

Milestone Surgery

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Milestone Surgery on 7 December 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system 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. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had a high number of patients who left the practice each year or lived in the United Kingdom intermittently. This contributed in some way to the difficulties for ensuring that all patients with long term conditions were reviewed regularly.

Summary of findings

- The ten patients we spoke with said they received personalised care and they were fully involved and empowered as partners in their care.
- The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.
- A GP with a Special Interest (GPwSI) ran weekly cardiology and atrial fibrillation clinics for the local community. Patients of Milestone Surgery benefitted from this service by having a GPwSI available to all the doctors in the practice as a valuable resource.
- The practice should continue to improve patient outcomes for those with long term conditions. This includes performance for diabetes, asthma and chronic obstructive pulmonary disease related indicators.
- The practice should ensure that they identify and support carers appropriately.
- Ensure the appropriate provision of annual health checks and health action plans for patients with learning disabilities.

The areas where the provider should make improvements are:

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.

- 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 were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed that some patient outcomes were below average compared to the local and national average. This had been identified by the practice and actions were taken to improve the performance of the practice.
- Patients with learning disabilities were offered annual health checks. However, not all patients had a health check in the last 12 months. There were no specific plans in place to address this shortfall at the time of our inspection.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice similarly to others for most aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Feedback from the ten patients we spoke with also suggested that they received personalised care and they were fully involved and empowered as partners in their care.
- 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, the practice provided on-the-day and emergency appointments to meet acute demand. The practice also offered commuter clinics in an extended hours period beyond normal working hours. The practice was also taking part in a local initiative to provide extra appointments during the winter months to reduce system-wide winter pressures.
- 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.
- 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 good for being well-led.

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

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice provided health checks for patients who were over 75 years of age. The practice liaised with the local out-of-hours provider for those patients requiring regular and frequent healthcare support and was taking part in health surveillance programs for the elderly.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided influenza and shingles vaccinations and achieved high rates of immunisations.
- The practice was taking part in national programmes to prevent people from being unnecessarily being admitted to hospital, they were also involved in a falls prevention programme.
- The practice worked closely with the local multi-disciplinary team (MDT), including weekly meetings in order to better coordinate the care of elderly patients.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice had chronic disease clinics to care for those with long term health conditions.
- Performance for diabetes related indicators was comparable or lower than the local and the national average in 2014/15. Performance for asthma and chronic obstructive pulmonary disease was also lower than the local and the national average in 2014/15. Unverified data from 2015/16 showed a decline in some areas.
- We noted that that a new approach had been adopted this year to promote timely reviews to be booked and patients were encouraged to attend their reviews with reminder letters. The practice had a high number of patients who left the practice each year or lived in the United Kingdom intermittently. This contributed in some way to the difficulties for ensuring that all patients with long term conditions were reviewed regularly.

Requires improvement



Summary of findings

- Staff at the practice had training appropriate to the care of people with chronic diseases.
- Longer appointments and home visits were available when needed.
- 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.
- The practice employed a pharmacist who was available to talk to patients and liaised with GPs. Medicines for certain patient groups were also monitored to ensure safe prescribing.
- The practice had regular meetings to discuss the needs of patients who received 'end of life' care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Childhood immunisations rates were high and the practice operated an immunisation clinic on most working days.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice ran an after-school clinic programme which had helped to reduce A&E attendances for the paediatric population.
- The practice worked closely with the local health visiting team and the school nursing team.
- The practice was taking part in a local initiative to provide extra appointments during the winter months to reduce system-wide winter pressures.
- The practice hosted in house midwife led clinics two days per week.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- 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 offered telephone appointments and Saturday influenza vaccination clinics.
- The practice also offered commuter clinics in an extended hours period beyond normal working hours on Monday evenings and Wednesday mornings.
- 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. This allowed online repeat prescription requests and direct appointment booking.
- The practice allowed out-of-area registration for those patients who, for example worked locally but lived elsewhere.
- The practice operated a triage system which meant patients were able to speak to a GP or a nurse without having to attend the practice.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with complex needs and or a learning disability.
- Patients with learning disabilities received annual health checks. However, not all patients with learning disabilities received health checks in the last 12 months.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. The practice worked closely with the multi-disciplinary team and maintained close links with the local team of community midwives, health visitors and district nurses. The practice also liaised closely with those nursing homes locally which were looking after vulnerable people.
- 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.

Good



Summary of findings

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).

- The practice kept a register of patients with chronic mental health conditions and carried out regular annual reviews of these patients.
- The practice closely monitored patients who were taking medicines related to the treatment of mental illness.
- Performance for mental health related indicators was comparable or better than the local and the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice worked closely with the local mental health teams and with the local Talk plus (talking therapies) groups. The practice hosted the local talking therapies service on site.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice was dementia friendly and training was provided for all staff on dementia and dealing with patients with dementia.

Good



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 in line with local and national averages. 226 survey forms were distributed and 109 were returned. This represented nearly 1% of the practice's patient list.

- 86% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 74% and 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 CCG average of 77% and to the national average of 76%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and to the national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 84% and to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 21 comment cards which were all positive about the standard of care received. Patients said that they were treated with dignity and felt respected, they told us they were listened to and their needs were responded to with the right care and treatment. They also confirmed that staff were always polite, friendly and helpful and the service they received from them was excellent.

We spoke with 10 patients during the inspection. All patients said they were satisfied with the care they received and thought staff were all helpful. Patients were also satisfied with the practice's appointment system and said it was easy to make an appointment and that these usually ran on time. Patients said they had enough time during the consultation and felt the GPs listened to them.

The practice had 228 Friend and Family Test responses in the last 12 months prior to our inspection. The comments were overwhelmingly positive as over 90% of the respondents would recommend the practice to their friends and family.

Milestone 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 and a nurse specialist adviser.

Background to Milestone Surgery

The practice is based in the centre of Farnborough, Hampshire and has been in its current premises since 1968. It is the largest practice in Farnborough, caring for almost 11,500 patients. The deprivation score for the practice population is 9 on a scale of one to ten where ten is the least deprived. The practice population's age distribution is close to the England average. The practice provides its services under a General Medical Services (GMS) contract.

At the time of our inspection the practice had six GP Partners (four males, two females), two salaried GPs (two females), two long term GP locums (maternity cover), five practice nurses including a nurse prescriber and three part-time health care assistants. The practice manager and the assistant practice manager manage a team of 25 non-clinical staff. The practice's team also included a clinical pharmacist.

All consulting rooms are on the ground floor, with easy wheelchair access. The foyer has two toilets (one for the disabled) and a nappy changing area is also provided in one of the toilets.

The practice is open from 8:30am to 6:30pm. The practice offers extended opening hours on Monday evenings until 7:30pm, from 8am on Tuesday and 7:30am on Wednesday

mornings. On the three other mornings the practice is covered by the local Out of Hours service from 8am to 8.30am. Out of hours services are accessible via NHS 111. Information about how patients can access these services is available on the practice's website and at the practice's entrance. In addition to pre-bookable appointments, same day appointments and telephone consultations are available.

Milestone Surgery is an accredited training practice and as such trains GP Registrars; however the practice had no trainees at the time of our inspection.

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 7 December 2016. During our visit we:

- Spoke with a range of staff (four GPs, three nurses, two health care assistants and four non-clinical staff) and spoke with 10 patients who used the service.

Detailed findings

- Received written feedback from 11 non-clinical staff on the day of our inspection.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and talked to staff about how incidents were discussed in their regular meetings. We found evidence that lessons were shared and action was taken to improve safety in the practice. For example, when a medicine refrigerator broke down, staff followed the practice's policy to manage the event. Actions were also taken to prevent the reoccurrence of a similar or other cold chain failure related incident. For example, the new refrigerator had built in alarms to alert staff if the temperature was out of range and an additional device was put in place to alert if there was power loss to the refrigerator.

Records of another significant event showed that information was recorded onto the wrong patient's notes due to having two patients with the same name. The wrong information was deleted and recorded under the right notes. A warning message had been put onto both patients' computer notes to double check the name and date of birth before entering any details to avoid the same incident happening again.

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 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, nurses, the practice manager and the assistant practice manager were trained to child safeguarding level three, health care assistants had been trained to level two and non-clinical staff at level one. Multi-disciplinary discussions took place in order to safeguard vulnerable patients and we were given examples where staff followed the practice's protocol to refer vulnerable patients to the appropriate service when this had been required.
- Notices in the waiting room and in some of the clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, to replace the carpet in some areas at the practice.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

Are services safe?

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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice

had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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. Feedback from staff and patients indicated that there was easy access to appointments and all felt there were enough staff.

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 were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. 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.
- The practice was an accredited training practice and trained GP Registrars (GP Registrars are experienced doctors who have decided on a career in General Practice). This facilitated clinical debates and discussions amongst GPs and the trainees, which also helped to maintain the emphasis on reflective practice with regards to continuous professional development, clinical skills and keeping up to date with best practice.

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 from 2014/2015 showed the practice had achieved 90% of the total number of points. This was lower compared to the clinical commissioning group (CCG) average of 97% and the national average of 95%.

The combined overall total exception reporting for all clinical domains was 4% which was lower than the CCG average of 9% and the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for some QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was comparable or lower than the local and the national average.
- 80% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months, which was lower than the CCG average of 91% and the national average of 88%. Unverified data from 2015/16 showed decline as the result was 71%.
- 82% of patients on the diabetes register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less, which was comparable to the CCG average of 86% and the national average of 81%. Unverified data from 2015/16 showed a decline as the result was 74%.
- Performance for mental health related indicators was comparable or better than the local and the national average.
- 85% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had had their care reviewed in a face to face meeting between 01/04/2014 and 31/03/2015, which was better than the CCG average of 88% and the national average of 88%.
- 74% of patients diagnosed with dementia had had their care reviewed in a face to face meeting between 01/04/2014 and 31/03/2015, which was comparable to the CCG average of 84% and to the national average of 84%.
- The practice had a high number of patients who left the practice each year or lived in the United Kingdom intermittently. This contributed in some way to the difficulties for ensuring that all patients with long term conditions were reviewed regularly.

The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, was 53% This was lower than the CCG average of 72% and to the national average of 75%. The percentage of patients with chronic obstructive pulmonary disease who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 62% which was lower than the CCG average of 92% and to the national average of 90%. This had been recognised as an area for improvement and a new approach had been adopted this year to ensure that timely reviews were booked and patients were encouraged to attend their reviews.

Are services effective?

(for example, treatment is effective)

Patients with learning disabilities received annual health checks. However, the practice identified 44 patients who had a learning disability and only 31 health checks were completed in the last 12 months. There were no specific plans in place to address this shortfall at the time of our inspection.

There was evidence of quality improvement including clinical audit.

- There had been various clinical audits undertaken in the last two years. We were shown records of six audits, two 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. For example, the practice was taking part in the National Diabetes Audit.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the identification that antibiotics had not being prescribed in accordance with NHS guidelines and bringing the prescription of antibiotics more in line with guidelines which would help to prevent the emergence of antibiotic resistant bacteria. Following an audit of the GP referrals the practice started to review all locum and registrar referrals to maintain the appropriateness of the referrals.
- The practice also arranged for an educational meeting with a specialist to increase the knowledge of GPs and ensure the appropriateness of the urology referrals.

Information about patients' outcomes was used to make improvements such as highlighting a number of patients taking warfarin who were either not complying with their medicines or their time in the therapeutic window was poor, meaning they were at increased risk of embolic strokes. These patients were invited into the surgery for a personal consultation with a doctor in order to review their medicines. GPs managed to encourage the concordance of warfarin prescribing for a number of patients, and for those that could not reach concordance a number of them were changed over to a different medicine with the aim of improving their anticoagulation and reducing their risk of stroke.

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. New staff completed mandatory online training immediately before learning their new role. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and information governance.
- 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 such as diabetes, and a nurse had completed a course regarding smoking cessation. 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. We noted that a nurse had become a nurse prescriber and there were plans for other nurses to be supported to complete the course. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Written feedback from staff also indicated that they were given the opportunity to complete training courses.

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.

Are services effective?

(for example, treatment is effective)

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were also signposted to the relevant local services.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 83% and the national average of 82%. The practice's electronic patient record system alerted staff if a patient was due for cervical screening and patients were encouraged to book their appointment for the test. 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. 76% of female patients aged between 50 and 70 years of age were screened for breast cancer in the previous 36 months compared to the CCG average of 73% and the national average of 72%. 60% of patients aged between 60 and 69 years of age were screened for bowel cancer in the previous 30 months compared to the CCG average of 62% and the national average of 58%.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 87% to 92% and five year olds from 84% to 90% compared to the CCG range from 84% to 91% and 85% to 91% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice also offered health checks for patients aged over 75 in order to help avoid unplanned hospital admissions.

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.
- There was a note at the reception to let patient know that they could discuss sensitive issues privately if they wanted to.
- The practice also used paper notes on which patients could let the receptionist know what type of appointment they wanted to book by ticking a box, so that they would not be overheard by anyone in the waiting room.

All of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. The comments also indicated that patients were involved in the decisions regarding their care and they were informed about their choices. One person also commented that they always requested a particular person to do their blood tests to ensure the least discomfort to them and this request was accommodated.

We spoke with two members 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. Feedback from the ten patients we spoke with also suggested that they received personalised care and they were fully involved and empowered as partners in their care.

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

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and to the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and to the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.
- However, 8% of patients said they had no confidence or trust in the last GP they saw or spoke to compared to the CCG average of 4% and the national average of 5%. The practice's view was that this may have been due to two GPs being on maternity leave and locum GPs covering their posts. We noted that discussions took place at team meetings regarding how GP consultations were to be conducted as a consequence of significant events and complaints which may also help increasing patients' confidence in the practice's GPs.

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 below with local and national averages. For example:

Are services caring?

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and to the national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and 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.
- Information was also available in other languages, for example regarding childhood immunisation.
- The practice had a wheelchair on site and there were facilities for disabled patients.
- All consultation rooms were on the ground floor and were accessible.

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 105 patients as carers (0.9% of the practice list). The practice gave written information to carers to direct them to the various avenues of support available to them. Posters and leaflets were on display in the practices waiting room to help carers find local support services.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

- The practice had a 'personalised list' system to provide continuity of care for patients.
- The practice provided on-the-day and emergency appointments to meet acute demand.
- The practice also offered commuter clinics in an extended hours period beyond normal working hours on Monday evenings and Wednesday mornings. The practice also offered telephone appointments and Saturday influenza vaccination clinics.
- The practice ran an after-school clinic programme as part of a CCG led initiative, which had helped to reduce A&E attendances for the paediatric population. There was an over 30% reduction in A&E attendances in 2015/16 compared to 2014/15.
- The practice was taking part in a local initiative to provide extra appointments during the winter months to reduce system-wide winter pressures.
- The practice worked closely with the local mental health teams and with the local 'Talk Plus' (talking therapies) groups. The practice hosted the local talking therapies service on site.
- The practice allowed out-of-area registration for those patients who, for example worked locally but lived elsewhere.
- The practice operated a triage system which meant patients were able to speak to a GP or a nurse without having to attend the practice.
- There were longer appointments available for patients with complex needs and/or 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 vaccinations available on the NHS as well as those only available privately.

- There were disabled facilities and translation services available.

Access to the service

The practice was open from 8:30am to 6:30pm. The practice offered extended opening hours on Monday evenings until 7:30pm, from 8am on Tuesday and 7:30am on Wednesday mornings. On the three other mornings the practice was covered by the local Out of Hours service from 8am to 8.30am. Out of hours services were accessible via NHS 111. Information about how patients could access these services was available on the practice's website and at the practice's entrance. In addition to pre-bookable appointments, same day appointments and telephone consultations were available.

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

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 82% and to the national average of 78%.
- 86% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

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 for example on the practice's website and a poster about the complaint procedure was on display in the waiting area.

We found the practice had recorded 16 complaints in 2015/2016. We looked at the complaints in detail and found these were satisfactorily handled and dealt with in a timely way. Openness and transparency were demonstrated when dealing with complaints and lessons were learnt from individual concerns and complaints. Actions were taken to

Are services responsive to people's needs? (for example, to feedback?)

as a result to improve the quality of care. For example, a patient's mother complained about the manner of a consultation of her child. The GP involved wrote a letter of apology to the complainant including an explanation of the consultation and what was recorded in the patient's

records. It was discussed at the next GP quality meeting that GP's should try not to rush consultations even when stressed due to large clinic numbers and how this could be managed better at the practice.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. The latest business plan, dated November 2016, set out the vision and strategic objectives for the next year and beyond.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. However not all patients with long-term conditions had their needs regularly assessed.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. The feedback from staff also indicated that the practice had an open and transparent management.

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 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 the practice held regular team meetings. GPs and management team met every morning to discuss clinical and management matters and future planning. The practice management team also had weekly meetings and discussed significant events at the monthly quality meeting.
- Quarterly staff meetings also took place for the whole team and small groups met more regularly that were more specific to their role. For example the management team, scanning team, prescriptions team, office team and the nursing team.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through the 'Friends and Family' test results and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for

Are services well-led?

Good 

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

improvements to the practice management team. For example, the usage of paper notes on which patients could let the receptionist know what type of appointment they wanted to book by ticking a box was suggested by the PPG. This has been implemented and helped ensure patients' privacy at the reception desk.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussions. 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. For example, receptionists asked for uniforms and, as all staff wanted it, those who work at the reception desk were given uniforms. Extra training on the practice's electronic patient record system was also provided when staff requested it.

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 employed a clinical pharmacist as part of a clinical commissioning group (CCG) initiative who supported the practice in various ways. For example dealing with prescription queries and answering general medicine queries from all staff members.

The practice had been involved in regular meetings with other Farnborough Practices to discuss the way forward and current projects, for example the paediatric pilot for after school appointments, urgent care centre plans, and a physiotherapy pilot in local practices.

The practice was also in the process of adopting the Hurley Group pilot Web GP and expected to roll out in April 2017. Patients would be able to complete any of over 100 condition-based questionnaires on the practice website to request advice or treatment from their own GP.