

# Dr. S.J. Godfrey & Partners

## Quality Report

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr SJ Godfrey and Partners on 19 July 2016. Overall the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Reviews and investigation had taken place when needed. We found learning was not consistently recorded as being shared with relevant members of staff. At the time of the inspection learning points had been noted, but there were no details of ongoing monitoring of actions taken to maintain patient safety.
- Risks to patients were assessed and managed. There was an open and transparent approach safety and systems in place for reporting and recording significant events. However at the time of inspection the documentation was not always clear regarding the cascade to staff.
- 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. However not all action was taken as to whether the patient was satisfied with the response received, best practice suggests that efforts are made to ensure a complainant is fully satisfied with the response to their concerns.
- Following the inspection the provider informed us of changes they had made to their systems to ensure information was cascaded to relevant staff.
- Data showed patient outcomes were comparable to the national average. We saw evidence that audits were driving improvements to patient outcomes.
- Information about services was available; patients who wished to have information leaflets in their own language could request this from the administration staff.
- 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.

# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.
- The practice had a number of policies and procedures to govern activity. However there was not a clear version control and several versions of the same policy were available to staff. Other policies had in some cases overlapping information. The practice were in the process of uploading all current policies onto their computer system.
- 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:

- Review recording arrangements of staff training to demonstrate that safeguarding adults training has been delivered.
- Continue to review arrangements to ensure that learning points and actions from significant are consistently documented and shared with all staff and actions are monitored.

**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



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Records of discussions did not record dates that these incidents happened but did include a summary of learning points for incidents. However, there was no indication of whether these had been monitored and shared with relevant staff.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, the practice was unable to demonstrate that all staff had received training on safeguarding adults. Staff were able to describe how they would manage situations where they considered a patient was at risk of harm.
- Following the inspection the provider informed us of changes they had made to their systems to ensure information was cascaded to relevant staff.
- The practice had an overarching health and safety policy in place. There were several risk assessments in place for items such as emergency lighting and Legionella. We also saw evidence of boiler and emergency lighting checks.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. However, the practice had a higher than average level of exception reporting for some clinical indicators including for cervical screening, cancer and atrial fibrillation (an irregular heart beat). For example, the practice exception reported 16% of registered patients who were eligible for cervical screening in the past five years compared to the clinical commissioning group (CCG) average of 4% and national average of 6%. The practice exception reported 14% of patients with atrial fibrillation who had a stroke risk classification score of 1 and were receiving treatment for this compared to the CCG average of 7% and national average of

# Summary of findings

6%. (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).

- 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.

## 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 in line with others for several aspects of care. For example, 96% 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%.
- 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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. There was limited evidence

Good



# Summary of findings

that demonstrated that learning points or actions were clearly documented and shared with all staff. Following the inspection the provider informed us of changes they had made to their systems to ensure information was cascaded to relevant staff.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver good quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a documented leadership structure and all staff felt supported by management.
- Systems and processes in place to monitor quality and drive improvement did not fully demonstrate how this was to be achieved and monitored. For example: significant events and complaints were not investigated thoroughly and there was limited evidence that demonstrated that learning points or actions were clearly documented and shared with all staff.
- Following the inspection the provider informed us of changes they had made to their systems to ensure information was cascaded to relevant staff.
- The practice had policies and procedures in place to support practice.
- Risk assessments had been carried out, and required actions were completed.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

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 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.
- Patients on the palliative care list were discussed at virtual ward meetings and partner meetings.
- The practice had links to a care navigator who would put elderly patients in contact with various support groups and contact carers on a yearly basis. The care navigator contacted all patients over 75 that had been discharged from hospital.

Good



### People with long term conditions

The practice is rated as good 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 who had a foot examination and risk classification within the past 12 months was 92% which is comparable to the clinical commissioning group average of 90% and national average of 88%.
- 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.

Good



### Families, children and young people

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

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

Good



# 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.
- The percentage of eligible women at the practice who had a record of having a cervical screening test within the past five years was 95% which was above the clinical commissioning group average of 82% and national average of 82%.
- Appointments were available outside of school hours.
- The practice did not have any dedicated baby changing facilities, but the practice was able to make suitable arrangements when needed.
- The practice promoted a local support group for mothers experiencing mental health problems during pregnancy and after childbirth.
- The practice had information leaflets on display promoting a support service available for young adults aged 14-18.

## **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working age people

- 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.
- Extended hours appointments were available on Monday and Tuesday evenings as well as some Saturdays mornings.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Patients could book appointments via the telephone, by attending the practice or using the online system.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability. The practice identified 72 patients on their learning disabilities register. All these patients were offered annual reviews with the GP and nurse.
- 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.

Good



# Summary of findings

- 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 children. Records examined did not demonstrate that training had been given to staff on safeguarding vulnerable adults. 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 for the care of people experiencing poor mental health (including people with dementia).

- 88% 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%.
- The percentage of patients with schizophrenia, bipolar affective disorder or other psychoses whose alcohol consumption had been recorded in the past 12 months was 93% which is comparable to the clinical commissioning group average of 88% and national average of 90%.
- 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 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. 247 survey forms were distributed and 128 were returned, which is a response rate of 52%. This represented 1% of the practice's patient list.

- 68% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 82% and the national average of 73%.
- 88% 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%.
- 86% 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 29 comment cards which were all positive about the standard of care received. Patients commented upon the good care and treatment received at the practice and named some GPs. Comments were positive about the reception staff stating they were friendly and helpful. Several comments reported the service to be outstanding or providing excellent care. Comments also reflected the ease of being able to book an appointment with one comment stating the called for an appointment and was offered one for within the hour.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought clinical staff were approachable, committed and caring. Two patients spoken to on the day of inspection told us that they were unhappy with some of the reception staff. The patients said staff could be rude, and that they felt they were making judgements that they were not trained to do so with regards to whether a GP or nurse appointment was required.

# Dr. S.J. Godfrey & 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 practice manager specialist adviser and an Expert by Experience.

### Background to Dr. S.J. Godfrey & Partners

Dr SJ Godfrey and partners, is located at Totton Health Centre, Totton, Hampshire, SO40 3ZN. Totton is town on the outskirts of the city of Southampton. The practice provides services under a NHS Personal Medical Services contract and is part of the NHS West Hampshire Clinical Commissioning Group (CCG).

The practice has approximately 11,600 registered patients. The practice population has marginally above average number of patients over 50 years old and marginally less than average number of the under 40 age group when compared to the national average. The practice population is predominantly White British. The practice is located in an area of low deprivation in comparison to national average for England. The building is owned by NHS estates and managed via a separate management company.

There are eight partners at the practice, seven are GP partners and one is a business partner. Of the seven GP partners four are male and three are female. One GP partner had recently left at the time of inspection but is returning to the practice as a salaried GP from October 2016. This equates to approximately five full time GPs. The practice is a training practice for doctors (registrars) training to become a GP. At the time of the inspection there was one GP registrar working at the practice. The GP partners are

supported by a nursing team consisting of three nurse practitioners, a lead practice nurse, three senior practice nurses, a practice nurse and two health care assistants as well as a phlebotomist. This equates to approximately five full time members of nursing staff. In addition to clinical staff the practice has a team of administrative staff which includes secretaries, a business partner, reception/administration staff and patient service manager/deputy manager.

The practice reception and phone lines are open between 8.30am and 6.30pm Monday to Friday. The practice opens its doors from 8.20am. Extended hours appointments are offered on a pre-bookable basis from 6.30pm to 8pm every Monday and Tuesday as well as every third Saturday morning between 8am and 12pm. The last available appointment to pre-book on a Monday or Tuesday is 7.20pm. Telephone consultations are available from 7.30pm to 8pm during extended opening hours. On Wednesday to Friday the last available appointment is 5.10pm followed by telephone consultations. The duty doctor will cover until 6.30pm.

In addition to pre-bookable appointments, patients can have a same day appointment with the duty team which consists of a GP and the nurse practitioners. Patients can pre book same day or next day appointments as well as those for up to two weeks in advance. Telephone consultations and home visits are also available. The practice can see up to 100 on the day patients during a busy day. The practice offers online facilities for booking of appointments and for requesting repeat prescriptions.

Dr SJ Godfrey and Partners has opted out of providing out-of-hours services to their own patients and patients are requested to contact the out of hours GP via the NHS 111 service. Information about this is displayed in the reception area and on the practices website.

# 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 19 July 2016. During our visit we:

- Spoke with a range of staff including a practice manager, nursing staff, administrative staff and GPs. 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 their concern to their supervisory manager who would decide upon a course of action and whether an incident form would need completing. After an incident form was completed it would be reviewed at partner and practice meetings. 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 received a safety alert about electrical socket covers with recommendations for actions. The practice followed guidance and removed these covers. The practice kept a log of significant events that have happened in the past year. This was then audited and discussed at an annual review meeting. From the summary log we could see evidence that lessons were identified and actions decided of changes to practice as a result of learning. We observed minutes/audit from the last two annual reviews. Categories for significant events included, new cancer diagnoses, palliative care, mental health and child protection. Records of discussions did not record dates that these incidents happened but did include a summary of learning points for incidents. There was limited information documented on how learning was

shared with relevant members of staff and how actions were monitored. Following the inspection the provider informed us of changes they had made to their systems to ensure information was cascaded to relevant staff.

### 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. The practice also displayed relevant contact numbers for local safeguarding links throughout the practice. 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 relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- The practice told us that staff did not complete a separate safeguarding adult training programme but that the child safeguarding training contained elements of safeguarding vulnerable adults. Nursing staff had been trained in safeguarding children to level three. The practice coded potential safeguarding children issues using the "cause for concern" code on their recording system. The practice could also code as "child protection plan". The GP partners discussed all children with these codes at fortnightly partner meetings.
- 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.

## Are services safe?

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 most recent audit had identified that some GP consulting rooms did not have lever operated taps. The practice told us that they wanted to change all rooms to lever operated taps but currently were unable to do so due to the building being owned by NHS property.

- The practice used disposable curtains in treatment and consultation rooms which were coloured either blue or yellow. The practice told us that the blue curtains were changed every six months in the treatment rooms and that the yellow curtains were in the GP consulting rooms and changed on an annual basis. The practice told us that this was done based upon guidance they had been given. The practice's infection control standard operating procedure (policy) did not have any reference to infection control management of the curtains.
- 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). The lead nurse had created a laminated mat for the immunisation of babies. The mat was designed as a prompt sheet and to improve safety and minimise vaccine errors for the baby immunisation clinics. The nurses would remove the four vaccines needed to give the baby and place in the relevant areas on the mat. The nurse could then pick up the vaccines and systematically work through the process. The practice reported that this made recording of the vaccines in patients' notes much easier and helped minimise the potential risk of error when there is an anxious parent or distressed baby present.
- 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. The practice had a whole practice meeting around medicines management to discuss the 2016-17 medicines optimisation scheme as set out by the West Hampshire CCG in April 2016. Medicines management was a standing agenda item at both partner and practice meetings.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The practice issued prescription forms a box at a time to each GP and recorded serial numbers. Nursing staff were allocated prescription forms from the dedicated nurses' only supply. Three of the nurses had qualified as an 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 managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. For example, the practice had a maintenance contract allowing for annual servicing and calibration checks. The practice had a specific fire evacuation policy and the evacuation procedure was on display throughout the building. The practice had completed their last fire drill in April 2016 and the practice conducts weekly fire alarm tests. The most recent fire risk assessment completed in November 2015 and we saw evidence that all issues raised had been actioned. We also saw evidence of boiler and emergency lighting checks.
- The practice had an overarching health and safety policy in place, which incorporated all risk assessments and procedures.
- The practice is owned by NHS estates and managed by a management company. We saw evidence of the

## Are services safe?

logbook and records for monitoring risk, for areas such as Legionella (Legionella is a term for a particular bacteria which can contaminate water supplies) and emergency lighting. We found these records showed that risks were managed and mitigating actions taken when needed.

- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- 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 designed a spreadsheet to monitor staffing levels with an alert that would be activated if there were any identified potential staff shortages. The practice told us that they regularly use locums to cover staff shortages. The practice told us that the three locums that they currently used had worked at the practice for a number of years as a regular locum.

### **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 and details of the local practice buddied to Dr SJ Godfrey and Partners. Copies of the policy were held offsite by partners and the practice manager.

# 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 99% of the total number of points available (total number of points available was 559).
- The practice had a higher than average level of exception reporting for some clinical indicators including for cervical screening, cancer and atrial fibrillation (an irregular heart beat). For example, the practice exception reported 16% of registered patients who were eligible for cervical screening in the past five years compared to the clinical commissioning group (CCG) average of 4% and national average of 6%.
- The practice exception reported 14% of patients with atrial fibrillation who had a stroke risk classification score classification of 1 and were receiving treatment for this compared to the CCG average of 7% and national average of 6%. The practice had an overall exception reporting level of 19% for patients identified with clinical indicators relating to cancer compared to a CCG average of 13% and national average of 15%. (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).

- The practice told us that QOF figures were monitored by the whole team but that the IT manager and lead GP would frequently look at each domain and identify with the GPs any areas that required further monitoring or action. The practice attributed this on-going monitoring to their high achieving QOF figures over the past few years. The practice was not able to give a clear explanation of why these exceptions had occurred and actions they were taking to reduce this.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes whose last blood pressure reading was within an acceptable range was 80% compared to the CCG average of 77% and national average of 78%.
- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients with a diagnosis of schizophrenia, bipolar affective disorder or other psychoses who had a comprehensive agreed care plan in their records was 92% compared to the CCG average of 89% and national average of 88%.
- There was evidence of quality improvement including clinical audit.
- There had been 34 audits completed between August 2015 and July 2016. Some of the audits were around monitoring business continuity planning (such as staffing and duty doctor audits), others were ongoing review audits monitoring QOF data and the remainder were clinical audits. All 34 audits and reviews had a date recorded and whether it was an annual or monthly review. The practice told us that admissions and referral data and audits were shared with the locality.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit included changing the way that a patient's anticoagulation (NOAC) medicine was written up on a patient's prescription and to ensure patients had a recent weight measurement. NOACs are medicines that are used to prevent blood from clotting and reduce the

# Are services effective?

## (for example, treatment is effective)

risk of stroke in patients with atrial fibrillation. The practice completed an audit in January 2016 and noted that of 117 identified patients only 16 patients had a record of the reason the medicine was prescribed on their prescription and 46 had a weight check within the past 6 months. A re-audit of the same population in February 2016 showed that all 111 patients had an indication of the purpose written on their scripts (4 patients were removed from the sample due to a variety of reasons including stopping of treatment). The practice also ensured that all GPs were aware of the importance of these two processes. The practice also sought specialist advice from a consultant haematologist (a specialist doctor in the study of blood) to share with all GPs working at the practice.

### 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.
- 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 had a locum pack which included useful and up to date information relevant to the practice and other local agencies, for example a copy of the standard operating procedures. The document was reviewed in June 2016.

### 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 monthly basis when care plans were routinely reviewed and updated for patients with complex needs.
- The practice had signed up to the Hampshire Health Record, which is a system which shares patient data between the practice, out of hours services and hospitals. The practice had identified 72 patients with learning disabilities on their learning disabilities register and all were offered an annual review with the GP and nurse. Patients on the palliative care list are discussed at virtual ward meetings and partner meetings.

### 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

# Are services effective?

## (for example, treatment is effective)

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. Patients 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 95%, which was better than 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 systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice provided little explanation for the relatively high cancer exception reporting. The practice told us that they send three reminder letters prior to exception reporting any patient.

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 94% to 98% and five year olds from 95% to 99% which was comparable to CCG averages. Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They told us that in addition to the group of three patients who meet to help fundraise for the practice, there is also a virtual group of 195 patients. The group do not meet face to face but we were told that the practice communicated with the virtual PPG via email. 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 to other practices for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% 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%.

- 93% 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%.
- 81% 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%.
- 96% 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%.
- 91% 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.

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:

- 87% 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%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and 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.
- Information leaflets were available in easy read format and could be requested from reception staff.
- The practice told us that they ensured patients were treated with dignity, respect and compassion by including training modules as part of the mandatory training programme identified by the practice. For example, equality and diversity training, dementia awareness training, information governance and safeguarding children training.

### **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 129 patients as carers (1.1% of the practice list). Written information was available to direct carers to the various avenues of support

available to them. The practice kept a carers register but did not provide additional support beyond signposting to other services. For example, GPs could request or signpost identified carers to the care navigator scheme run by the New Forest Health Care team. Care navigators liaised with relevant charities and agencies to provide additional support.

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.

The practice signposted patients to mental health advocacy services for 14-18 year olds and to local drug and alcohol services.

In the practices reception area there was a patient information folder which contained leaflets for local support services. We were told that if patients wanted a copy of the leaflets that administration staff could photocopy the information or obtain it from a website. They could also provide information in a patient's preferred language if requested.

# 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. For example, the practice had formed a close working relationship with the other three practices in the local area to try and improve services for patients across the three sites. Future plans for collaborative working included the potential for sharing the provision of providing urgent care between the three practices, although this plan was only in consultation stage at the time of inspection.

- The practice offered extended hours appointments on a Monday and Tuesday evening for working patients who could not attend during normal opening hours. Saturday morning appointments were also available.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Information about how to access out of hours treatment was displayed in the reception area and on the practices website.
- Patients could use online facilities to pre-book appointments and order repeat prescriptions.
- Patients could book an on the day appointment by attending the surgery, via the telephone or via the online system. The practice told us on a busy day there could be up to 100 on the day appointments which were managed by a team of GPs and nurse practitioners.

- The practice had five seats in the waiting area that had been adapted for individuals who had mobility issues. A poster was above these explaining that these were for patients who had difficulties to stand.
- The practice had a breast feeding welcome here poster, suitable baby changing facilities could be arranged when needed.
- The practice promoted a local support group for mothers experiencing mental health problems during pregnancy and after childbirth.
- Information about services was available; patients who wished to have information leaflets in their own language could request this from the administration staff.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available from 8.30am to 5.10pm with telephone consultations and home visits fitted in around lunch time and after 5.10pm. We were told each GP ran a slightly different time schedule. Extended hours appointments were available from 6.30pm to 8pm Monday and Tuesday evenings as well as every third Saturday morning between 8am and 12pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them. Patients could also pre-book on the day or next day appointments.

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

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 78%.

However,

- 68% of patients said they could get through easily to the practice by phone compared to the CCG average of 82% 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. Patients spoke highly of the on the day appointment system but did state that sometimes you could be waiting a long time to be seen if you had an on the day appointment. Two patients on the day of inspection also told us that they

# Are services responsive to people's needs?

(for example, to feedback?)

liked how quickly you could book a non-urgent appointment with both stating they called the practice and were given an appointment for the next day. The practice was in the process of reviewing its urgent care service and was collecting patient feedback around possible options for the future. 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.

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.

- 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 which included through a poster, summary leaflet and via the website.

- We looked at seven complaints received in the last 12 months (complaints reviewed annually via the financial calendar of April-March) and found that these had been dealt with in a satisfactory and timely way. We saw evidence that patients were written to in acknowledgment of their complaint. Of the seven complaints we reviewed, only one had a record of whether the patient was satisfied with the response received. Best practice suggests that efforts are made to ensure a complainant is fully satisfied with the response to their concerns. The practice kept a summary log of all complaints received in a financial year and evidenced that these had been discussed at a clinical meeting. However, there was limited evidence that demonstrated that learning points or actions were clearly documented and shared with all staff. Following the inspection the provider informed us of changes they had made to their systems to ensure information was cascaded to relevant staff.
- We were told an example of an informal complaint that had been recorded by the practice. The practice had completed a medical form request supplied by the driver vehicle licence authority (DVLA) for a patient which resulted in their licence being revoked. As a result of the informal complaint and subsequent review, the practice agreed that from then on to only complete these forms in the presence of the patient. However, it was noted that this has not been adopted formally by the practice and was not written into a practice policy.

# 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 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. The practice were in the process of reviewing all policies and procedures and uploading them onto their computer system.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

However, not all processes in place ensured that information could be accessed in a timely manner or was complete enough to maintain patient safety:

- Systems and process in place to monitor quality and drive improvement did not fully demonstrate how this was to be achieved and monitored. For example: significant events and complaints were not consistently investigated thoroughly and there was limited evidence that demonstrated that learning points or actions were

clearly documented and shared with all staff. Following the inspection the provider informed us of changes they had made to their systems to ensure information was cascaded to relevant staff.

- The practice had policies and procedures in place to support practice.
- Risk assessments had been carried out, and mitigating actions had been taken when needed, for example in response to when cold water temperatures were outside safe limits which posed a risk of harm.

### 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 quality care. They told us they prioritised safe, good 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.
- Reviews and investigation had taken place when needed. We found learning was not consistently recorded as being shared with relevant members of staff. Learning points had been noted, but there were no details of ongoing monitoring of actions taken to maintain patient safety. This was also the case for complaints, whereby best practice suggests that efforts are made to ensure a complainant is fully satisfied with the response to their concerns. Following the inspection the provider informed us of changes they had made to their systems to ensure information was cascaded to relevant staff.

# Are services well-led?

Good 

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

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. We noted team away days were held.
- 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 developed a questionnaire (alongside the other two local practices) about access to on the day and urgent treatment. The practice sought feedback from the PPG who suggested that the language of some of the questions needed to be amended. The practice revised

the questions and we saw evidence that the questionnaire was available at reception for patients to complete. We saw evidence that the practice contacted members of the virtual PPG on a regular basis through email and detailed any changes that the practice had made as a result of patient feedback.

- 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, a staff member told us that they suggested that specific blood test appointments should be added to the online booking facility. Administration staff told us they asked whether they could have dual computer screens to make their work easier and that this was provided for them by the management team at the practice. 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 as evidenced through their audits. The practice team was forward thinking had developed close working relationships with the other two local practices to monitor and improve outcomes for patients in the area. For example, asking patients, via a questionnaire, to identify how they would like to access urgent care treatment across the three practices. The practice told us the intention was for each practice to hold the urgent care treatment for all three practices on a rotational basis with the hope of increasing urgent care access across the local area.