

# Dr Burlein and 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 Burlein and Partners on 23 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. For example, emergency systems were tested to allow staff to practise use of equipment.
- There was a commitment to improving patient safety in the practice shown by the practice's scenario testing of emergency procedures and additional safety training by one GP to share learning across the organisation.
- 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. The practice had gathered feedback from patients through the Patient Participation Group (PPG) who were involved in trying to reduce non attended appointments.
- 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.

# Summary of findings

- The practice was a 'Dementia Friendly Surgery'. An external dementia advisor was available in the practice once a week from 10am until 12 noon. The advisor provided a face to face support service for patients with dementia and their families.
- The training ethos of the practice meant that they are able to support student nurses and newly qualified nurses to understand primary care practice and study a general practice nursing qualification.

The areas where the provider should make improvement are:

- Review infection control guidelines, in relation to the management of sharps.
- Encourage patients to attend, where efforts have previously failed, in order to ensure that patients are receiving care and support such as those with diabetes and high blood pressure or high cholesterol.

**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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- There was a commitment to safety in the practice. The practice signed up to NHS England's safety campaign which encourages safety improvement across the organisation. One GP partner had received additional training in 'Sign up to Safety'.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

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.

## 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. For example, they recruited a pharmacist for the practice, as part of the NHS England pilot programme to support prescribing guidelines.
- The practice offered late appointments until 7.45pm on two evenings a week.
- 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 offered a range of access options including, daily bookable telephone appointments, weekly early morning and late night clinics and an e-consult service.
- 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.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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.
- The practice ensured older frail people were discussed at least every three months at the multi-disciplinary meeting. They worked closely with community staff to ensure care plans were in place to avoid admission to 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.
- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients in whom the last blood pressure reading was within acceptable limits was 90%, which was higher than a local Clinical Commissioning Group average of 78% and a national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and 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 practice's uptake for the cervical screening programme was 90%, which was higher than the CCG average of 77% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were monthly meetings with health visitors and the practice was part of the local "breastfeeding welcome" scheme, which aims to promote breastfeeding.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- There were text reminders for appointments and the option to cancel appointments via text.
- The practice offered a range of access options including, daily bookable telephone appointments, late night clinics and an e-consult service is planned within 3 months.

Good



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

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

- The practice held a register of patients living in vulnerable circumstances including 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.

Good



# 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 good for the care of people experiencing poor mental health (including people living with dementia).

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia.
- The practice was accredited as “Dementia Friendly”.
- There was a dementia advisor, hosted within in the practice once a month from 10am until 12pm providing a face to face service for patients and families affected by dementia.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 98%, which was comparable to a local CCG average of 93% and a national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- A variety of counselling services was available at the practice.
- 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.

**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.

270 survey forms were distributed and 121 were returned. This represented just over 1% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 71% 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%.
- 84% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 80% 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 24 comment cards which were all positive about the standard of care received.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The patient interviews were very positive about the practice and used words like understanding, compassionate and friendly to describe staff. They also commented on the patience shown by staff when they are put under pressure.

# Dr Burlein and Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr Burlein and Partners

Dr Burlein and Partners is located on the peninsula of Gosport, known locally as Gosport Medical Centre, Bury Road, Gosport, and Hampshire, PO12 3AQ.

Dr Burlein and Partners, known as Gosport Medical Centre, provides primary medical services to around 9,200 patients in Gosport in an area of average deprivation compared to the rest of England. Less than 1% mixed of the patient population are from Asian and Indian ethnicities, with the majority of the practice population identifying themselves as White British.

There are four GP partners with one trainee GP called a registrar who together provide 4.5 whole time equivalent GPs, a total of 44 GP sessions per week. This is a mix of two male and two female GPs.

There are currently three practice nurses, one nurse practitioner, one treatment room nurse and one health care assistant. At the time of our inspection, the practice had just appointed a clinical pharmacist to assist with complex medicine issues for five sessions per week.

Dr Burlein and Partners is a training practice based in Gosport Medical Centre located behind a community hospital. This is a purpose built health centre built in 2010, containing a suite of rooms for assessing patients located

off of the main reception area. The reception is light and airy with several noticeboards displaying a range of information for patients. GP clinical rooms are located off of one corridor and there is a lift to the second floor where nurse treatment rooms are located.

The clinical staff are supported by a practice manager who manages the 18 part-time clerical, reception and administrative staff, including an apprentice. The practice also trains student nurses and qualified nurses who are training to specialise in practice nursing.

The practice is open between 8.00am and 6.00pm Monday to Friday. Appointments are from 8.30am to 6.30pm daily. Extended hours appointments are offered until 7.45 pm on Monday and Thursday evenings. GPs and nurses offer telephone consultations with a triage clinic to assess patient's needs held every morning and an emergency clinic held every afternoon.

When the practice is closed, the public are encouraged to use the NHS 111 service.

There has been no previous CQC inspection for this provider.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 August 2016.

During our visit we:

- Spoke with three GPs, a practice manager, two administration staff, three practice nurses and a health care assistant 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 living with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.
- The practice received updates from the local clinical commissioning group (CCG) system for reporting significant events. This was discussed and allowed analysis of themes and the sharing of learning from neighbouring practices. For example, the practice had made 22 reports to the CCG highlighting the problems within the wider NHS system such as illegible discharge summaries and those arriving late to the practice. This led to the CCG highlighting the issues to hospitals.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed, most recently on 8 August 2016. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the minutes showed a case discussion regarding an error in prescribing; an incorrect dose of medicine was issued as a repeat prescription. The patient had been receiving a reducing dose but the prescription given was for the original high dose. This was discovered when the patient's second request was submitted. It was investigated and treated as a learning opportunity. The learning was shared with the local pharmacist who had not noticed the higher dose prescription. Additional training was put in place for staff to identify the difference between the different types of

requests for prescriptions. There was a new policy created to allow the reception team to seek further advice if they are asked to print from the recently used medicines list. There was an action plan to ensure this was implemented.

### 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.

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. There was a training schedule, competency assessment and appraisal system in place, in addition to NVQ level 3 training.
- 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, including registers for children of concern, those on risk registers and vulnerable adults. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. All practice nurses and health care assistants were trained to child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones was 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

## Are services safe?

control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training.

- The infection control lead nurse disseminated information to all staff by attending the heads of department meeting. Annual infection control audits were undertaken, most recently on 26 May 2016 and we saw evidence that action was taken to address any improvements identified as a result. Following a cleaning audit on 22 August 2016 the practice introduced dressing trolleys and ensured there was a new protocol for washing patient's legs in treatment rooms.
- The arrangements for managing medicines, including emergency medicines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. In addition, there was a pharmacist, new in post for three weeks, which meant that the practice benefited from an independent review of their prescribing trends and compare this against guidelines and best practice.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- 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 Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety

representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff was on duty managed by the practice manager and heads of department.

### Arrangements to deal with emergencies and major incidents

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

This had been tested using scenarios. For example, two GPs and three nurses took part in a "training exercise" on 24 March 2016. One GP held a model baby and the other GP facilitated and observed staff reactions. They unexpectedly told the nurses the child had been immunised and was no longer breathing. This enabled the team to test the emergency procedures, skills of the team, kit and roles to test their training. This showed that all staff knew their roles and they found no gaps in skills or equipment. The team was de-briefed at their team meeting and showed a commitment to safety in the practice.

- 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 was 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.

## Are services safe?

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. This was comparable to the national average of 95% and a local average of 97%.

The overall exception reporting rate for clinical indicators was 14%, which was higher than the CCG average of 11% and the national average of 9%.

The data published overall exception reporting rate for clinical indicators 2015/16 was 16%, which was 4 percentage points above CCG average of 12% and the national average of 9%.

Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

Performance for diabetes related indicators was better than the national average. For example, the percentage of patients in whom the last blood pressure reading was within acceptable limits was 90%, which was higher than a

local CCG average of 78% and a national average of 78%. The exception report rate for this indicator was 14% which was higher than the CCG average of 10% and comparable to the national average of 8%.

Performance for mental health related indicators was higher than the national average. For example, the percentage of patients with schizophrenia or similar psychoses who had a comprehensive care plan was 96%, which is higher than the local CCG average of 90% and a national average of 88%. The exception report rate for this indicator was 6% which was lower than the CCG average of 15% and comparable to the national average of 13%.

The practice have told us they have put new ways of monitoring reporting exemptions. For example, all entries have free text explanation as to why they cannot be treated. They told us the practice has delayed the exemption of patients until the end of the financial year, which allows them to opportunistically ensure health care checks are completed. This allowed more patients every opportunity to manage their illness.

The practice recognised two factors that may have affected the data set in QOF, one was the change of one clinical system to another and the second was the high "did not attend rate" for chronic disease clinics.

The practice employed a specialist patient monitoring company who provided prevalence figures for public health screening like breast and bowel care screening.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- 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 included a local discussion to reduce the inappropriate prescribing of inhalers for patients with breathing conditions. The aim of this was to increase education within patients and prescribers. Following a practice discussion and new approach, there was a reduction of excessive ordering of inhalers from 23 patients to eight patients in 12 months, with a further audit planned next year.

# Are services effective?

(for example, treatment is effective)

- Information about patients' outcomes was used to make improvements. For example, an audit was conducted to identify whether patients had correct diagnoses recorded in order to gain the best care, particularly for those with heart problems. An initial search was completed by a pharmacist then each GP searched for their own patients and if no discussion was recorded, patients were invited for a review of their care. They found that some patients with a certain diagnosis had been coded incorrectly and therefore may not have been receiving optimised care.

## Effective staffing

The practice enabled practice nurses to be mentors to student nurses in placements as part of the Primary Health Pathway nurse training. This included assessment and completion of a practice education quality audit by the University of Southampton to ensure there was an adequate learning environment. The practice nurses provide students with a detailed induction and comprehensive exposure to primary care nursing. GPs encouraged shadowing by student nurses during clinics and asked patients for feedback to help students develop their communication skills.

The training ethos of the practice meant that they are able to support a newly qualified nurse to enter general practice and study a general practice nursing qualification.

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, who attended regular updates and had protected time for training and meetings.
- 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, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- This practice took part in TARGET training sessions which were supported by the local clinical commissioning group. The practice closed for half a day, once per quarter for 'Protected Learning Time'. TARGET provided: Time for Audit, Research, Governance, Education and Training. During this time, patients were directed to the NHS 111 service. Practice closures were advertised to patients well in advance.

## 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 ensured older people and those at risk of hospital admission were discussed at the

# Are services effective?

## (for example, treatment is effective)

multi-disciplinary meeting with community matrons and district nurses. They worked closely with community staff to ensure care plans were in place to avoid admission to hospital.

### 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 and local voluntary services like a befriending service. Patients were signposted to the relevant service.
- A dietician was available on referral and smoking cessation advice was available from the practice-based health care assistant.
- There were monthly meetings with health visitors to manage child and family concerns and the practice was part of a scheme to promote breastfeeding.

The practice's uptake for the cervical screening programme was 90%, which was comparable to the CCG average of 77% and the national average of 82%.

Data for 2014 showed there was an outlying exception report rate for cervical screening of 15%, compared to the

local CCG average of 6% and a national average of 6%. The practice was investigating, once we raised this, but felt it may have been related to the patients who do not attend, once invited.

The data for 2015/16 showed the exception report rate for cervical screening had reduced to an 6%, comparable to both the CG average and the national average.

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

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, patients screened for bowel cancer in the last 30 months was 65% which was comparable to the local CCG average of 66% and a national average of 58%.

The percentage of females, aged 50-70 years, screened for breast cancer in the last 36 months was 70% which was comparable to a local CCG average of 72% and national average of 72%.

Childhood immunisation rates for the vaccines given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 79% to 97% , compared to a local CCG average of 82% to 99% and five year olds from 89% to 97%, compared to a local CCG average of 94% to 99%.

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 24 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. Patient comment cards used words including warm, polite, friendly, patient and helpful to describe staff. There were no negative comments.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was mostly in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 83% 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%.
- 87% 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 receptionists at the practice helpful compared to the CCG average of 86% 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:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 81% 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%.
- 81% 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:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- There was a dedicated information board for dementia care, managed by the dementia advisor and showing the "Dementia Friendly" accreditation.

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations, for example, Community Action Fareham, Age Concern, Stroke group, Combat Stress, an ex military charity. 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 120 patients as carers (just over 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them on a noticeboard in reception.

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 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. For example, the practice was part of a pilot project which aimed to combine resources for a home visiting service and to work more effectively with neighbouring practices across one geographical area.

- The practice offered extended hours until 7.45 pm on Monday and Thursday evenings for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, the practice offered access to psychological support for patients, on site.

### Access to the service

The practice is open between 8.00am and 6.00pm Monday to Friday. Appointments are from 8.30am to 6.30pm daily. Extended hours appointments are offered until 7.45 pm on Monday and Thursday evenings. GPs and nurses offer telephone consultations with a triage clinic held every morning and an emergency clinic held every afternoon.

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.

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.

- 73% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 89% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice ran a triage system with a GP and nurse every morning, with all patients seen in order of priority, with no limit on the number of appointments offered. The afternoon emergency surgery is run in the same manner, demonstrating the ethos that patients should be seen rather than assessed on the telephone. The practice chose to continue providing their own same day access service in order to provide continuity and so that patients had access to a GP or nurse that they knew.

Patients told us on the day of the inspection that they were always able to get appointments when they needed them and were positive about the system for same day access.

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.

Patients were asked to call for a home visit and these are then distributed among GPs who triage their own workloads, 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.

- 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 on the practice website, in the newsletter and a practice leaflet dedicated to complaints.

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

There were 43 complaints received in the last year which included those via NHS choices website, written letters, face to face or verbal comments and those that came via NHS England.

We looked at four complaints received by the practice in detail and found these were satisfactorily handled, dealt with in a timely way, and with openness and transparency. 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, one patient required a certain type of anti-biotic due to allergies but this was not recorded on the notes. Following a complaint, the patient was contacted to understand what was required and when. Subsequently, the patient was placed on a reception priority patient list, reducing waiting time and allowing staff to be made aware via an alert system to expedite prescriptions. This was also escalated as a significant event to enable the practice to discuss the learning across all staff groups and at practice meetings.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

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

### Governance arrangements

The practice had an overarching governance framework and policy 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.
- There was a nominated GP lead for safety who had undertaken additional safety training. The impact of this was that they were able to demonstrate their safe systems by testing the emergency process using an innovative test, after baby clinic. The event increased the focus on safety.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained however not all patients had their long term conditions reviewed and not all patients had positive health promotion such as for women through cervical cytology.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There was an action plan documenting the practice goals and objectives to 2017. This included plans for staff retirement, exploring collaborative working, refurbishment of premises and how to utilise social media to increase patient feedback.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

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

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

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

# Are services well-led?

Good 

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

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. of 30 members. For example

The PPG contributed towards achieving “dementia friendly” status and had spoken to patients with dementia to find out their views and feed this back to the practice team.

The PPG offered different solutions to help reduce non-attending numbers, to reduce lost appointment time, by talking to patients in the waiting room, and adding a paragraph to the patient newsletter, detailing the impact on the NHS.

The practice had gathered feedback from patients through the friends and family test on an iPad in the waiting room.

- They received feedback through a staff wellbeing survey, and generally 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. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice demonstrated a training ethos which included supporting student nurses who undertake placements within the practice. Two employees had completed apprenticeships in business administration. The training of GPs and practice nurses of the future supported the development of the wider primary care workforce, in addition to the practice’s succession planning.

The practice worked with the local NHS Vanguard (Better Local Care) initiatives in Fareham and with other practices to support development of a frailty pathway. This included planning a joint vaccination clinic with health visitors.