

Oakley Health Group

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 Oakley Health Group on 18 January 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure the temperature of the fridge is monitored consistently.

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. However, we found that the monitoring of one of the vaccine fridges was not consistent.

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.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- 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 (CCG) to secure improvements to services where these were identified. For example, the practice engaged with the North East Hants and Farnham CCG to develop an integrated care team in the locality. One of the GPs was the Integrated Care Team Lead for the locality.
- 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. The branch surgery had been heavily modernised to create a hub for the Integrated Care Team.
- 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.
- The practice was rated below average by patients for telephone access. For example, 55% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and national average of 73%. The practice recognised this and had introduced a telephone hub since December 2016.

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.
- The provider was formed in April 2016 following a merge of two local practices. The leadership team had worked hard to ensure the stability of the whole team.

Good



Summary of findings

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

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 patients.

- 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 offered 20 minutes appointments for all patients over the age of 85 and those with complex needs.
- The practice hosted a weekly clinic held by a palliative care nurse specialist from the local hospice.
- There was a paramedic practitioner attached to the practice who could carry out urgent home visits in the morning where appropriate. They also followed up on patients who had recently been discharged from hospital or those who have attended A&E.

Good



People with long term conditions

The practice is rated as good for the care of patients 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 on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (04/2015 to 03/2016) was 92% which was above both the clinical commissioning group and national average of 89%.
- The practice held a daily International Normalised Ratio (INR) clinic for patients who were on blood thinning medicines and required regular monitoring.
- Saturday appointments were available where patients could have a review of their long term conditions or receive a cervical screening test.
- 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



Summary of findings

Families, children and young people

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

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice sent letters to young patients on their 16th birthday to introduce them to the practice and inform them of the services that are available.
- The practice's uptake for women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years was 80% which was comparable to the clinical commissioning group average of 82% and national average of 81%.
- Children and young patients who required counselling could be referred to Hampshire Youth Access who offered advice, information and counselling to children and young people aged from five to 17.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age patients (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.
- The practice offered extended hours on Mondays from 6.30pm to 7.30pm, Wednesdays from 7.30am to 8am and Saturdays from 8.30am to 11.30am. Saturday opening varied between the practice's main site and its branch and details of these were available on the practice's website.

Good



Summary of findings

- Saturday appointments were available with a GP, nurse or health care assistant.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had engaged with Hampshire County Council on a project to test “health passports” and develop a website for patients who were travellers.
- The practice offered 20 minutes appointments for patients with a learning disability. There was a dedicated nurse who undertook annual health checks for patients with a learning disability and we were told that consistency of care had increased uptake for blood tests and cervical screening.
- The practice was able to refer patients at risks of social isolation to a social prescribing organisation which was single hub for assessment as to which alternative service might be of most benefit.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- 85% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months (04/2015 to 03/2016), which was comparable to the clinical commissioning group (CCG) average of 86% and the national average of 84%.

Good



Summary of findings

- The percentage of patients with severe mental health problems who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (04/2015 to 03/2016) was 94% compared to the CCG average of 91% and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. For example, patients with Alzheimers and their families were signposted to Alzheimer Café which was a local group providing dementia education in a friendly, café like setting.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and twenty-two survey forms were distributed and 117 were returned (a response rate of approximately 53%). This represented approximately 0.53% of the practice's patient list.

- 55% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% and national average of 73%.
- 59% 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 76% and national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and 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 CCG average of 83% and national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards, of which 32 were all positive about the standard of care received. Patients commented that they found staff helpful, professional and caring. Some patients also commented that they felt listened to and were treated with understanding, kindness and thoughtfulness. The three negative comment cards contained individual issues and were not aligned with any patterns.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

We looked at the NHS Friends and Family Test for November 2016, where patients are asked if they would recommend the practice. The results showed 95% of respondents would recommend the practice to their family and friends.

Oakley Health Group

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 Oakley Health Group

Oakley Health Group is a GP partnership located in Camberley, Surrey. The practice is also known locally as Hartley Corner Surgery. The practice has a branch which is known locally as Yately Medical Centre. The practice premises includes nine consulting rooms and three treatment rooms at Hartley Corner Surgery and, 11 consulting rooms and one treatment room at Yately Medical Centre. At the time of our inspection, the branch was undergoing major refurbishment and development work which once completed, would create a hub for the integrated care team, a large meeting room, three additional consulting rooms and one additional treatment room. We visited both sites as part of this inspection.

The practice partnership includes 10 GP partners and six salaried GPs which is equivalent to approximately 13.5 whole time equivalent GPs. Six are male and 10 are female. The clinical team includes one advanced nurse practitioner, eight practice nurses and five health care assistants. The practice management team includes a business manager, a practice manager and a range of administration and reception staff. The practice is approved for training qualified doctors who wish to become GPs.

The practice provides its service to approximately 22,300 patients under a General Medical Services (GMS) contract. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). The practice delivers its services from the following locations:

Hartley Corner Surgery

51 Frogmore Road,

Blackwater,

Camberley,

Surrey,

GU17 0DD.

And,

Yately Medical Centre

Oaklands,

Yately,

GU46 7LS.

The practice population has a higher proportion of patients aged between 60 and 75 compared to local and national averages. The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the practice is 82 and 85 years, which is above the national average of 79 and 83 years respectively.

The practice is open from 8am to 6.30pm Monday to Friday. Extended hours are on Monday evenings between 6.30pm

Detailed findings

to 7.30pm, Wednesday mornings from 7.30am to 8am and Saturday mornings from 8.30am to 11.30am. Saturday opening varies between the practice's main site and its branch and details of these are available on the practice's website.

The practice has opted out of providing out of hours services to its patients. Patients can access the out of hours services provided by North Hampshire Urgent Care via the NHS 111 service.

This inspection is part of the CQC comprehensive inspection programme and is the first inspection of Oakley Health Group.

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 18 January 2017. During our visit we:

- Spoke with a range of staff including six GPs, the advanced nurse practitioner, three practice nurses, two

health care assistants, the prescription clerk, one senior receptionist, two receptionists, one member of the administrative staff, the practice manager and the business manager.

- We also spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, two patients had an International Normalised Ratio (INR which is a regular blood test for patients taking blood thinning medicines to determine the correct dose of medicine) test by community staff who placed the result in the health care assistant tray at the practice later that day. The health care assistant had already left and the results were not picked up by anyone at the practice and the patients were not informed of the correct dose of medicine. Once this became apparent, the practice changed their system to follow up INR results where those had been undertaken by community staff. The new system included booking the patient an appointment in the INR clinic but clearly marked as being undertaken by community staff, so that the health care assistant running the clinic was aware to check the result and to arrange contact with the patient before leaving for the day.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Six monthly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There were arrangements for managing medicines, including emergency medicines and vaccines (including obtaining, prescribing, recording, handling, storing, security and disposal). However, we found there were gaps in the monitoring of one of the vaccine fridges. Records show that this fridge had operated within the normal range at all other times. Following our inspection, the practice purchased data loggers to ensure the fridge was consistently monitored. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems

Are services safe?

to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment. Health care assistants were trained to administer vaccines and medicines against a patient specific direction (PSDs) from a prescriber. PSDs are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures 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 to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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. 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 defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan 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 99% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (04/2015 to 03/2016) was 92% which was above the clinical commissioning group (CCG) average of 89% and national average of 89%.
- Performance for overall diabetes related indicators was 96% which was above the CCG average of 94% and the national average of 90%.
- Performance for mental health related indicators was 100% which was above the CCG average of 95% and the national average of 93%.
- 85% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months (04/2015 to 03/2016), which was comparable to the CCG average of 86% and the national average of 84%.

- The percentage of patients with severe mental health problems who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (04/2015 to 03/2016) was 94% compared to the CCG average of 91% and national average of 89%.

There was evidence of quality improvement including clinical audit.

- There had been 15 clinical audits undertaken in the last two years, two 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 ensuring the number of patients receiving high risks medicines had received monitoring blood tests every two months and that those patients had also received the flu vaccines. The first audit showed that 86% of patients had the relevant blood test and 64% of those patients had the flu vaccines. Following the first audit the practice decided to write to all these patients, reminding them of the importance of regular blood monitoring, and of protecting themselves with the flu vaccines. The same audit was repeated two months later. The practice found there had been a big improvement in numbers of patients who had received the flu vaccine (from 64% to 89%), but that there was still some room for improving numbers of patients having their bloods monitored every two months (82% compared to a standard of 85% that the practice had set initially).

Information about patients' outcomes was used to make improvements such as: writing to patients to inform them of the importance of having regular blood monitoring tests and flu vaccine when on high risks medicines. The practice also adjusted its system for repeat prescribing to ensure repeat prescriptions for patients who have not had a blood test in the last two months are not issued until this has been completed.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- 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. Nurses had received specific training to undertake diabetes and respiratory conditions review.
- 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.

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.

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 patients, 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, children and young patients and patients diagnosed with dementia and Alzheimer. Patients were signposted to the relevant local service. For example, children and young patients who required counselling could be referred to Hampshire Youth Access who offered advice, information and counselling to children and young people aged from five to 17. Patients with Alzheimer and their families were signposted to Alzheimer Café which was a local group providing dementia education in a friendly, café like setting.
- Smoking cessation advice was available from the nursing team.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 82% and the national average of 81%. 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. There was a policy to offer telephone reminders for patients who did not attend for their cervical

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

screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The patient uptake for the bowel screening service in the last two and a half years was 64% compared to the CCG average of 62% and national average of 58%. The practice also encouraged eligible female patients to attend for breast cancer screening. The rate of uptake of this screening programme in the last three years was 77% compared to the CCG average of 73% and national average of 72%.

The practice had high uptake for childhood immunisation rates. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 92% to 100%; and five year olds ranged from 96% to 100%. CCG data was unavailable for comparison.

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.

Of the 35 Care Quality Commission comment cards we received, 32 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. The three negative comment cards contained individual issues and were not aligned with any patterns.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice. 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 for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% 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%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 95% 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%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 97%.

- 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 87% and national average of 85%.
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed 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:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and 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 CCG average of 86% and 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.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 851 patients as

carers (3.8% of the practice list). In addition to written information, there was a dedicated carers information board in the waiting area advising patients about the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice engaged with the North East Hants and Farnham CCG to develop an integrated care team in the locality. One of the GPs was the Integrated Care Team Lead for the locality.

- The practice offered extended hours on Mondays from 6.30pm to 7.30pm, Wednesdays from 7.30am to 8am and Saturdays from 8.30am to 11.30am. Saturday opening varied between the practice's main site and its branch and details of these were available on the practice's website.
- Saturday appointments were available with a GP, nurse or health care assistant.
- There were longer appointments available for patients with a learning disability and those over the age of 85.
- 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.
- At the time of our inspection, the branch was undergoing major refurbishment and development work which once completed, would create a hub for the Integrated Care Team, a large meeting room, three additional consulting rooms and one additional treatment room.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Extended hours were on Monday evenings between 6.30pm to 7.30pm, Wednesday mornings from 7.30am to 8am and Saturday mornings from 8.30am to 11.30am. Saturday opening varies between the practice's main site and its branch and details of these were available on the

practice's website. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 76%.
- 55% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and national average of 73%.

The practice recognised that patients had rated the practice below average for access by telephone. The practice had implemented a telephone hub since December 2016 so that there was a dedicated team who answered the phone and this also enabled them to monitor the length of time patients were waiting on the phone so that they can implement remedial action.

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.

The practice had adopted a GP triage system where patients would be contacted to assess their medical needs and either an appointment, telephone consultation or a home visit would be offered. 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.

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

- We saw that information was available to help patients understand the complaints system. For example, the practice provided patients with information on how to make a complaint on the patient information leaflet, information in the waiting areas and on their website.

We looked at 19 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, 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, when a patient

complained because they felt their child had not been examined properly, the practice investigated and found that the patient had been given an urgent appointment within 10 minutes of phoning the practice. When the patient arrived a few minutes late, although the patient was seen, they felt the examination had been rushed. The practice apologised and informed the patient of their findings from the investigation. The practice also reminded reception staff not to book patients short notice appointments which would not allow them sufficient time to get to their appointment.

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:

- Oakley Health Group was formed in April 2016 following the merge of two local practices. The leadership team had worked hard to ensure the stability of the whole team. There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG suggested that a card was available at the reception desk for patients to hand over to the receptionist if they wanted to discuss something sensitive or personal. We saw the practice had implemented this.
- The practice had gathered feedback from staff 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. For example, nursing staff told us they were given the autonomy to arrange and run nurse clinics. Staff told us they felt involved and engaged to improve how the practice was run.

Are services well-led?

Good 

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

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. For example:

- The practice was part of the North East Hampshire and Farnham vanguard group and was working together with the local clinical commissioning group to create a

hub at the branch surgery to accommodate various other professionals such as community midwives, district nurses, mental health practitioners and community matrons.

- The branch surgery had undergone major development and refurbishment. Once completed, the practice will have additional consulting and treatment rooms and a large meeting room. There were plans to deliver educational sessions for patients such as structured diabetes education in the meeting room.