

Mayfield Medical Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mayfield Medical Centre on 5 September 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed however, improvements were needed to how these were managed such as for training of staff, environmental action and policies and procedures needed updating.
- 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 must make improvements are:

- Ensure systems and processes are identified, implemented and reviewed for the management of infection control and fire safety.

Summary of findings

- Ensure all practice policies and procedures are regularly reviewed, updated and adhered to for example, the business continuity plan, patient group directions and chaperone policy.
- Ensure all staff have received appropriate training to carry out their role such as for infection control and chaperoning.
- Review arrangements for storage of emergency medicines so that they are easily accessible.
- Review arrangements for identifying carers to include a flag on the practice's record system.
- Review the business continuity plan to include emergency contact numbers for staff.
- The practice should improve access to appointments for patients.

The areas where the provider should make improvement are:

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

- Risks to patients who used services were assessed; however, the systems and processes to address these were not implemented well enough to ensure patients were kept safe. For example, Appropriate health and safety checks and risk assessments were not always undertaken or acted upon. For example a fire risk assessment had not being carried out.
- There was an effective system in place for reporting and recording significant events
- 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.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were low compared to the national average. For example, 75% of patients with dementia had their care reviewed in a face to face review in the preceding 12 months, compared to the national average of 84%. Knowledge of and reference to national guidelines were inconsistent.
- There was little evidence that audit was driving improvement in patient outcomes.
- Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



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.
- We found the practice did not actively identify carers. The practice had identified eight patients as carers which was significantly below 1% of the practice list.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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.

However

- Patients rated the practice below others regarding access. The practice had implemented changes to their telephone system, four months ago, to improve this. However patients we spoke to on the day still reported difficulty in getting through to the practice by telephone.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- On the day of inspection the partners 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 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 had a number of policies and procedures to govern activity. However these were not always reviewed and updated regularly.

Requires improvement



Summary of findings

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However these were not always fully implemented, for example, in relation to infection control and fire safety.
- Not all staff had received recommended training. For example, infection control. Some staff had not completed received inductions when recruited.
- The practice sought feedback from patients, which it acted on. The patient participation group was active.

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 provider was rated as requires improvement for safety and well led. The issues identified as requiring improvement overall affected all patients including this population group. However, there were areas of good practice.

- 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.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safety and well led. The issues identified as requiring improvement overall affected all patients including this population group. However, there were areas of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the national average. For example, 86% of patients had a blood sugar test compared to the national average of 77%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

The provider was rated as requires improvement for safety and well led. The issues identified as requiring improvement overall affected all patients including this population group. However, there were areas of good practice;

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Requires improvement



Summary of findings

- 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.
- Performance for cervical screening was similar to the national average. A total of 81% of women aged 25-64 whose notes recorded that a cervical screening test in the preceding 5 years, compared to the national average of 82%.
- 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.

Working age people (including those recently retired and students)

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

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

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safety and well led. The issues identified as requiring improvement overall affected all patients including this population group. However, there were areas of good practice:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- 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 requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safety and well led. The issues identified as requiring improvement overall affected all patients including this population group. However, there were areas of good practice:

- 75% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is worse than the national average.
- Performance for mental health related indicators was better than the national average. For example, 94% of patients on the register had an agreed care plan compared to the national average of 88%.
- 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 had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



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. 316 survey forms were distributed and 132 were returned. This represented about 1% of the practice's patient list.

- 63% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 62% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 82% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all 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. However, five of the comment cards commented on the difficulty they had in getting an appointment.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice's latest friend and family test showed that 68% of patients were extremely likely or likely to recommend the practice to others.

Mayfield Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager advisor.

Background to Mayfield Medical Centre

Mayfield Medical Centre is located in a purpose built building in Farnborough, Hampshire. The practice has approximately 9400 patients registered with it.

The practice provides services under a NHS General Medical Services contract and is part of NHS North East Hampshire and Farnham Clinical Commissioning Group (CCG). The population in the practice area is in the fifth less deprived decile compared to the national average. Level one represents the highest levels of deprivation and level 10 the lowest. The practice has a higher than national average number of patients aged 20 to 45 years old. A total of 12% of patients at the practice are over 65 years of age, which is lower than the national average of 17%. A total of 52% of patients at the practice have a long-standing health condition, which is slightly lower than the national average of 54%. Mayfield Medical Practice has a multi-cultural mix of patients. The local population is mainly white British; however least 20% of the practices patient list is Nepalese due to the significant military presence in the area including a Ghurkha regiment. The practice also has patients of Romanian and Polish ethnicity.

The practice has four GP partners, three of the partners are female and one is male. Together the GPs provide care equivalent to approximately 38 sessions per week which

includes 2 sessions per week in local care homes. The GPs are supported by two salaried GPs and one retained GP and two part time practice nurses. The clinical team are supported by a practice manager and administrative and clerical staff. The practice is a training practice for doctors training to be GPs. There were two trainees in place at the time of the inspection.

Mayfield Medical Centre is open between 8am and 6.30pm Monday to Friday. Extended hours surgeries are available every Wednesday from 7am to 8am or later from 6.30pm to 7.30pm and every Saturday morning from 8.30am to 11am. The GPs also offer home visits to patients who need them.

The practice has opted out of providing out-of-hours services to their own patients and refers them to the Hampshire Doctors On call who are run by Partnering Health who provide an out of hour's services via the NHS 111 service. The practice offers online facilities for booking of appointments and for requesting prescriptions.

The practice is also part of the North East Hampshire and Farnham Vanguard. (The vanguard is made up of providers and commissioners of health and social care which focus on the development of an integrated health, social care and wellbeing systems for patients to support them in the community.

We inspected the only location:

Mayfield Medical Centre

Croyde Close

Farnborough

GU14 8UE

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

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

- Spoke with a range of staff including GPs, nurses, managerial, administration and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents 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; a GP issued a prescription with two medicines printed on it; however, one of the medicines was wrongly prescribed. This was identified by the GP who issued another prescription to correct the error. The patient took the two prescriptions to the pharmacist who issued the patient medicine which included the wrong medicine. The patients' relative contacted the GP surgery to query the prescription. The practice has since agreed that any prescriptions issued that have the wrong medicines on it should be destroyed and the prescription reissued.

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 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 provided reports where necessary for other agencies and attend meetings when possible. Staff demonstrated they understood their responsibilities. GPs were trained to child protection or child safeguarding level three. Nurses were trained to safeguarding level two for children and had completed vulnerable adults training.
- A notice in the waiting room advised patients that chaperones were available if required. The practice had a chaperone policy and guidelines for chaperones in place. The policy stated 'chaperones should be clinical staff familiar with procedural aspects of personal examination'. However, nursing staff also used the receptionist to accompany female patients when undertaking cervical smear tests where the patients requested chaperones. The practice chaperone policy and guidelines recommended that staff should be trained and neither documents indicated whether staff would require a risk assessment if they did not have a Disclosure and Barring Service check (DBS). Information provided by the surgery showed that no staff had attended chaperone training and one of the receptionist was still waiting for the outcome of their 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 and attended training in January 2016 and was currently liaising with the local infection prevention teams regarding ongoing support. There was an infection control protocol in place, information provided by the surgery showed that no staff, other than the lead nurse had attended infection control training. No comprehensive infection control audits had taken place since the nurse had undertaken training, however we saw that the practice had just started hand hygiene audits. In a clinical room we observed that there was no information on display showing hand hygiene cleaning techniques.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and disposal). Emergency medicines were stored in a lockable room; however, we

Are services safe?

found that emergency medicines were stored in non-lockable cupboards which were secured using security chain with a combination lock, which might prove difficult to open in the event of an emergency.

- 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 (PGD) 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 found that not all the PDG's had been signed off by both nurses and a member of staff who was able to authorise nurses to give the vaccines. This was rectified during our visit.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in the form of 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.

- 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 administrative office which identified local health and safety representatives. The practice had not undertaken a fire risk assessment or there was no evidence that fire

drills had been undertaken. The emergency lighting was tested in January 2016 but identified maintenance was still outstanding. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We found the practice did not have a waste management policy or risk assessments in place for the premises or infection control. A legionella risk assessment had been undertaken in August 2016; however, action points were still outstanding. (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.

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.
- 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 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 business continuity plan in place for major incidents such as power failure or building damage. The plan did not include emergency contact numbers for staff which meant the practice could not implement the contingency plan effectively.

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 100% of the total number of points available.

The practice's exception reporting for the combined clinical domains was similar to the national average; the practice excepted 9% of patients compared to the CCG average of 9% and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014/2015 showed:

- Performance for diabetes related indicators was better than the national average. For example, 86% of patients had a blood sugar test compared to the national average of 77%.
- Performance for mental health related indicators was better than the national average. For example, 94% of patients on the register had an agreed care plan compared to the national average of 88%.
- Performance for patients diagnosed with dementia related QOF indicators was below the national average. For example, 75% of patients with dementia had their care reviewed in a face to face review in the preceding 12 months, compared to the national average

of 84%. We found there were a total of 81 patients on the register who were diagnosed with dementia five patients, which equalled 6%, had been excepted from this outcome which was similar to the national average of 8%.

- Performance for patients with asthma was similar to the national average. For example, a total of 73% of patients with asthma had an asthma review in the preceding 12 months, compared to the national average of 75%.
- Performance for patient's **chronic obstructive pulmonary disease (COPD)** was similar to the national average. For example, a total of 92% of patients with COPD had an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months, compared to the national average of 90%.

There was evidence of quality improvement including clinical audit.

- The practice provided details of three audits completed in the last two years, where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review. Findings were used by the practice to improve services. For example, a review of antibiotic prescribing was undertaken to see if antibiotics were prescribed in line with local guidelines. The review looked at patients prescribed antibiotics between 29 December and 31 December 2015. A total of 56 patients were prescribed antibiotics during this 48 hour period and the findings showed that whilst 32% of patients had been prescribed appropriate antibiotics to treat their infection, the antibiotics prescribed were not in line with local guidelines. GPs were given access to the local prescribing guidelines and the antibiotic key messages from the North East Hampshire and Farnham Clinical Commissioning Group.

Information about patients' outcomes was used to make improvements. The practice undertook an audit of cervical smear tests in the year preceding 23rd March 2016 which included the monitoring of inadequate sample rates. A total of 446 cervical smears were carried out of which four were found to be inadequate. All these patients were recalled and the test was repeated. The practices

Are services effective?

(for example, treatment is effective)

inadequate sampling rate of just under 1% compared favourably with the national average of 2.5%. Staff continued to attend cervical smear training and refresher days or completed e-learning modules.

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, however, we found that two staff had not completed their induction training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, two health care assistants had completed qualifications in general practice, a nurse had completed a 16 week cervical smear introduction training course.
- 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.
- 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, with the exception of infection control 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.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe

Are services effective? (for example, treatment is effective)

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

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 96% and five year olds from 91% to 96%.

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.
- Patients were able to complete a privacy form which they handed to administrative staff if they wanted to discuss sensitive issues in confidence. If patients appeared distressed they could offer them a private room to discuss their needs.

As part of our inspection we also ask for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all 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. However, five of the comment cards commented on the difficulty they had in getting an appointment.

We spoke with two members of the patient participation group (PPG) and five patients. They also told us they were satisfied with the care they received and that staff were helpful, caring and compassionate. However, concerns were raised about the difficulty getting through to the practice to get an appointment and some patients found the administrators were discourteous. The practice's latest friend and family test showed that 68% of patients were extremely likely or likely to recommend the practice to others. The practice had recently put in place measures to address issues of access to the practice including a new telephone system and a review of its GP triage and offered book on the day appointments.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 85% of patients said they found the administrators 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 patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the administrative areas informing patients this service was available.
- A range of information leaflets were available in easy read format and there was also a leaflet in Nepalese for cervical screening.

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.

The practice had identified eight patients as carers which is under 1% of the practice list. We found that the practice did not actively identify carers.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Extended appointments were on a Wednesday morning and every Saturday morning.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately or were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services were available.
- The practice has a large Nepalese community where for the majority English is not their first language. The practice employed three Nepalese's speaking administrators and a GP partner was also able to translate. The receptionist would accompany patients during their consultations with GPs and nurses as required.
- The practice has two GP partners who provide two sessions per week at local nursing homes, this provided for continuity of their patients care.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12.30pm and from 2.30pm to 5.30pm daily. Extended hours appointments were offered from 7am to 8am on a Wednesday and every Saturday morning from 8.30am to 11am. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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.

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 63% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 62% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

The practice had recently put in place measures to address issues of access to the practice. These included a new telephone system in July 2016 to increase the number of telephone lines which kept patients informed where they were in the queue; a new check in system which informed patients of any delay; the practice reviewed its GP triage and offered book on the day appointments. Information was also displayed in the practice on the number of missed appointments. More up to date GP survey results had not been published at the time of the inspection. However patients told us on the day of the inspection that they still had difficulty getting through on the telephone to the practice, to get appointments when they needed them, four months after implementing these changes.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

GPs triaged patients by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation for appointments according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- There was a designated responsible person who handled all complaints in the practice.
- We saw information was available to help patients understand the complaints system for example, there was a practice leaflet available for patients. However the

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

practices complaints leaflet was out of date; it referred to the Health Care Commission which ceased when its responsibilities were taken over by the Care Quality Commission in 2009.

The practice received 40 complaints received in the last 12 months and we found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis

of trends and action was taken to as a result to improve the quality of care. For example, the largest number of complaints related to reception staff attitude; actions identified included better awareness of how staff communicate with patients and listening to them. We saw that customer care service training had been identified on the training programme; however, no date had been set for the training.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The arrangements for governance and performance management did not always operate effectively. There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, however these were not always fully implemented

- Essential training had not been undertaken by all staff. For example, infection control.
- Induction programmes for all staff had not been completed by all staff.
- A fire risk assessment had not been completed.
- Not all policies and procedures had been reviewed and adhered to, for example, the business continuity plan, patient group directives and chaperone policy.

However we also found:

- There was a staffing structure and staff were aware of their own roles and responsibilities.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

On the day of inspection the partners 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 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..

- Staff told us the GPs and practice manager met weekly, quality meetings were held quarterly which involved GPs, nurses and the practice manager. The nurses did not have regular meetings or formal meetings with the GPs. Practice meetings wide had ceased due to lack of attendance.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with the GPs and practice manager and felt confident and supported in doing so.

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, and had been involved in the organising a diabetes awareness day and submitted proposals for improvements to the practice management team. For example, extended hours.
- The practice had gathered feedback from staff through appraisals and discussion. 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.
- The practice's latest friend and family test showed that 68% of patients were extremely likely or likely to recommend the practice to others.

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. As part of the North East Hampshire and Farnham Vanguard the practice was due to start trialing the 'web GP' so that patients could be triaged via the internet. (The Vanguard is made up of

Are services well-led?

Requires improvement 

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

providers and commissioners of health and social care which focus on the development of an integrated health,

social care and wellbeing systems for patients to support them in the community). The practice also provided health education talks in the community for patients from the Nepalese community.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include:</p> <p>Assessing the risks to the health and safety of service users of receiving the care and treatment.</p> <p>Doing all that is reasonably practicable to mitigate any such risks.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The registered provider did not do all that was reasonably practicable to, monitor, manage and mitigate risks related to infection control and fire safety. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:</p> <p>Good governance.</p>

Requirement notices

Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include:

Assess, monitor and improve the quality and safety of the services provided in the carrying on of a regulated activity (including the quality of the experience of service users in receiving those services)

How the regulation was not being met:

The registered provider had failed to ensure:

- That all practice policies were comprehensive, in place and reviewed regularly, relating to fire safety, infection control, safe management of medicines and chaperone duties.
- That there are systems in place to ensure all staff had undertaken appropriate training to carry out their role.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014