meet the needs of vulnerable groups, for example a travelling community.
- 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.

Are services well-led?

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

Good



- The leadership, governance and culture were used to drive and improve the delivery of high quality person-centred care. Staff were proud to work at the practice and had a shared vision to deliver high quality care. There was high staff retention and the practice were committed to developing staff.
- 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.
- 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.

Summary of findings

- 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.
- Ladies Walk Practice provided a positive experience for GP registrars. Past reports from medical students about their placements were also positive.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- Performance indicators for conditions commonly found in older patients were comparable to national averages. For example, 99% of patients with a history of a stroke or mini-stroke, received a flu vaccine in the preceding 12 months compared to a national average of 96%.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and received appropriate training to provide care in line with national guidance.
- Patients at risk of hospital admission were identified as a priority.
- Data for patients with diabetes were comparable to or better than national figures. For example, the percentage of patients with diabetes, on the register, who had an acceptable blood pressure reading in the preceding 12 months was 87%, compared to a national average of 78%.
- 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. For example, the practice nurse ran a joint clinic with a specialist dietician and nurse for patients with diabetes and held a virtual clinic with a specialist diabetes doctor to ensure patients' needs were met.
- All patients with COPD (Chronic Obstructive, Pulmonary Disease, a chronic lung condition) are given 'rescue' packs of medicines to enable them to start appropriate treatment immediately in the event of deterioration.

Summary of findings

Families, children and young people

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

Good



- 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.
- A total of 81% of eligible women attended for a cervical smear in 2015-2016. This is similar to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice held regular meetings with other professionals to ensure the needs of this group were met. For example, joint meetings with health visitors, the family navigator and local truancy officers to gain a holistic understanding of the needs of this group.

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).

Good



- 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.
- A text messaging service for reminders to attend appointments and routine reviews was offered to patients.
- Pre-bookable appointments with GPs and nurses were available in extended hours to meet the needs of this group.

People whose circumstances may make them vulnerable

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

Good



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

Summary of findings

- The practice had 38 patients with a learning disability. At the time of our inspection, 82% of patients had received a health check in the previous 12 months.
- The care offered by the practice for patients with learning disabilities was reviewed by specialists from the local Hospital NHS Trust and found to be of a high standard.
- The practice offered longer appointments for patients with a learning disability.
- The practice supported a local travelling community with their health needs, for example by offering them flexible appointments.
- The practice had developed communication cards for patients who were unable to express their needs verbally, to help ensure their needs were met.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- A total of 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the clinical commissioning group (CCG) average of 87% and national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 93% compared to the CCG average of 91% 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.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice hosted specialist health professionals who offer psychological support on a weekly basis.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. A total of 242 survey forms were distributed and 111 were returned, which is a response rate of 46%. The completed surveys represented responses from approximately 1.3% of the practice's patient list. Results were in line with or below national averages:

- A total of 52% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- A total of 68% 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%.
- A total of 80% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- A total of 59% 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 22 comment cards which were all positive about the standard of care received. Patients commented upon the helpfulness of staff and that they felt listened to by doctors and nurses. Several cards described the services offered by the practice as excellent. Two cards felt the wait to see a GP of choice as too long.

A total of 23 patients had completed the friends and family test in December 2016; 100% of these patients would recommend the practice to others. We spoke with eight patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Ladies Walk Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist adviser.

Background to Ladies Walk Practice

Ladies Walk Practice is located in Thornhill, a residential area to the east of Southampton in Hampshire. The practice is based over two sites. The main site at Thornhill Park Road is located in a purpose built centre built in 1998, which is leased from a private landlord. Thornhill Park Road has six consulting rooms and three treatment rooms, all based on the ground floor. The practice has car parking for patients, including a dedicated bay for disabled drivers. The waiting area in the practice is large, bright and airy, with wipeable chairs and suitable seating for patients including young children. The patient has a self-check blood pressure machine for patient use, in a private area off of the main waiting area.

The practice had a branch site at Midanbury Surgery located a few miles away. Patients registered at Ladies Walk Practice can make appointments at either site. In 2016, the practice merged with Weston Lane surgery and created the business partnership, "The Living Well Partnership". Weston Lane Surgery and The Living Well Partnership are registered as a separate location with the CQC. Weston Lane Surgery was inspected by CQC in October 2016 and was rated good overall.

The practice provides services under a NHS General Medical Services contract and is part of NHS Southampton City Clinical Commissioning Group (CCG). The practice has approximately 8,200 patients registered most of whom live within a five mile radius of the practice.

The practice is located in an area considered to be in the fifth most deprived band out of ten for England. The average life expectancy for both males and females is comparable to local and national averages. A total of 57% of patients at the practice are working or are in full-time education compared to the national average of 60%. A total of 60% of the practice population has a long-standing health condition compared to the national average of 54%; areas with higher numbers of patients with long-term conditions can have more health needs. Approximately 2% of the practice population have English as an additional language.

The practice has four female GP partners and one male GP partner. Together, the GPs provide care equivalent to approximately three and a half full-time GPs. The practice has three practice nurses and two health care assistants, all of whom are female and who provide a range of services to patients such as wound care and long-term condition reviews. The practice also employs two advanced nurse practitioners who are non-medical prescribers and who offer minor illness clinics to patients. Together the nurses are equivalent to approximately five full time nurses. The clinical team are supported by a practice manager and a team of 16 administration and reception staff. The practice is also a training practice for doctors training to be GPs (GP registrars). At the time of our inspection, the practice was supporting one GP registrar.

The practice and reception desk is open from 8am until 6.30pm Monday to Friday. Morning appointments are available between 8.30am and 12pm daily. Afternoon appointments are available from 2pm until 6.30pm Monday

Detailed findings

to Friday. Extended hours appointments are offered on Mondays from 6.30pm until 8pm and on Saturdays between 7.30am and 8.30am. Ladies Walk Practice has opted out of providing out-of-hours services to their own patients and refers them to the out of hours service via the NHS 111 service or the Minor Injuries Unit based in Southampton.

The practice offers a range of additional in-house services to patients including minor surgery, phlebotomy, travel advice and sexual health services.

The practice has a branch site located a few miles away at Midanbury Surgery, 1 Woodmill Lane, Midanbury, SO18 2PA, which we did not visit as part of this inspection. We carried out our inspection at the practice's Thornhill location which is situated at:

Ladies Walk House

90 Thornhill Park Road

Southampton

SO18 5TS

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 January 2017.

During our inspection we:

- Spoke with a range of staff including GPs, the business partner, the practice manager, nursing and support 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 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. 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.
- Significant events were a regular agenda item at clinical meetings and 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, the practice panic alarm was mistakenly activated by a patient. Some staff were unsure how to re-set the panic alarm. A member of staff thought it was the fire alarm and started the procedure for evacuation. The practice discussed the incident at a clinical meeting and amended the induction process so it included familiarity with the location of panic alarms and the procedure for re-setting, and the difference between this and the fire alarm. The incident was also used as an opportunity to review the fire evacuation process.

Overview of safety systems and processes

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

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

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Clinical staff were trained to child protection or child safeguarding level 3 and non-clinical staff were trained to level 2.

- Notices in clinical rooms advised patients that chaperones were available if required. Only clinical staff performed chaperone duties and all were trained for the role and had a satisfactory 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. Curtains in treatment rooms were fabric and had been washed at the correct temperature and at a minimum of every six months to reduce infection risk. A record was kept of this to ensure this was maintained. 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. Six monthly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, anti-bacterial hand gel was placed by the self-check-in screen for patients.
- The arrangements for managing medicines, including emergency medicines and vaccines in the practice were safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The practice employed a

Are services safe?

non-clinical Medicine Manager who worked within pre-defined protocols to help prescribers and staff with accuracy, consistency and reduce the risk of errors of prescribing. The medicine manager received regular supervision from the prescribers in the practice. Patients who failed to collect prescriptions were contacted by the practice to ensure they were not deteriorating and their needs were met.

- Vaccines were stored in fridges that were appropriately maintained and calibrated. Twice daily temperature readings of fridges that stored vaccines were taken and recorded. Fridges were maintained in the correct temperature range and staff knew what action to take if temperatures went out of range.
- Patient Group Directions (PGDs) had been adopted by the practice to allow registered nurses to administer medicines in line with legislation.
- The practice had two non-medical prescribers who received appropriate mentorship and support from GPs.
- A health care assistant was trained and competent to administer vaccines, and was administering vaccines against a patient specific prescription or direction from a prescriber.
- We reviewed the files of four staff that had been employed since April 2013 and found appropriate recruitment checks had consistently been undertaken prior to employment. These checks must include 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 (DBS).

Monitoring risks to patients

Risks to patients were consistently assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had a completed fire risk assessment in March 2016 and carried out regular fire drills, most recently in January 2017. Staff had received recent fire safety training and we saw that regular tests of fire alarms and emergency lighting were conducted.
- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. 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. The practice had employed an external contractor to conduct a risk assessment for Legionella and had completed the actions identified to improve safety. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.
- The GP partners reviewed the activities of locum GPs who were employed by the practice to ensure their treatment and prescribing was in line with national guidance.

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 one of the treatment rooms.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The location of emergency equipment was clearly sign-posted to aid staff, particularly any locums or visiting professionals.
- All the medicines we checked were in date and stored securely.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. This was checked on a monthly basis to ensure it was operating properly. A first aid kit and accident book were available and were completed appropriately.
- The practice had a business continuity plan for major incidents, such as power failure or building damage.

Are services safe?

The plan had been successfully implemented in February 2016 owing to a local power failure which had left the practice without power for approximately five hours.

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 for April 2015 to March 2016 were 98.8% of the total number of points available. The practice's exception reporting rates for all clinical domains were comparable to the averages for England (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). The practice achieved an overall clinical exception reporting of 9.4%, compared to a clinical commissioning group (CCG) average of 11% and national average of 9%.

In 2015-16, the practice was not an outlier for any QOF indicators. Data from 2015-16 showed that performance for clinical indicators were in line with or better than national averages. For example:

- Performance for diabetes related indicators were similar to national averages. For example, 74% of patients with diabetes had an acceptable average blood sugar reading in the preceding 12 months compared to the CCG average of 77% and national average of 78%.

- Performance for mental health related indicators was in line with or better than national averages. For example, 94% of patients with severe enduring mental health problems had a care plan documented compared to a CCG and national average of 89%.
- A total of 86% of patients with a diagnosis of high blood pressure had an acceptable blood pressure reading in the preceding 12 months compared to the CCG average of 81% and national average of 83%.
- The practice's figures for prescribing were similar to national and CCG averages. For example, 94% of all antibiotics prescribed by the practice were recommended by current guidance, compared to the national average of 95%.

There was evidence of quality improvement including clinical audit. Audits were driven by questions that formed by through clinical discussions and reviews, as well as those suggested by the CCG.

- There had been eight clinical audits undertaken in the last year, four of which were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, an audit was conducted to check that patients who were at risk of anaphylaxis (a life-threatening allergic reaction) were receiving prescriptions for Adrenaline auto-injectors for self-administration at least every two years and therefore keeping them in date. Of 52 patients, 85% had a recent prescription for the medicine. The remaining 15% were contacted to ensure a new prescription was issued. The practice changed their processes so that this medicine was available to these patients as a repeat item to prompt the items being requested. The audit was repeated a year later, where 100% of patients had an in-date adrenaline auto-injector.
- Audits were also used to monitor improvements to non-clinical aspects of care. For example, the practice implemented a protocol for admin staff to review discharge summaries instead of clinicians and take action as appropriate, such as booking follow-up appointments or repeat tests. This was audited for

Are services effective?

(for example, treatment is effective)

potential risk and impact. The practice concluded the process was very safe and released more time for clinical care. Learning was shared with other practices in the locality.

- The practice held twice yearly meetings to review prescribing to ensure it was in line with national guidance. The practice identified that prescribing for patients with complex long-term pain could be improved. They invited a specialist doctor to support the practice with the prescribing of high-risk medicines for these patients.
- Approximately 60% of the patients at the practice had a long-term condition, which was the fifth highest in the CCG area. Care for these patients was particularly effective. For example, the practice was proactive at offering screening for cancer. The practice were praised for their cancer referrals and rates of cancer diagnosis following an independent review by the Royal College of General Practitioners. The practice had sought specialist advice with regard to the care of patients with complex diabetes and had held joint clinics with the specialist doctor to review care. The practice now held a virtual clinic with a specialist diabetes doctor to ensure the needs of patients' with diabetes continued to be met. A further example was that all patients with COPD (Chronic Obstructive, Pulmonary Disease, a chronic lung condition), approximately 3% of the practice population, are given 'rescue' packs of medicines to enable them to start appropriate treatment immediately in the event of deterioration.

Information about patients' outcomes was used to make improvements. For example, the practice carried out a review of how screening tests for prostate cancer was used to ensure screening was appropriate. The results of screening tests for 13 eligible men were reviewed and considered against a review of research and other evidence to determine the appropriate action. As a result, less frequent screening was advised in six men, annual screening was advised in four men and three men were referred for further investigation, two of whom were diagnosed with prostate cancer (the other man declined a referral). The practice discussed the findings of the review and implemented the process for testing across the practice.

Unplanned admissions to hospitals were reviewed by one of the GPs and discussed at clinical meetings to identify areas where the rates of admission could be reduced.

GPs reviewed the deaths of their patients on an annual basis and shared any related learning with other clinicians

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 health and safety, safeguarding, infection prevention and control, fire 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 or giving vaccines.
- The practice was committed to the training and development of staff. Staff told us they had a range of opportunities to undertake training, in addition to that which was considered to be mandatory.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Nurses and health care assistants 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 all staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. Staff we spoke to told us that the practice's appraisal process was positive and made them feel valued members of the team.
- 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 took part in TARGET training sessions which were supported by the local clinical commissioning group. The practice closed for half a day, two to three times per year for Protected Learning Time.

Are services effective?

(for example, treatment is effective)

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.

- Feedback from locum GPs used by the practice showed they felt well supported and aware of the practice systems and processes.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice attended locality meetings to ensure they were up to date with best practice; for example regarding prescribing, safeguarding and information governance.

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.
- 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:

- Carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice referred patients for specialist smoking cessation advice to a local support group. The practice referred patients who needed specialist dietary advice to local health trainers.

The practice's uptake for the cervical screening programme was 81%, which was similar to the CCG average of 80% and the national average of 81%. 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 offering appointments every day of the week, and ensuring 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. Patients who declined screening were asked to reconsider using a prompt letter. Breast screening uptake for eligible women was higher than the clinical commissioning group (CCG) average at 77%, compared to a CCG average of 68%. Uptake for bowel cancer screening was also higher at 62% compared to the CCG average at 55%. The practice had identified that 3% of the practice population had cancer and were receiving appropriate support. This was higher than the CCG average of 1.6% and national average of 2.3%.

The practice performed well compared to the CCG for childhood immunisation rates. For example, immunisation rates for the vaccines given to 85 eligible children under two year olds ranged from 79% to 100% compared to a CCG average range of 73% to 96%. Childhood immunisation rates for 103 eligible five year olds ranged from 79% to 99% compared to a CCG average range of 73% to 95%.

Are services effective?

(for example, treatment is effective)

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. The practice had a range of health promotion and self-care leaflets available to patients in the reception areas; these were also available in 'easy-read' formats.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that 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 and they could offer them a private room to discuss their needs.

We received 22 patient Care Quality Commission comment cards which were all positive about the service experienced. Patients commented upon how the practice offered an excellent service and that staff were helpful, caring and always met expectations.

Patients we spoke to said that staff responded compassionately when they needed help and provided support when required. They commented upon how staff listened and how they valued being treated as individuals. Some patients also told us that they felt staff went the extra mile. For example, a patient told us that a GP had contacted them at the weekend to discuss a result and offer reassurance.

Results from the national GP patient survey from July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with or above local and national averages 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 88% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG average and the national average of 92%.

- 99% of patients said they had confidence and trust in the last nurse they spoke to compared to the CCG average and national average of 97%.
- 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 84% and national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 91%.

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 card 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 from July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average and national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average and national average of 85%.
- 95% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 90%.

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

- Practice level data showed that approximately 1.4% of the patient population had English as a second language. Staff told us that translation services were available for these patients. We saw notices in the reception areas informing patients this service was available. The practice website and reception self check-in screen was available in a range of languages.

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. 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 164 patients who were also carers which amounted to approximately 2% of

the practice list. Patients were asked about any caring responsibilities when they registered at the practice and there was a range of information to help carers receive support and advice.

The practice had a system to ensure that all staff were aware of which patients had a terminal illness, and of families who had suffered as recent bereavement, so that their needs could be met quickly. 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. For example, the practice leads and hosts a locality commissioning group of lead GPs and practice managers to understand the commissioning needs of the locality, share information and good practice and support other providers.

- The practice offered extended hours appointments 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.
- The practice were particularly responsive to the needs of patients from vulnerable groups. For example, approximately 1% of the practice population were from the travelling community. The practice adapted their systems and processes to ensure the health needs of this group were met. For example, by using different health information resources and by offering flexible appointments. The practice had developed communication cards for patients who were unable to express their needs verbally, to help ensure their needs were met. The practice offered a range of 'easy-read' leaflets on topics such as health promotion, self care and support services. The practice were complemented for the care they offered to patients with learning disabilities following a review by the local specialist service.
- The practice had a hearing loop for patients with hearing difficulties and offered private facilities for breastfeeding mothers.
- There were disabled facilities, baby changing and translation services available.

- The practice offered text message reminders for appointments and when routine reviews were due to patients who had signed up for the service. Approximately 74% of patients at the practice were signed up to this service. Patients we spoke to told us they valued the text service.
- The practice encouraged patient feedback. Patient comments and the practice response to these were displayed in the reception area.
- The practice offered flu vaccines to eligible patients without the need for an appointment on a 'walk-in' basis, in response to patient feedback. At the time of our inspection, 71% of eligible patients had received the vaccine, which was comparable to data from the 2014-2015 flu season.
- One of the GPs had a specialist interest in rheumatology (rheumatology deals with the investigation, diagnosis and management of patients with musculoskeletal conditions) and was able to offer in-depth monitoring of treatment and joint injections to these patients.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12.30pm every morning and from 2pm to 6.30pm daily. Extended hours appointments were available every Monday evening from 6.30pm to 8pm and every Saturday from 7.30am until 8.30am. In addition to pre-bookable appointments that could be booked up to two weeks in advance with a GP and up to six weeks with a nurse, urgent on the day appointments were also available for patients that needed them. The practice operated a triage system, ran by one of the nurse practitioners, so that patients received advice or the most appropriate appointment to meet their needs.

Results from the national GP patient survey from July 2016 showed that patients' satisfaction with how they could access care and treatment was similar to or lower than local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 52% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 81% of patients said the last appointment they got was convenient compare to a CCG and national average of 92%.

Are services responsive to people's needs?

(for example, to feedback?)

- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average and the national average of 87%.

The practice had invested in a new telephone system in August 2016 to address patient feedback regarding the difficulty in making appointments. Data from the practice, which has not been verified, showed that since the system was introduced, the average length of time for a call to be handled was 28 seconds. The practice had also increased the number of staff available to deal with patient enquiries during busy times. Patients we spoke to commented that it had been easier to get through by telephone more recently. The practice monitored the number of patients who did not attend for appointments on a regular basis and displayed this information in the waiting area in response to feedback from patients.

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 generally 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 via a notice in the waiting room, the practice website and by a summary leaflet.
- We noted that patient comments left on the NHS Choices website were appropriately responded to.

We looked at 12 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and with openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient complained that medicines had not been altered following an appointment with a specialist service. The practice investigated why this had happened and the patient received an apology letter and an explanation. Of the complaints we reviewed, none included information for the patient to direct them where they could take their complaint further if they were not satisfied with the practice response. The practice had verbal interactions with patients regarding complaints. Records of these were not consistently kept.

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 integrate care with local providers to deliver high quality care and promote good outcomes and quality of life for patients in a caring, family-centred environment. Leadership was reflective and sought information to support decision making.

- The practice had a mission statement which was displayed in the waiting areas and on the practice website. Staff knew and understood the values.
- The practice had a clear strategy and supporting business plans, which reflected the vision and values and were regularly monitored. This was evidenced in minutes of meetings and discussion with all members of staff.
- The practice had a business manager, who was also a partner and employed staff to assist in achieving the vision and aims of the practice.
- The practice had merged with Weston Lane Surgery in July 2016 and had a vision to share best practice to improve care. For example, the reception managers at each location had started to work across both sites in order to learn from each other.
- The practice was in the process of a further merger with another practice due to be completed in July 2017. The practice had invested in a specialist Human Resources (HR) contractor to support staff through the merger process.
- The practice had liaised with the clinical commissioning group (CCG) and federation to achieve the merger and held regular strategy meetings. We saw that staff and patient views were included as part of this process and that staff and patients were kept up-to-date, for example, through a frequently asked questions document for patients.
- Staff told us they felt informed throughout the merger process and were positive about the changes.

Governance arrangements

There was a management team in place to oversee the systems, ensuring they were consistent and effective. The management team were responsible for making sure policies and procedures were up to date and staff received

training appropriate to their role. 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. There were effective systems in place to ensure staff were kept informed of updates and changes.
- Practice specific policies were implemented and were available to all staff. We reviewed a number of these policies, for example, for recruitment, chaperoning and infection control and found them to be implemented and regularly reviewed.

A comprehensive understanding of the performance of the practice was maintained. The practice had used local and national data as well as in house data to identify areas where improvements could be made for the benefit of patients. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment which had led to improved outcomes for patients:

- There were clear arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

The partners in the practice have 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. The practice culture promoted effective teamwork, where each team member was integral, in ensuring that high quality care was delivered to all of their patients. Staff told us that the partners frequently gave ad hoc positive feedback.

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

Are services well-led?

Good 

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

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 people 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 and we saw evidence that the practice held regular team meetings. For example clinical meetings, partnership meetings and whole staff meetings. The reception manager also held regular one to one meetings with reception staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. The practice held a range of meetings, which were planned and publicised to staff well in advance to encourage attendance.
- 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.
- There was high staff retention and the practice were committed to developing staff to meet the changing needs of staff and the practice. For example, one of the practice nurses was being supported to undertake the prescribers course, so that care offered to patients with long-term conditions could be more streamlined.
- Social events were held for all staff to participate in.

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

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

- The practice had gathered feedback from patients through surveys, complaints received and general feedback and acted upon suggestions from patients. The practice analysed feedback for trends and developed an action plan to improve patient's

experiences. For example, the practice introduced routine daily telephone consultations for patients to book with their own GP or nurse, so patients could have simple discussions regarding medicines instead of booking a face to face appointment.

- The practice displayed patient comments and suggestions and the practice response to these in the waiting area.
- The practice had a virtual Patient Participation Group (PPG). The practice sent email communication and surveys to members of the PPG. Suggestions made by the group were welcomed by the practice and implemented. For example, the practice painted lines in the car park following a request for this to help with parking. The PPG also ran a 'community board' in the waiting area to help patients be informed regarding local health and social support services.
- Members of the PPG told us they would also like to have face to face meetings with the practice.
- The practice had gathered feedback from staff through staff meetings, appraisals and general discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- There were high levels of staff and patient satisfaction with the care and treatment provided. Staff were proud to work at the practice and spoke highly of the inclusive culture of the GP partners. Patients we spoke with and comment cards received aligned with these views.
- Staff told us they felt involved and engaged to improve how the practice was run and were given appropriate autonomy. The partners recognised staff for their areas of expertise and demonstrated a willingness to learn and improve systems suggested by staff. For example, reception staff were supported to learn phlebotomy skills to cover sickness and absence.
- The practice had invested in new staff roles to improve the services offered to patients. For example, a GPs administration assistant role had been created to increase time spent on clinical hours for GPs. The practice also supported two modern apprentices who were working towards qualifications in administration.

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.

Are services well-led?

Good 

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

- The practice was a pilot site for the CCG for a new computer system to integrate medicines and care plans better .
- The practice was part of a city-wide initiative to provide additional out of hours appointments for patients living in the Southampton area at local hub GP practices. The hub offered routine appointments, available at three practices in the Southampton area from 6.30pm to 8pm weekdays and from 8am to 8pm on Saturdays and Sundays. The practice could refer patients to the hub for urgent or routine appointments.
- The practice were proactive at succession planning in the face of a changing NHS and working within the federation to provide and improve services for patients.
- The practice was a training and teaching practice for doctors. Feedback from trainees about the practice was overwhelmingly positive. One of the GPs was a member of the local GP training panel, which ensured sharing of best practice and development of training for GPs within the local area.
- The practice was a pilot site for the CCG for a new computer system to integrate medicines and care plans better.
- The business manager partner was also a director of the local federation which aimed to improve the future needs of the practice patients and ensured that the needs of the practice could be considered in local initiatives and that the practice could be responsive to local needs.