Dr Nicholas James Lowe

Quality Report

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Date of inspection visit: 14 September 2016
Date of publication: 21/10/2016

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Nicholas James Lowe on 14 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and 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 areas where the provider should make improvements are:

- The practice should ensure that all patient safety alerts are actioned, recorded and filed appropriately.
- The practice should ensure that clinical waste is labelled in line with its 'Disposal of waste' policy.
- The practice should ensure that they identify and support carers appropriately.
- The practice should continue to encourage women to have cervical screening.

Summary of findings

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?

Good

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.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the local and 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?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice similar or better than others on most aspects of care.
- Patients' communication needs were assessed as part of the new patient registration process.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

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. Focusing on the large student population the practice offered contraceptive implants, sexual health services, chlamydia screening, condom scheme and had links to the University counselling service (non NHS service offered to students and staff) and the Students services team (offering help with finances and accommodation).
- The practice offered a range of appointments including routine, emergency on the day, telephone triage, e-consultations and online bookable appointments. There was flexibility between the ratios of routine to emergency depending on predictable variations such as post Bank Holiday and the university summer holidays.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Home visits were assessed by the duty doctor on receipt to decide the urgency of and appropriateness of the request. The practice had implemented a new process to ensure timely and appropriate visits as a response to a recent alert when a patient was not seen in timely way.
- The practice worked with a Dementia Pathway Redesign specialist nurse in order to facilitate the assessment and treatment for dementia in a more timely fashion.
- 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.

Are services well-led?

Good

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

Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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 was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had been looking after the residents in a local nursing home and had worked with the home, residents, pharmacists, the Older People Mental Health team and palliative care team to provide a high quality service. Regular GP visits were made to the home twice every week to deal with prescription issues, arrange referrals and liaise with other services. The practice's health care assistant also visited the home weekly to carry out domiciliary near patient INR blood tests. Large flu clinics were organised at the nursing home to vaccinate all residents and staff consenting in one clinic.
- The practice's older patients were supported by an over 75's nurse to do health checks and were involved in home assessments. The nurse also had close links with the community health team and social services.
- Palliative care plans were created for these patients and uploaded to the practice's electronic records system so DNR (Do Not attempt Resuscitation) information and patient wishes were recorded and understood.

People with long term conditions

Good

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

- The practice nurse lead on chronic disease management and patients at risk of hospital admission were identified as a priority. Specific long term conditions clinics were offered such as diabetes, chronic obstructive pulmonary disease (COPD), ischemic heart disease and asthma.
- Performance for diabetes related indicators were similar or worse than the national average. We noted that the lower performance was due to low exception reporting, the younger demographic and more type 1 diabetics who can be 'harder to reach' for some of the interventions.
- Longer appointments and home visits were available when needed.

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. The practice had a recall system in place for all the LTCs and blood tests arranged prior to being seen for an annual assessment in the nurse led clinic. Problems were discussed with the GP on the day and alterations to treatment done at the same time. Regular medication reviews were undertaken, 99% of people on repeat prescriptions had been reviewed.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Regular meetings with a Health Visitor to discuss any concerns and safeguarding issues.
- An immunisation clinic was held every other Wednesday morning, and the practice achieved a high immunisation rate. The practice received details from patients such as from those overseas on different immunisation programmes, the immunisation history was then scanned onto the practice computer system to ensure the patient records were up to date.
- The practice offered a vaccination catch up programme, contraception clinics, free condom scheme, implant clinics and provided access to the NHS's "Let's talk about it" website.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice offered extended hours clinics on Thursday evening which often are used by working parents and their children.
- There was a system in place for 6-8 week post-natal and baby checks.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

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.
- The practice's health care assistant (HCA) offered patients over 40 years of age health checks and there was a recall system in place. The HCA often offered the health checks for new patients when they were being seen for other issues.
- The practice offered a wide range of appointments including routine, emergency same day, telephone triage, extended hours and e-mail appointments.
- The practice accepted out of area patients who work nearby under the choice of GP scheme.
- The practice used an e-referral system extensively so patients were able to organise referrals around dates and times that suit them and their working lives.
- The practice also used text reminders for booked appointments and had a facility to cancel appointments if necessary.

People whose circumstances may make them vulnerable

Good

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 the elderly, students/young people and those with mental health needs or learning disabilities. The practice's electronic record system alerted staff to vulnerable patients so that they could prioritise and support these patients.
- 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 held multi-disciplinary team meetings for vulnerable adults as and when the occasion arose with social services, safeguarding and other appropriate services.
- 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.
- The practice worked closely with the university, student services and university counselling service with regard to vulnerable students. The practice recognised that for students

who have moved away from home to start a degree can be a difficult time for them. Students were often seen around exam times and provided medical reports for special considerations and extensions.
- Home visits for vulnerable house bound patients were provided and the over 75's nurse were also visited to assess for social care packages at short notice.

People experiencing poor mental health (including people with dementia)

Good

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

- 90% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the clinical commissioning group (CCG) average of 87% and the national average of 88%.
- 87% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 86% and to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 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. The practice actively encouraged self-help with a cognitive behaviour therapy, mindfulness guide and signposting to voluntary sector services as well as encouraging exercise and healthy living. People with mental health issues were referred in to the exercise on prescription service.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Having a high dementia prevalence the practice had joined several innovative schemes including the Dementia Redesign Pathway and working closely with the Older People Mental Health team. Audits around antipsychotic prescribing and hospital admissions had also been undertaken.
- The practice had registers for mental health, dementia and learning disabilities to ensure these patients were reviewed appropriately and regularly.
- The practice worked closely with university counselling team who would often call and speak with the GP with concerns and

the student services who offer more pastoral and practical support to students with mental health difficulties. The practice provided students struggling with studies or financial difficulties with medical reports and special considerations letters.

- The practice offered extra time in appointments for people struggling with severe mental health problems.
- The practice hosted a mental health practitioner in house once per week who offered convenience of access for registered patients and allowed closer working with the “steps to wellbeing team”.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 404 survey forms were distributed and 91 were returned. This represented 2% of the practice's patient list.

- 91% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 73% and to the national average of 73%.
- 87% 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 75% 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 83% and to the national average of 85%.
- 79% 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 75% 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 45 comment cards which were all positive about the standard of care received. The majority of the cards only included positive comments. Patients said that they were treated with dignity and respect, they were listened to and their needs were responded to with the right care and treatment at the right time. They also wrote that the environment was safe and hygienic, staff were helpful and the service they received was excellent. Negative comments highlighted the fact that only permit parking was available due to the practice being situated on the university campus.

We spoke with 14 patients during the inspection. Most patients said they were satisfied with the care they received and thought staff were approachable, respectful and caring. Patients were also satisfied with the practice's appointment system and said it was easy to make an appointment and usually ran on time. Patients said they had enough time during the consultation and felt the GPs were and listening to them.

The practice had 321 Friend and Family Test responses in the last 12 months prior to our inspection. The comments were overwhelmingly positive which meant patients would recommend the practice to their friends and family.

Dr Nicholas James Lowe

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 an Expert by Experience.

Background to Dr Nicholas James Lowe

Dr Nicholas James Lowe is located at 31 University Road, Southampton, Southampton SO17 1BJ. The practice is locally known as Highfield Health.

It is situated in an urban area with a large student population. Southampton is ethnically diverse with many people from Poland, many overseas students from the Middle East and China and families of Pakistani and Indian heritage. The practice also oversee the care of a large 100 bed nursing home and have increasing number of elderly patients from the surrounding area. The list size has increased year on year over the last 4-5 years and it is currently 4581. The practice's population's score of deprivation is 7 on a scale of one to ten where ten is the least deprived decile. The practice provides its services under the General Medical Services (GMS) contract.

The practice is able to accommodate the needs of people with disabilities and there is a disabled parking space available. There is no general patient parking at the practice due to the practice is situated on the university campus therefore parking permit is required.

The current staff of the practice includes:

1 GP Partner (male, 1 whole time equivalent WTE)

1 Salaried GP (male 0.5 WTE)

1 Practice Nurse (0.5 WTE)

1 HCA (0.5 WTE)

1 Practice Manager (0.7 WTE)

5 Receptionist (3 WTE)

1 Secretary (0.4 WTE)

The practice is open from 8:30am to 6pm with duty clinician available on the telephone between 8 to 8:30am and 6 to 6:30pm. Extended hours service is offered from 6:30pm to 9pm on Thursday evenings. 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 that could be booked up to two months in advance, routine, emergency same day appointments (6 per session), telephone and e-mail consultations were available.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 October 2015. During our visit we:

- Spoke with two GPs, a practice nurse, a health care assistant, two practice managers and spoke with 14 patients who used the service.
- Received written feedback from 4 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 and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, on repeated occasions, emergency ambulances had difficulty finding the practice and had therefore been delayed. After discussions with the landlord of the premises, it was agreed to change the postcode of the practice to SO17 1TL. This postcode is separate to that of the main university campus, and identifies the practice when used with satellite navigation software.

Another significant event highlighted that a request was put in from a student requiring a Doctor's note to show why they were unable to attend their studies. The patient telephoned the practice on several occasions after requesting a doctor's note; however they still had not received the note a month later. The request was found and filled out on the day of her seventh call. Staff were retrained on how to process Doctor's notes.

We also identified that the practice had some difficulty identifying the receipt and the recording of some medicine/patient safety alerts. Following our inspection it was confirmed that all alerts were seen by the GPs but not all of these were filed in accordance with the practice's system.

The practice also confirmed that actions were taken in response to the alerts to ensure patient safety for example inviting patients for medicine reviews. The practice also improved their system with regards to actioning patient safety alerts in order to ensure they record and file future alerts appropriately.

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, the practice nurse and the health care assistant to level two and non-clinical staff at least to level 1. Multi-disciplinary discussion took place in order to safeguard vulnerable patients and we saw within the records of significant events where staff followed the practice's protocol to refer vulnerable patients to the appropriate service.
- 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. (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

Good

Are services safe?

that action was taken to address any improvements identified as a result for example replacing chairs in consultation rooms that were easier to clean. We also found that clinical waste bags, that were sealed and waiting for collection, were not labelled in line with the practice policy. The practice manager devised self-adhesive labels to be used following our inspection.

- 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). 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 CCG 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. 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. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire alarm tests and fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice manager sought feedback from staff regarding their workload through daily discussions and team meetings. We noted that a new receptionist had been recruited following these discussion due the increase of the practice's patient list size. We also noted that the practice was in the process of recruiting another permanent salaried GP.

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 and kept a list of emergency contact numbers for staff. The practice also had 'grab packs' which included information regarding the practice's premises and contact details of relevant agencies.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. For example, recommended risk stratification was used to guide treatment decisions for clinical conditions.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Avoiding unplanned hospital admission care plans were in place for over 2% of the patient list and were reviewed regularly.
- Palliative care plans were kept up to date and were accessible by the out of hours care providers.

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 showed the practice had achieved 96% of the total number of points. On all clinical domains the exception reporting was lower than the CCG and national averages. The combined overall total exception reporting for all clinical domains was 6% which was lower than the clinical commissioning group (CCG) average of 10.3% and the national average of 9.2%. (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 were similar or worse than the national average.
- 92% of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months, which was similar to the clinical commissioning group (CCG) average of 90% and the national average of 88%.
- 72% 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 clinical commissioning group (CCG) average of 81% and the national average of 81%.
- 82% of patients on the diabetes register, who have had influenza immunisation in the preceding 12 months (01/04/2014 to 31/03/2015), which was comparable to the clinical commissioning group (CCG) average of 96% and the national average of 94%.
- We noted that the lower percentage was due to low exception reporting, the younger demographic and more type 1 diabetics who can be 'harder to reach' for some of the interventions.
- Performance for mental health related indicators were comparable to the national average.
- 90% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the clinical commissioning group (CCG) average of 87% and the national average of 88%.
- 87% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 86% and to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been 9 clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits and research. For example, the practice was going to host research on Atrial Fibrillation capturing devices with the research nurses working from the practice. Patients would benefit from such research in the long term. The practice was also involved in an improvement programme with CCG with regards to avoiding unplanned hospital admissions.
- Findings were used by the practice to improve services. For example, recent action taken as a result included

Good

Are services effective?

(for example, treatment is effective)

the implementation of 3 monthly reviews of patient who took antipsychotic drug and that the risks and benefits of antipsychotic medication were to be discussed with these patients and/or their family. Another audit was completed in order to reduce polypharmacy with associated morbidity and cut down unnecessary treatments with regards to overactive bladder treatment drug in line with the updated NICE guidance. All of the 10 patients identified agreed to take a 'drug holiday'. The re-audit showed that only 3 of these patients came back and consulted saying symptoms had returned.

- The practice had issues with the roll out of the monthly medicine prescriptions and undertook regular prescribing meetings with nursing home staff, pharmacy, clinical commissioning group (CCG) prescribing adviser, GP and medicines manager from the practice. The meetings have proved very effective in overcoming the arising problems.
- The medicines wastage from the nursing home had also been looked in conjunction with the prescribing team and had been significantly reduced.

Information about patients' outcomes was used to make improvements. For example unnecessary admissions to hospital were avoided over a six month period due to the telephone triage with the practice GP during periods of practice closure during which calls would have routinely been dealt with by NHS 111 or the Out of Hours GP service. There was a positive benefit to the local healthcare economy from this but more importantly avoidance of the distressing impact of inappropriate hospital admissions on patients. Discussion of the results with nursing home staff feedback was positive, even when residents went on to be admitted, staff felt it was helpful to have discussed the resident. Staff felt empowered and being able to discuss difficult choices when patients were palliative and admission was not in their best interests.

Emergency appointments had been triaged by phone by a GP in response to patient demand. Every morning patients were phoned back to start dealing with problems over the phone and saving time for patients and the practice. The audit of this general telephone triage at the practice proved that the service had been a success both from the number of face to face appointments avoided and patient satisfaction with the service. The problems that readily got resolved included urinary tract infections, minor injuries, viral upper respiratory tract infections, tonsillitis and medicines issues. The practice considered excluding children from the triage service but the number of straight forward issues such as a nappy rash was dealt with over the phone and it was decided to continue triaging these calls as well.

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 learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice kept records regarding staff's completed training and identified further training needs in order to ensure that all staff's knowledge would be kept up to date. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, team meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- The practice ensured role-specific training and updating for relevant staff. Staff completed training that were relevant to their specific roles such as smoking cessation for the health care assistant and cervical cytology, baby immunisation and chronic obstructive pulmonary disease (COPD) for the practice nurse.
- Both the practice nurse and the health care assistant administered vaccines and received annual updates relevant to the vaccines they administered.
- Staff received training that included: health and safety, safeguarding, fire safety and basic life support. Staff said they felt confident about their roles and responsibilities and that they received the training they needed. Written feedback from non-clinical staff also indicated that they were given the opportunity to attend and 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.

- This included care and risk assessments, care plans, medical records and investigation and test results.

Good

Are services effective?

(for example, treatment is effective)

- 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. The practice had been looking after the residents in a local nursing home and had worked with the home, residents, pharmacists, the Older People Mental Health team and palliative care team to provide a high quality service. The practice's older patients were supported by an over 75's nurse by completing health checks and were involved in home assessments. The nurse also had close links with the community health team and social services.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation. Patients were signposted to the relevant local services.
- Advice on healthy living was incorporated to the reviews of all long-term health conditions.
- Smoking cessation advice was available from the practice's health care assistant.

The practice's uptake for the cervical screening programme was 60%, which was worse than the CCG average of 81% and the national average of 82%. We noted that the practice had young, transient and diverse population which significantly affected the uptake of the cervical screening tests. There was a policy to send reminder letters for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages. 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. 69% 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 66% and the national average of 72%. 59% 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 55% and the national average of 58%.

Childhood immunisation rates for the vaccines given were variable compared to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 77% to 85% and five year olds from 60% to 91% compared to the CCG range from 73% to 96% and 72% to 96% respectively. We noted that the practice had a significant transient and diverse population which included families and babies from abroad who, for example had different immunisation schedules. This affected the practices results with regards to its immunisation programme.

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 had a register for people with learning disabilities and alerts were put on patient notes to make staff aware. The practice offered longer appointment times, provided annual health checks and created care plans. Patients' needs were also discussed at practice meetings

Good

Are services effective?

(for example, treatment is effective)

when needed. Each patient who registered at the practice were asked to detail vision/hearing and communication needs so that the practice could seek to accommodate these.

Good

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 45 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.

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. 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's satisfaction scores on consultations with GPs were below average. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 70% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and to the national average of 85%.

We noted that changes happened to the staff team since the data was collected for this GP patient survey.

The practice's satisfaction scores on consultations other than with GPs were better than average. For example:

- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and to the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed that most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 70% 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 to the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% 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. We saw notices in the reception areas informing patients this service was available.
- Patients' communication needs were assessed as part of the new patient registration process.
- There was a hearing loop available at the reception.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 10 patients as carers (0.2% of the whole practice list). The practice had a significantly higher young population which might explain a relatively lower number of carers being on the practice's patient list. We noted that this area had been identified by the practice as a priority to ensure that more carers were identified and supported appropriately. The practice had devised 'carers packs' which included leaflets and useful information to direct carers to the various avenues of support available to them.

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

Good

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 provided its services under the General Medical Services (GMS) contract and offered the full range of primary care services. Focusing on the large student population the practice offered contraceptive implants, sexual health services, chlamydia screening, condom scheme and had links to the University counselling service (non NHS service offered to students and staff) and the Students services team (offering help with finances and accommodation).
- The practice offered a range of appointments including routine, emergency on the day, telephone triage, e-consultations and online bookable appointments. There is flexibility between the ratios of routine to emergency depending on predictable variations such as post Bank Holiday and the university summer holidays.
- The practice offered a text reminder service for its appointments.
- Extended hours appointments offered on Thursday evenings, two and half hour surgery aimed at those patients who were unable to access care during normal surgery hours.
- Other provision included a minor injuries service, a walk in centre and more recently the provision of care from several "HUBs" in Southampton using Prime Minister Access Fund to offer out of hours booked appointments, self-referral physiotherapy, nursing and dressing services. These were supported by the Federation of which the practice was a member.
- There were longer appointments available for patients with complex needs and/or learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Home visits were assessed by the duty doctor on receipt to decide the urgency of and appropriateness of the request. The practice had implemented a new process to ensure timely and appropriate visits as a response to a recent national safety alert following a case where a patient was not seen in a timely way.
- The practice worked with a Dementia Pathway Redesign specialist nurse in order to facilitate the assessment and treatment for dementia in a more timely fashion.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open from 8:30am to 6pm with duty clinician available on the telephone between 8 to 8:30am and 6 to 6:30pm. Extended hours service was offered from 6:30pm to 9pm on Thursday evenings. 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 that could be booked up to two months in advance, routine, emergency same day appointments (6 per session), telephone and e-mail consultations were available.

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

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and to the national average of 78%.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% 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 leaflets about the complaint procedure were available in the waiting area.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We found the practice had recorded 13 complaints in 2015/2016. We looked at two complaints in detail and found these were satisfactorily handled and dealt with in a timely way. Openness and transparency with dealing with the complaints was demonstrated and lessons were learnt from individual concerns and complaints. Actions were taken to as a result to improve the quality of care. For example, the practice received an email regarding the receptionist answering the phone who appeared rude and was not empathetic to the patient's concerns with regard to need for an emergency appointment. The complaint was discussed with receptionist involved with regards to how to deal with calls under challenging circumstances. A response was sent to patient who was happy that the concerns were dealt with. The lessons that were learnt from this complaint were shared with staff in a team meeting with regards to the availability of emergency appointments both at the practice and at other providers.

Another letter of complaint was received by the practice regarding on of the GP's understanding of symptoms and their attitude towards the patient's concerns. The GP wrote to patient's family and apologised that they had not been aware of the condition and for the assumption of the cause of the symptom. The GP underwent further training and informed the patient and their family about that fact as well.

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 plan which reflected the vision and values and were regularly monitored. The plan set out clear objectives about what the practice was trying to do and the changes they thought were important to introduce, for example improving the skill mix of staff.

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.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. The 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. There were monthly whole practice and clinical meetings and there were also regular meetings for the administration staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the management of the practice. All staff were involved in discussions about how to run and develop the practice, and the management encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example staff changed the radio channel in the waiting room frequently as a result of patient feedback.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG members communicated electronically met occasionally and submitted proposals for improvements to the practice management team. For example, to improve on the process of providing test results to patients by advising to call the practice after

Are services well-led?

Good

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

2pm. Other changes included the introduction of telephone triaging in the mornings which had been widely appreciated by patients and the provision of the baby changing facilities in the downstairs toilet area.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and daily 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. Staff informed us that changes were made following their feedback for example the provision of new chairs in reception and handbag lockers for staff.

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 was involved in rolling out the Dementia Pathway Redesign which uses a toolkit in care homes for primary diagnosis and treatment of dementia. This had already shown swifter assessment and diagnosis with the care home. The practice was also the only pilot in Hampshire of the new video link to paramedics in a central HUB and using their assessment tool called National Early Warning Score (NEWS) to give effective data and observations when paramedics are called.