

Dr SJF Goodison and Partners

Quality Report

Blackthorne Health Centre
Southampton
Hampshire
SO314NQ

Tel: 02380453110

Website: www.blackthornhealthcentre.co.uk

Date of inspection visit: 24 May 2016

Date of publication: 13/09/2016

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?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr SJF Goodison and Partners	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr SJF Goodison and Partners on 24 May 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 practice employed a medicines management technician who provided patient education around medicines issues. Patients had access to a direct phone line to the technician to ask questions about

Summary of findings

changes in their medicines or to arrange a home visit to discuss further. The technician designed patient friendly information leaflets about different types of medicines.

- The practice achieved dementia friendly status in 2015 and had adapted signage at the practice to make it more dementia friendly.
- The practice received additional training to increase their understanding of what it was like for patients who are hard of hearing to attend a GP practice.

The areas where the provider must make improvements are:

- Ensure all staff have completed training appropriate to their role for example, basic life support and information governance.

The areas where the provider should make improvements are:

- Review the practices level of exception reporting of patients.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



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

Are services effective?

The practice is rated as requires improvement for providing effective services as there are areas where improvements should be made.

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar to the national average. However, the practice had above national average levels of exception reporting for mental health indicators and for some long term conditions such as asthma. The practiced evidence what they were doing to reduce these levels.
- 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.
- Not all staff had received information governance and basic life support update training. However, the practice had a plan in place for all staff to complete this training by the end of June 2016.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice similar to others for all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. British sign language interpreters were available to book in advance for patients that required this.
- The practice offered additional support for carers including access to a resource bulletin provided by a local carers group and offering home visits for appointments.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. The practice achieved dementia friendly status in 2015 and had changed signage in the practice to make it more dementia friendly. The practice also had a half day training session from an external agency about what it is like to attend a GP practice as a patient who is hard of hearing.
- There were innovative approaches to providing integrated patient-centred care. For example, the practice offered nurse led clinics such as flu vaccine administration at patients' homes. Cervical smear testing was offered as a home visit for housebound patients.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the practice received complaints about a trialled book on the day appointments system. As a result of patient feedback the practice reverted back to the old system of releasing appointments 24, 48 and 72 hours in advance.
- Patients can access appointments and services in a way and at a time that suits them. Extended hours bookable appointments were available with the GPs, practice nurses and health care assistants. Appointments could be booked on line and via the telephone.
- Home appointments were offered for patients identified on the carers register.

Good



Summary of findings

- The practice employed a medicines management technician to educate patients about their medicines. Patients had a direct dial phone number to the technician to ask medicine queries rather than booking an appointment with a GP.
- 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 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 good for being well-led.

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

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- 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.
- The practice held monthly palliative care meetings with the GPs and palliative care nurses. All patients were discussed and notes/care plans updated.
- The practice had 169 registered patients who lived in care homes in the local area.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was acceptable was 74%. This is similar to the clinical commissioning group (CCG) average of 77% and England average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicine 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.

Patients were given a direct dial to the medicines management technician employed at the practice. They were able to call them to discuss their medicine. The technician provided personalised spreadsheets for medicines requiring regular dose changes and created patient information leaflets in a user friendly format.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening

test has been performed in the preceding five years was comparable to national and CCG averages. The practice achieved 82% compared to a CCG average of 82% and national average of 82%. The practice offered cervical screening at patients' homes for those listed as housebound or unable to attend the practice.

- 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, health visitors and school nurses.
- The practice had adapted its friends and family test survey to be suitable for children.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone appointments were also available for those who were unable to visit the practice during normal opening hours.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, patients who were also carers, housebound patients, travellers and those with a learning disability.

Good



Summary of findings

- Home visits were available for patients who were also carers.
- 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.

People experiencing poor mental health (including people with dementia)

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

- A total of 82% 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 of 84%.
- A total of 91% of patients with schizophrenia, bipolar affective disorder and other

psychoses had a comprehensive, agreed care plan documented, in the preceding 12 months. This was comparable to the CCG average of 89% and national average of 88%.

- 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 achieved Dementia friendly status in 2015. The practice had re-developed practice signage to make it more dementia friendly. The practice also trained a member of the Patient Participation Group to become a dementia champion and provide training to staff and patients.
- 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.

Good



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. A total of 247 survey forms were distributed and 105 were returned which is a response rate of 43%. This represented 1% of the practice's patient list.

- 87% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 83% and the national average of 73%.
- 86% 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 84% and the national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.
- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and 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 20 comment cards which were all positive about the standard of care received. Comments reflected the level of care patients felt they received and the positive interactions with staff. For example, engaging both the patient and their carer in discussion about the patients' health and wellbeing during consultations. One comment was positive about the care received by staff but stated that it was difficult to get an appointment with their named GP and therefore made receiving continuity of care difficult.

We spoke with ten patients during the inspection. All ten patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results from the May 2016 friends and family test showed that 50% of patients were likely to recommend the practice to others and only 5% would not. The practice had 18 responses but 45% of respondents did not answer the question or gave a neutral response.

Areas for improvement

Action the service **MUST** take to improve

- Ensure all staff have completed training appropriate to their role for example, basic life support and information governance.

Action the service **SHOULD** take to improve

- Review the practices level of exception reporting of patients.

Dr SJF Goodison and Partners

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 Dr SJF Goodison and Partners

Dr SJF Goodison and Partners, also known as Blackthorn Health Centre, is located at Satchel Lane, Hamble, Southampton, SO31 4NQ. The practice is situated in a town close to the city of Southampton.

The practice provides services under a General Medical Services contract and is part of the NHS West Hampshire Clinical Commissioning Group (CCG). The practice has approximately 12,500 registered patients. The practice's population distribution by age is similar to the national average. The practice has 101 patients registered as housebound and 169 patients registered as living in care homes.

The practice has five GP partners, one salaried GP and two GP registrars. Both male and female GPs were available to be seen at the practice. The GPs are supported by two sisters (nurse managers), three practice nurses and three health care assistants.

The clinical team are supported by a management team including a practice manager, secretarial and administrative staff. The practice also employs a medicines management technician.

Dr SJF Goodison and Partners is a teaching practice for doctors training to become GPs.

The practice reception and phone lines are open between 8am and 6.30pm Monday to Friday. Routine pre-bookable appointments are available during these times. The practice offers extended hours appointments with GPs, nurses and healthcare assistants from 7.30am to 8am Tuesday and Friday and 6.30pm to 8pm on Mondays. The practice is also open from 8am to 10am on alternate Saturdays. The practice offers three types of appointments: urgent appointments, telephone consultations with the duty GP and pre-bookable appointments. The practice have withdrawn its book on the day service due to patient feedback and dislike of this service instead replacing it with the original system of bookable appointments being released 24, 48 and 72 hours in advance.

Dr SJF Goodison and Partners has opted out of providing out-of-hours services to their own patients and refers patients to the out of hours service via the NHS 111 service. One day a month, the practice closes between 12.30pm and 2pm for staff training. The emergency phone line remains open during this time.

The service offers online facilities for booking and cancellation of appointments and for requesting repeat prescriptions.

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 24 May 2016. During our visit we:

- Spoke with a range of staff including, members of the nursing team, the medicines management technician, GPs, administration staff and the practice manager. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had failed to identify a patient who had sub-therapeutic International Normalised Ratio Levels (INR) and had incorrectly stopped his medication to help thin the patient's blood and reduce the risk of further blood clots. INR is a measure of how long it takes for your blood to clot and determines an ideal range that patients should be between. Once identified, the patient was re-started on medication. The event was discussed at practice meetings and it was decided that awareness levels needed to be raised for patients who may have readings considered not to be within the normal therapeutic range and for on-going monitoring patients on this medicine. As a result of the discussion the practice implemented a new system of using different coloured plastic wallets to highlight these patients more easily for review.

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 and nursing staff were trained to child protection or child safeguarding level three. The practice offered a combined face to face child and adult training session on 1 March 2016 and 22 members of staff attended. The session started with level one for all staff and after this only the clinicians remained for update training at level two and three.
- 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 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). 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

Are services safe?

were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as Independent Prescribers 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 reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

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 drills.
- The practice owned a fire safety awareness DVD which was shown to groups of staff during Monday meetings. The last showing of the DVD 4 April 2016. The practice did not keep a record of who attended these meetings to evidence who had seen the DVD. The practice also engages in fire training from an external provider on an annual basis and mop-up sessions are organised for any staff who were unable to attend. The practice last undertook a full evacuation on 28 January 2015 with 47 people involved in the exercise.

- 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 had recently used locums for staff cover. Locums documents were checked and induction refreshers given. The practice has a locum pack for guidance on the practices referral process and other items of relevance.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 95% of the total number of points available.

The practice had a higher exception reporting rate for mental health indicators and for patients with asthma and Chronic Obstructive Pulmonary Disorder (COPD). COPD is a chronic lung condition. For example, the percentage of patients with a diagnosis of asthma who received an asthma review in the previous 12 months was 71% which was comparable to the clinical commissioning group (CCG) average of 74% and national average of 75%. However, the practice had an exception reporting level of 21% which was above the CCG average of 12% and national average of 8%. (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).

Data from 2014 to 2015 showed:

- Performance for diabetes related indicators was similar to the national average. For example, 78% of patients with diabetes had their last blood sugar level reading in the acceptable range compared to the CCG average of 80% and national average of 87%.

- Performance for mental health related indicators was similar to the national average. For example, 91% of patients with a diagnosis of schizophrenia, bipolar affective disorder or other psychoses had an agreed care plan in place compared to the CCG average of 89% and national average of 88%. However, the practice had a higher than average exception reporting level. The practice exception reported 28% of patients compared to the CCG and national average of 13%. A staff member told us that some patients were exception reported as mental health checks tended to be done through a local care home/respite centre for people with brain injuries, learning disabilities and mental health problems rather than at the practice.

The practice allocated monitoring of QOF indicators to different GPs depending on their specialities. The GPs would meet on a quarterly basis to discuss QOF figures and progress with the practice manager. The GPs told us that they felt that the regular meetings helped identify areas of improvement based upon the QOF indicators. For example, the practice identified that their exception reporting percentage was above national levels for QOF indicators for patients with COPD. The practice exception reported 44 out of 205 patients from a review of breathlessness in the previous 12 months. This represented 21% of patients in comparison to the national average of 11%. As a result of the meeting the practice identified that long term smokers with COPD were less engaged in attending their annual reviews and therefore exception reported. The practice provided additional smoking cessation support for these patients to try and increase their engagement with the practice and reduce exception reporting levels.

There was evidence of quality improvement including clinical audit.

- There had been 13 clinical audits completed from May 2015 to May 2016, seven of these were completed audits where the improvements made were implemented and monitored. The remainder of the audits either had dates to re-audit on an annual basis or had actions recorded as a result of the one-off audit. For example, conducting an audit following a medicine alert. The practice identified two patients who were on the named medicine and were reviewed by the GP and deemed safe and no further action required.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, the practice conducted an audit on the management of familial hypercholesterolemia (an inherited condition associated with high cholesterol in the blood). The practice identified 47 patients with this condition. The audit showed that the practice was not meeting the National Institute for Care and Health Excellence (NICE) guidelines for testing first degree relatives, such as a parent or sibling, of the patients identified with this condition. Results also indicated that there was a lack of information recorded in patient notes about family history and whether lifestyle counselling was given alongside information around cardiovascular disease (a disease which patients with this condition are at higher risk of developing). The practice identified the barriers in obtaining medical records for family members who were not registered as patients at the practice. As a result of the audit GPs were reminded about the importance of recording any discussions about family history during consultations. The administration team also followed up newly registered patients who had gaps in information on their files.

Information about patients' outcomes was used to make improvements. For example, the practice reviewed their usage of a contraceptive device following updated NICE guidance. Guidance suggested that 60% of women should discontinue usage within the next five years. The practice identified all its patients on this contraceptive method and completed an initial audit and follow up after five years. Over a five year period 95 patients were followed up and identified that 20 patients had discontinued the contraceptive method for reasons including pain and bleeding. The practice identified that their discontinuation rate was less than NICE guidance and concluded that appropriate patient selection was the rationale for this.

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. A GP attended a dermatology course which included training to use a dermatoscope and identifying lesions which would require referrals (a dermascope is a handheld microscope with a bright light and can magnify an area of skin by up to 10 times). The GP carried out an audit of their dermatology referrals pre and post training and concluded that the training had had an impact on her clinical work and the way the GP treated their patients.

- 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. Staff had access to and made use of e-learning training modules and in-house training. The practice told us that training was an area they had identified as in need of improvement and therefore put plans in place to ensure all staff were up to date with training. The practice had not completed a full fire evacuation exercise since January 2015 and was overdue for annual external fire training. This had been booked for June 2016. The practice also identified that staff had not completed manual handling training since 2012 although newly recruited staff completed this as part of their induction programme. Moving and handling, information governance and basic life support training had been booked for June 2016.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice also held weekly meetings on a Monday lunchtime to discuss and update progress on patients who had been admitted to hospital. Staff from various external agencies attended these meetings including community mental health teams and community nurses.

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, smoking and alcohol cessation were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 77% and the national average of 74%. There was a policy to offer telephone and letter reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Uptake for screenings was similar to CCG and national averages.

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 85% to 99% and five year olds from 95% to 100%.

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 but one of the 20 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. One comment stated that the service received varied from excellent care; to having had a GP answer their personal phone during an appointment; and being greeted by unhelpful receptionists in the past. One comment was positive about the interactions with staff and care received but also stated that continuity of care was poor as it was difficult to get an appointment with their named GP.

We spoke with three 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 was comparable average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.

- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% 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 and with support from a patient's carer.

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

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and 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.

Are services caring?

We saw information on the television screen informing patients this service was available. British Sign Language interpreters were also available to be booked two weeks ahead of appointments.

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 166 patients as carers (1% of the practice list). The practice had an alert on

the electronic records system to provide opportunistic support when these patients attend for an appointment. Patients also were given access to the weekly resource bulletin run by an external agency providing support for carers. Written information was available to direct carers to the various avenues of support available to them. Carers were also offered home visit appointments. The practice had also identified that it wished to improve the recording of young carers on the practice's carers register.

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 formed part of the Eastleigh Southern Parish Network (a federation of five practices from the local area). The practices work together to share resources, skills and experience to help enhance patient care. Services currently provided by the federation include access to phlebotomy and care navigators.

- The practice offered extended hours appointments, with the GPs, health care assistants and practice nurses, for patients working who would not be able to attend surgery 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.
- The practice offered cervical smear testing at home for housebound patients or those who had difficulties 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.
- There were disabled facilities, a hearing loop and translation services available.
- The practice achieved Dementia Friendly status in 2015. The practice had Dementia Friendly signs in place throughout the practice. For example, having a picture of a toilet on the toilet door as well as a written sign. The practice also trained a member of the patient participation group to become a Dementia Champion and provide training to staff and patients.
- The practice had a training morning from an external trainer to increase staff members understanding of what it is like for patients who were hard of hearing to attend a GP surgery.
- The electronic check in desk was available for use in six different languages.

- The practice employed a medicines management technician who would work with patients to educate them on their prescribed medicines. For example, they had created information leaflets for patients written in non-technical terms. They had also created personalised spreadsheets for patients whose medicines may need dose changes on a regular basis. The technician had a direct dial phone number which was given to each patient so that they could contact them directly with medicine queries rather than needing to book an appointment to discuss with a GP.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, routine pre-bookable appointments were available between these times. Extended hours appointments were offered at the following times; from 7.30 to 8am Tuesday and Fridays and 6.30pm to 8pm on Monday evenings. The practice also offered bookable appointments on alternative weekends. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them. As a result of patient feedback the practice had stopped offering book on the day appointments and returned to releasing these dedicated appointments 24, 48 and 72 hours in advance.

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

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 78%.
- 87% of patients said they could get through easily to the practice by phone compared to the CCG average of 83% and the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Some patients spoke of a delay of up to three weeks in getting appointments with their named GP however, they also acknowledged that they were able to get an appointment often within a week if they were prepared to see any GP.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs?

(for example, to feedback?)

- 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 such as via the electronic information screen.
- The practice told us that if a patient was visibly upset about any issues they would be offered a personal interview with the practice manager in a private room at the practice.

We looked at three complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a transparent and timely way. Follow up letters were sent to the patients four weeks after the initial complaint to check whether the patient was satisfied with the response prior to closing the complaint.

Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient wrote to the practice expressing disappointment in the care they received when trying to access treatment on a Saturday. The practice was open for a flu clinic but it was not a Saturday of their extended hours service. The patient was told to access treatment in line with the practices out of hours procedure. Following receiving the letter the GP reviewed the events and held a discussion with the practice manager and senior partner. The GP subsequently visited the patient in person to apologise for the lack of care that occurred on that day. The complaints file indicated that the patient was satisfied with the response received and having been visited by the GP.

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 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.

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.
- The practice had identified that there were shortfalls in ensuring all staff were up to date with their training but had implemented a strategy to act upon this. We saw evidence that training modules were planned for late June 2016.

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 provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice now has a dedicated phone line for patients to cancel appointments. The information technology manager at the practice worked with the PPG to re-word information presented in the waiting area screen so that it was more patient friendly. The practice had also adapted its friends and family test to collect feedback from children and young adults. This questionnaire contained pictorial aids and simplified language.

Are services well-led?

Good 

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

- A staff member told us that the appointment system was changed as a result of patient feedback. The practice trialled a book on the day system which many patients complained about. The practice subsequently reverted to the previous system and the patients reported to the receptionists that they were much happier with this.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the nursing team asked whether it was possible for nursing staff to run home visit clinics and administer vaccines to patients who were unable to attend the practice. The partners at the practice looked into whether the nurses were insured to do so and nurses now are able

to do this for housebound patients. The nursing team also said they would like to be more involved in triaging of patients. One of the nurses now does nurse led triage from 9am to 11am alongside the duty GP. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice is planning to develop their support for carers and offer them health checks opportunistically when they attended an appointment with the patient they cared for.

This section is primarily information for the provider

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	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Family planning services	How the regulation was not being met:
Maternity and midwifery services	Staff had not received training in Basic Life Support, or information governance. Staff had not received moving and handling training since 2012.
Surgical procedures	This was in breach of regulation 18(1)
Treatment of disease, disorder or injury	