

Royal South Hants Hospital (Nicholstown Surgery)

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of the GP service provided by Royal Hants Hospital known as and referred to in this report as Nicholstown Surgery on 22 June 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and managed with the exception of managing expiry dates of equipment and medicine in the GPs bag; monitoring and security of prescription forms and pads and ensuring regular fire drills took place.
- 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.
- Staff tailored care for patients with diabetes particularly for those who identified themselves as Muslim. This included visiting local mosques to educate patients on the importance of a healthy diet. Nurses worked with diabetic Muslim patients to tailor their treatment plans during the month of Ramadan, a religious festival whereby individuals fast for a month during daylight hours.
- Patients said they found it difficult to make an appointment with a named GP. Urgent appointments were available the same day.
- Patients reported difficulties in making an appointment via the telephone. The system currently cuts off patients after 6 minutes of being on hold.

Summary of findings

- The practice created links with local organisations to help provide additional support for patients in the community particularly for young Muslims with Type 2 diabetes.
- 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.
- Ensure that there is a robust review of all medicines management at the practice including checking the expiry dates of medicines and calibration of equipment stored within the GP bag.
- Ensure the practice follows guidelines set out by the Solent NHS Trust particularly around actioning learning points from significant events around monitoring prescription forms security.
- Ensure all staff required to undertake chaperoning duties have received training, this includes for non-clinical staff.

The areas where the provider must 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 requires improvement for providing safe services.

Requires improvement



- 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.
- No staff had a record of chaperoning training. The policy was a generic trust based policy and unclear as to which staff members were able to undertake chaperoning duties.
- Risks to patients were assessed and well managed, with the exception of monitoring of prescription forms and pads and completing regular fire drills.

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 comparable 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.

Are services caring?

The five questions we ask and what we found The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice below average for some aspects of care. For example, 76% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group average of 87% and the national average of 89%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, attending local mosques to help educate Muslim patients about diet, lifestyle and diabetic care. Staff referred patients to the exercise classes run by Southampton Football club to address a prevalence of early onset diabetes in this patient population group.
- There are innovative approaches to providing integrated patient-centred care. Nursing staff worked with local Imams and patients to adapt diabetic treatment programmes for Muslim patients during Ramadan.
- Staff utilised language line translation services on a daily basis.
- 53% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%. The practice was aware of this and was working with the IT department at Solent NHS Trust to attempt to resolve the issue.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients. For example around the issues with the telephone appointments system.
- Patients can access appointments and services in a way and at a time that suits them. Extended hours appointments are available for patients on a Tuesday evening. The practice also provides two treatment rooms on a Wednesday morning to be used by the tuberculosis team and offer appointments and checks for patients at the practice. All appointments were 15 minutes in length.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as requires Improvement 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 used Solent NHS Trust policies and procedures to govern activity and held regular governance meetings in association with NHS Trust management teams. Some staff expressed that information could be slow to be disseminated from the Trust down to practice staff. Practice specific policies and Solent NHS Trust policies were implemented and were available to all staff, but there was some confusion about which policy was current. For example a printed infection control policy was in the practice files dated 2013 but on the Solent NHS Trust intranet there was a policy reviewed in 2016.
- 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 provider 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 did not have an active patient participation group but we saw evidence that they wished to develop one. Feedback was collected from patients via other methods such as suggestions boxes and friends and family test.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older patients were mixed.

Requires improvement



People with long term conditions

The six population groups and what we found The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- For example, the percentage of patients with diabetes, on the register, in whom the last average blood sugar test was acceptable, was 82% in comparison to the Clinical Commissioning Group average of 76% and national average of 79%.
- The practice had a high population of Muslim patients. The practice worked with local Imams to help educate Muslim patients with diabetes on the importance of looking after their health.
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 22% of the practice population was aged under 18.
- The percentage of female patients aged 25-64 with a record of having a cervical screening test was 66% which is lower than the Clinical Commissioning Group average of 73% and national average of 78%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The 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.

Requires improvement



Summary of findings

- 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.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people living with dementia). The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 73% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a documented agreed care plan was 78% in comparison to the CCG average of 75% and the national average of 77%

Requires improvement



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing lower than local and national averages. The practice distributed 404 survey forms and 75 were returned. This represented 1% of the practice's patient list.

- 57% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 66% 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%.
- 72% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 60% 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 27 comment cards which were all positive about the standard of care received. Comments included how excellent patients felt help and advice was and for the service received. Comments also reflected the positive interactions and welcoming staff.

We spoke with 10 patients during the inspection. All 10 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results from May 2016 Family and Friends test showed that 100% of patients asked would recommend the practice.

Royal South Hants Hospital (Nicholstown Surgery)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a CQC assistant inspector, a practice manager specialist adviser and an Expert by Experience.

Background to Royal South Hants Hospital (Nicholstown Surgery)

Royal South Hants Hospital is registered with the CQC to offer services which include a GP practice. We inspected only the GP practice as part of this inspection. The practice is known by staff and patients as Nicholstown Surgery. Solent NHS Trust are responsible for the practice.

Solent NHS Trust manages three GP practices called Nicholstown, Adelaide and Portswood Surgeries. Each practice has to operate within the management structure of the trust.

Nicholstown Surgery was the first of the three GP practices to open in 2006 and operated out of a portababin. The practice has now expanded its patient list size now operates as a service run within the hospital.

Nicholstown Surgery is located at Fanshaw Wing, Royal South Hants Hospital, Brintons Terrace, Southampton, SO14 0YG.

The practice is located within the main hospital. There is a main reception and waiting room with the treatment and consultation rooms located in a corridor off of the main reception. The practice is wheelchair accessible and located on the ground floor.

The practice provides services to 5,500 patients. The GP service is provisioned directly by NHS England on a five yearly basis. The practice is culturally diverse with only 12% of its patients registered as White British in ethnicity. The practice has a high patient turnover rate with a turnover of 45% in 2015; this is due to a transient population which includes patients of no fixed abode. The practice is located in one of the most deprived areas compared to the average in England. 22% of the practices registered patients are under 18 years old.

There is currently two male and three female salaried GPs. There is a nursing team consisting of two advanced nurse practitioners, two practice nurses, and three health care assistants. The practice supports student nurses in training.

The practice is supported by a practice manager, receptionists and administration staff.

The practice offers 15 minute appointments to all patients as standard and is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered on Tuesday evenings until 8pm.

Patients are directed to use the NHS 111 system when the practice is closed. This is Royal South Hants first inspection.

Detailed findings

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 8 October 2015. During our visit we:

- Spoke with a range of staff including, nurses, GPs and administration staff. There was no practice manager to speak to on the day of inspection. We also spoke to members of the Solent NHS Trust management team. During the inspection we spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff told us that the form is now an electronic system which is sent to the management team at Solent NHS Trust and seriousness of risk assessed. Risks deemed as high or serious were then discussed at trust level. Staff told us that feedback from the incident can be slow. Staff at the practice print out copies to discuss at weekly team meetings. All incidents, regardless of risk category were discussed by staff at Nicholstown Surgery as part of management meetings.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, in December 2015 a random fridge temperature check at the practice identified that on several occasions the maximum fridge temperature had been documented as outside of the recommended range. The vaccine stock was not used until risk to patients had been determined. The incident was escalated to the Solent NHS Trust significant events panel for further discussion. As a result of discussions both at the practice and at a trust level, an electronic data logger was purchased for the fridge. Internal investigation revealed that staff lacked the knowledge of how to reset the fridge temperature after

each check and the importance of recording on a daily basis. Training was rolled out to staff at Nicholstown Surgery but also to staff at the other two GP practices registered with Solent NHS Trust. We saw evidence that monitoring of fridge temperatures had improved since this incident.

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. GPs were trained to child protection or child safeguarding level 3. We saw evidence that all staff had received recent safeguarding training updates but the actual dates were not available. Safeguarding children and vulnerable adult training was recorded onto the trusts training matrix. However, we were unable to identify from the matrix what level of safeguarding children staff had completed and therefore whether they had been trained to the appropriate level for their role.
- Staff at another practice run by Solent NHS Trust devised a Safeguarding template which has all local phone numbers embedded into it. They identified a triangle of alert system which Nicholstown Surgery had adopted. Patients are coded red for severe safeguarding concerns, blue for learning disabilities or vulnerable adults and amber for child safeguarding concerns. This has been adopted across all GP practices within the Southampton area.
- A notice in the waiting room 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.

Are services safe?

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 told us that chaperones are usually clinical staff but that a non-clinician may be used if no clinical staff were available. No staff had a record of having received chaperone training. The chaperone policy was a Solent NHS Trust policy, and was unclear as to who is able to do chaperoning duties at Nicholstown Surgery.

- 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.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). However, not all medicine and equipment in the GPs bag, supplied by the practice, had been sufficiently checked to ensure they were suitable for use. For example, we found one medicine which had passed its expiry date as well as an out of date blood bottle and an out of date pack of urine testing strips. We also found that not all equipment had been calibrated to ensure it was working within recommended guidelines.
- 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. The practice did not have a system in place to record serial numbers of prescription paper in order to monitor their use. The practice had previously logged as a significant event that prescription fraud had occurred at the practice.
- 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.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We were unable to review staff personnel files as these were held centrally by the Solent NHS Trust human resources (HR) department. The HR department sent an email to the practice manager of Nicholstown to notify them when recruitment checks had been completed. We saw evidence that Disclosure Barring Service (DBS) checks were completed and held centrally for each staff member. We saw an example of what recruitment checks would be completed prior to a staff member starting work within the trust. Recruitment checks included 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 DBS. We reviewed the files of locum GPs that were undertaken locally by the practice. We looked at two locum GP personnel files and saw inconsistencies in the completeness of recruitment checks. Locums were sourced via an external agency. One of the files did not contain a copy of photographic identification.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The fire procedures and policies were managed by Solent NHS Trust. There was a fire policy in place but staff at the practice expressed concerns over the implementation of the policy. For example the practice had not had a fire drill in the past year. The practice had escalated their concerns with the Solent NHS Trust management team. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked with the exception

Are services safe?

of in the GP bag 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.
- Locums were used when required. Locums were recruited via an agency who were responsible for ensuring training is up to date.

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. The document was stored electronically on the shared drive and copies were also kept off-site by key members of 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.

Staff utilised the templates available from the practices online records system. Staff reported that they used the safeguarding template frequently. NICE guidelines are discussed in meetings such as recently receiving training around the updated guidelines for cancer referral guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available. The practice achieved 538 points out of a maximum 559.

Data obtained from The Health and Social Care Information Centre (HSCIC) showed that Nicholstown Surgery's overall clinical exception rate for 2014 to 2015 was 10% compared to the CCG average of 10% 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 not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators were similar to national averages. For example, the percentage of

patients with diabetes, on the register, in whom the last average blood sugar test was acceptable, was 82% in comparison to the CCG average of 76% and national average of 79%.

- Performance for mental health related indicators were similar to national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a documented agreed care plan was 78% in comparison to the CCG average of 75% and the national average of 77%

QOF was discussed at weekly meetings. The QOF GP lead identified areas that need more attention. For example, cervical screening. The practice identified that their Eastern European patients preferred having their screening done in their own country and that this could be difficult to arrange. Reception staff called patients in for testing and sent letters in a patient's own language to promote uptake.

There was limited evidence of quality improvement including clinical audit.

The practice told us that they undertook audits on a regular basis. We observed two clinical audits on the day of inspection and a further two were submitted as part of the pre inspection information; examples of audits provided included a diabetic review of the practice against NICE guidelines and an infection control audit. From these audits we saw evidence that the practice were making improvements and monitoring outcomes through discussion of action points at team meetings.

Findings were used by the practice to improve services. We saw that the practice had participated in a safeguarding audit commissioned for GP practices within the Southampton City Clinical Commissioning Group (CCG). The tool was designed to audit the processes used within GP practices to safeguard children and young adults. Processes were rated as red, amber and green. Out of the 17 indicators the practice scored green for 13 of them. The practice had identified four areas of improvement where there rated as amber (some action undertaken but needing completion). Examples included having a process in place to follow up children regularly reported as missing routine hospital or practice appointments. The practice identified that some patients are monitored and highlighted by the

Are services effective?

(for example, treatment is effective)

practice nurses and health visitors but that there was not a clear list of child non-attendance rates at the practice. The practice identified an action point to ensure that all children are followed up.

A GP completed an audit of patients with non-valvar Atrial Fibrillation who were prescribed Warfarin. (Atrial Fibrillation is when the two upper chambers of the heart beat irregularly leading to heart palpitations, shortness of breath and other serious conditions such as a stroke. Non-valvar Atrial Fibrillation is associated with individuals who do not have defective valves but still have symptoms of Atrial Fibrillation. Warfarin is a type of medicine used reduce the risk of a stroke in people with atrial fibrillation). The audit was undertaken to identify whether any patients on this medicine would benefit from a new medicine to treat atrial fibrillation. Eight patients were identified as having the diagnosis and currently on Warfarin. Of these eight patients four patients were identified as possible candidates to switch over to the new medicine. The GP had begun to contact these patients to discuss the option of switching medicine. At the time of write up of the audit no patient had switched medicine. The action plan at the end of the audit stated to repeat this audit in six months to ensure all patients had been seen and switched over if appropriate. There was no date on the audit to establish whether this had been completed or not.

The practice provided us an example of an audit lipid management for high risk groups (which included for patients with diabetes). The practice had reviewed their prescribing in October 2014 to see whether their practice was in line with NICE guidelines and completed a re-audit in August 2015. There was limited evidence from the audit to demonstrate what the practice had done to make improvements to clinical care or outcomes as a result of the re-audit.

Staff had access to the primary care incentive scheme to participate in research trials. Solent NHS Trust has a research team including a nurse that worked across all three GP practices.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and for nurses administering vaccines.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. This was covered as part of the corporate induction offered by Solent NHS Trust. Staff had access to and made use of e-learning training modules and in-house training.

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

Are services effective?

(for example, treatment is effective)

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. Staff could access clinical notes made by the health visitor and district nurses via the practices electronic patient records system.

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.
- Staff at the practice had a process of seeing all new patients of whom English was not their first language without their family members to ensure patients felt able to speak freely.

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 signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The percentage of female patients aged 25-64 with a record of having a cervical screening test was 66% which is lower than the CCG average of 73% and national average of 78%.

The practice demonstrated how they encouraged uptake of the screening programme by ensuring information was available in different languages and that a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The percentage of patients screened for breast and bowel cancer was lower than CCG and national averages. For example, 40% of patients were screened for breast cancer within the preceding three years compared to a CCG average of 68% and national average of 72%.

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

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 69% to 92% and five year olds from 60% to 81%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 27 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.

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:

- 76% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 85%.

- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG and the national averages of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded fairly positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below average for GP consultations but in line with CCG and national averages for nurse consultations. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 83% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 88% and national average of 90%.
- 73% 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%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to CCG and national averages of 85%.
- The practice provided facilities to help patients be involved in decisions about their care:
- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Are services caring?

- The practice provided leaflets in a patients' chosen language upon request. Leaflets were not readily available in different languages as the practice has registered patients speaking over 18 different languages. The practice asked patients whether they would like information in their own language but reported that the response was predominantly to have it in English as they could then get their family members to read it to them. Signs within the hospital and Nicholstown Surgery were written in several languages.

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 43 patients as carers (less than 1% of the practice list). The practice has a

transient patient population and has acknowledged that maintaining an up to date carers record can be difficult. The practice have tried to overcome this by asking all new patients registering at the practice whether they are a carer and then coding them on the electronic records system. Staff also asked patients during flu vaccine clinics. Written information was available to direct carers to the various avenues of support available to them. The reception staff were aware that carers may need priority appointments. Staff at Nicholstown have met with a local carers organisation who want to introduce a carers card and wished to advertise this within the practice. Staff at the practice told us they saw this as a collaborative working opportunity and a way to improve the support offered to patients at the practice who are also carers.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered a 'Commuter's Clinic' on a Tuesday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- All appointments were 15 minutes long.
- Translation services were available via language line. Staff at the practice used language line on a daily basis.
- The local tuberculosis (TB) service runs a clinic at Nicholstown Surgery every Wednesday morning. The practice identified that most of the patients with a diagnosis of TB or were at risk of lived in the catchment area for Nicholstown Surgery and therefore were more likely to attend for treatment. Chest x-rays were available on-site within the hospital.
- The city of Southampton had signed up to the government scheme to resettle Syrian families. 25 families will be resettling to the area. At the time of inspection two families had been repatriated and were registered to Nicholstown Surgery. The practice offered these patients a full health check and vaccine boosters as well as signposting to local support groups and agencies.
- Patients commented on the day that appointments can often run late. One patient told us they had previously had to wait an hour for their appointment. Staff at the practice were aware of this and had identified it as a challenge to the practice.
- The practice holds the violent patient list for patients for two local clinical commissioning groups. Patients on this list have been removed from their local practices list for being verbal or physically abusive to staff and are then registered at Nicholstown Surgery. Staff at the practice gave an example of a patient who had difficulties in understanding their treatment plan and was verbally abusive to staff. The practice booked double length appointments with the patient to educate them in their treatment plan and to bring their long term condition under control. The patient has remained at the practice and now only attends for regular health reviews.
- The practice identified that there was a large population of patients registered at the practice from Punjabi origin who were type 2 diabetics. The practice noted 10-15% of this population were aged under 50 years old. The practice had tried to engage this population in lifestyle changes and education around diet and exercise. The practice have created links with the foundation running at Southampton Football Club to help arrange exercise classes for these patients. The staff at the practice have also attended congregations at the local mosque whereby the Imam has given a talk on how the Holy Qur'an says you should look after your health.

Access to the service

- The practice was open between 8am to 6.30pm Monday to Friday. Extended hours appointments were offered from 6.30 to 8pm Tuesday evenings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.
- The practice offered a telephone triage system. Patients can call between 8am and 11am to be put onto the triage list. Patients are then called back by the duty team which consists of a GP and advanced nurse practitioner. Children under five years of age and patients over 65 are placed on the triage list.

Are services responsive to people's needs?

(for example, to feedback?)

- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower compared to local and national averages.
- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 53% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%. The practice were aware of the dissatisfaction. The practices telephone appointment system currently cuts patients off after six minutes of being on hold. The practices phone line is currently part of the Royal South Hants Hospital switchboard and currently cuts patients off after six minutes of being on hold. The practice were liaising with the trust to see whether this could be resolved in the hope to improve satisfaction scores.
- Patients told us on the day of the inspection that they were able to get appointments when they needed them.
- We saw that information was available to help patients understand the complaints system. For example, leaflets were available from reception as well as on the practices website. Information signposted patients to other organisations to complain to including NHS England and the Ombudsman.

The practice had one record of a formal complaint which was later withdrawn by the patient. The complaints system is managed by Solent NHS Trust. The primary care manager of Solent NHS Trust told us that at each GP practice within the trust, which included Nicholstown Surgery, was responsible for capturing informal complaints or concerns. Formal written complaints were escalated up to trust level and reviewed. Patients received a written response within the national timeframes. Actions and learning points would then be disseminated back down to local level.

We viewed the spreadsheet used at Nicholstown Surgery to capture informal complaints but observed that this was currently blank. The practice manager was unavailable on the day of inspection to tell us whether this was because it was a newly created document or whether older copies were stored elsewhere. Due to the lack of recorded complaints were unable to see evidence that this process was always completed and whether trends were analysed and lessons learned as a result of complaints. The practice kept a log of comments made by patients completing the friends and family test.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The trust had a development plan in place outlining the trusts vision for combining its three GP practices in August 2016. Solent NHS Trust had created a primary health care leadership team who oversaw management of all three practices this included staff such as a clinical director, primary care manager and clinical governance lead. The team had identified a lead GP and a practice manager at each practice to monitor day to day running of each practice as well as be the link between Solent NHS Trust and practice level discussions. These staff attended both practice specific meetings and Trust meetings to enhance flow of information between the two levels.

Governance arrangements

Solent NHS Trust provided the overarching vision and governance strategy that was rolled out across their three GP practices which included Nicholstown Surgery.

The practice had an overarching Solent NHS Trust 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.
- Significant incidents were all recorded on a Solent NHS Trust tool and discussed at senior level if the risk was determined high enough, this was similar for complaints. Complaints and significant events were always discussed at local level meetings. However the practice were unable to provide us with examples of this in place.
- Solent NHS Trust had a centralised human resources (HR) department who were responsible for completing employment checks and monitoring of training. The

practice manager at Nicholstown Surgery was responsible for ensuring all recruitment checks for locums had been completed and that all staff had completed annual appraisals. This was then recorded into the trusts electronic staff monitoring record.

- Policies and procedures such as infection control, risk assessments, health and safety, information governance were generally issued by Solent NHS Trust. Practice specific policies were implemented and were available to all staff. However there was some confusion about which policy was current at the time of our inspection. For example, Infection control policies were printed out in and kept in a folder and was dated 2013. Whereas another infection control policy was available on Solent NHS Trust intranet and was reviewed in 2016.
- A comprehensive understanding of the performance of the practice was maintained'
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, improvements were needed to monitor prescription use and make sure fire drills were carried out in accordance with local policy.

Leadership and culture

On the day of inspection the organisation 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 organisation was approachable and always took the time to listen to all members of staff.

The trust 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 provider encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

Are services well-led?

Requires improvement 

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

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- There was a leadership structure in place and staff felt supported by management which was made up of the governance team within Solent NHS trust.
- Staff told us the practice held regular team meetings. All staff were invited to weekly practice meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the organisation. All staff were involved in discussions about how to run and develop the practice, and the organisation 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. There was a Solent NHS Trust comments and complaints leaflet that encouraged the sharing of views, including how to contact external agencies.

- The practice did not have a patient participation group (PPG). We saw evidence that the practice were trying to

develop one. The practice told us that they had arranged a PPG meeting twice in the past six months but that no patients turned up on the day. Staff told us it was difficult to maintain a group due to the transient and deprived patient population group. The practice had gathered feedback from patients through the and through surveys and complaints received. The practice visited local mosques and residents associations to communicate with patients. The practice told us that patients had reported that they were having difficulty getting through on the telephone and would get cut off after being on hold for six minutes. The practice had identified that there is currently no facility to amend the telephone system but have escalated this to the IT helpdesk at Solent NHS Trust and senior management team to try and identify a solution. Meanwhile there had not been any interim action to answer calls more quickly.

- The practice had gathered feedback from staff through staff meetings, emails, the Solent NHS Trust intranet, appraisals and discussion. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was limited evidence shown on the day of inspection to demonstrate 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.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The practice did not have a robust process in place to review all medicines and equipment within the practice, namely for equipment and medicine held within the GP bag.• The practice was not following guidance issued by Solent NHS Trust around actioning learning points from significant events such as in monitoring and tracking of prescription forms and pads.• No staff had a record of having received chaperone training.• The practice did not actively seek and act upon patient feedback in a timely way as the practice did not have an active patient participation group.• Not all policies held at the practice were the most recent version as updated by the trust.• Recruitment checks for locums were incomplete and inconsistent. <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>