

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Park and St Francis Surgery

Pilgrims Close, Chandlers Ford, Eastleigh, SO53
4ST

Tel: 02380252131

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Dr Simon Chaplin-Rogers and Partners
Registered Manager	Dr. Joanna Birmingham
Overview of the service	<p>Park and St Francis Surgery has eight GP partners and provides a placement for GP registrars (GP's under training). The practice operates from two surgeries approximately two miles apart. The surgery is supported by a practice nursing team of eight registered nurses and two health care assistants. The clinical team is supported by a management team, secretarial, reception and administrative staff. The surgery is part of the NHS West Hampshire Clinical Commissioning Group (CCG) and has a practice population of approximately 15,000 patients registered.</p>
Type of services	<p>Doctors consultation service</p> <p>Doctors treatment service</p>
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Family planning</p> <p>Maternity and midwifery services</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 February 2014 and 4 February 2014, observed how people were being cared for and talked with people who use the service. We talked with staff, reviewed information given to us by the provider and were accompanied by a specialist advisor.

What people told us and what we found

The practice accommodated the needs of people with disabilities. We saw that the building was wheelchair accessible and that the surgery consultation rooms were situated on the ground floor and first floor. There was lift access to the first floor. Part of the reception desk was lowered to a height suitable for people using wheelchairs. There were designated disabled parking bays close to the building entrance.

11 of the 12 people we spoke with were complimentary about the care and treatment they received at the practice. One person said: "My GP has been absolutely brilliant in supporting my long-term health issues" Another described their GP as "excellent". A further person said: "I visit the nurse regularly and they're really helpful" The other person we spoke with described their general satisfaction with the surgery but described a recent occasion where they had been unhappy that their GP had not prescribed a particular medicine they wanted.

Reviews of patients medicines were carried out annually or earlier according to patient need. From a review of patient notes we saw that allergies were clearly shown on the system enabling GPs to prescribe safely. This meant that medicines were prescribed and given to patients appropriately.

All clinical staff were required to provide evidence of their professional qualifications and registration. We saw that the GPs were on the Performer's List, which aims to provide further reassurance to members of the public that GPs practicing in the NHS are suitably qualified and have kept up to date with their training. All nursing staff were registered with the Nursing and Midwifery council (NMC) and copies of up to date registrations were held in their personnel files.

The provider took account of complaints and comments to improve the service. We saw that the practice had a clear complaints protocol in place. The registered manager told us that the practice rarely received complaints and that they sought to resolve these more quickly than the protocol specified. We saw written responses in relation to two complaints

which showed they had been investigated and resolved.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

Staff treated people with consideration and respect. All the people we spoke with told us that staff treated them respectfully. For example, one individual described the receptionists as "fabulous, very professional always", and another said they were "very nice, very friendly". We observed throughout our visit that staff spoke politely with people using the service. The practice manager told us they had come to know many longstanding people at the practice, and this was evident in their conversations with people attending the surgery.

The practice ensured people's privacy. There was a private room by the reception desk where people could discuss personal matters without others hearing. The reception desk had a notice asking patients to respect peoples' privacy and we observed that receptionists spoke discreetly with people. We saw that consultations took place in individual rooms with the doors closed and we were unable to hear consultations in progress. Consulting rooms were equipped with curtains around examination couches, to give privacy during examinations. The reception staff we met were very aware of their duty to keep people's personal information confidential and had all signed the practice's confidentiality agreement. This meant that people's diversity, values and human rights were respected.

The practice accommodated the needs of people with disabilities. We saw that the building was wheelchair accessible and that the surgery consultation rooms were situated on the ground floor and first floor with lift access to the first floor. Part of the reception desk was lowered to a height suitable for people using wheelchairs. There were a small number of designated disabled parking bays close to the building entrance.

Reception staff confirmed that the practice had access to interpreting and translation facilities. This was clearly displayed in the reception area. They told us that the practice had always been able to resolve interpreting issues.

A chaperoning policy was in place and this was displayed at reception which meant people

were supported and did not feel vulnerable during sensitive examinations/procedures. One person we spoke with told us: "I know I can have a chaperone if I need it. I've been coming to this surgery for years and have never had the need to ask for one" The provider had a protocol for intimate examinations which followed the General Medical Council (GMC) guidelines.

People told us they were able to express their views and felt involved in making decisions about their care and treatment. For example, one person said their GP always listened to them. Another person said: "My doctor does ask me what I want to do but he also says what he thinks is best for me" Another person told us: "The practice is very patient-orientated. At my recent health check the nurse had given me all the information, she explained it all to me" We observed that practice staff knew many of the people very well and were responsive to their needs in managing the service. The staff we spoke with confirmed this.

Everyone we spoke with told us that appointments were generally long enough. For example, one person told us, "The doctor's never in a hurry for you to go" and another said, "If you need to talk, they will accommodate that". Another person remarked, "Sometimes you feel like you're being rushed and pushed out" but said that normally this was not a problem.

Our discussions with the registered manager and the 10 sets of electronic case notes we saw presented further evidence that consultations were person-centred. For example, we saw a well-documented, sensitive negotiation of a treatment plan where someone was requesting inappropriate medication.

People had access to general information about their health and about services available at the practice. There was a range of health promotion and information leaflets and posters on display in the waiting area. The practice opening hours were clearly displayed at reception, as were details of local out-of-hours primary care facilities.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People told us they were able to get an emergency appointment promptly. We spoke with six people at each surgery. One person told us: "There is no difficulty getting an appointment if you don't mind seeing any doctor. You have to wait longer if you want to see your own doctor" Another person said: "When I make an appointment I am usually seen the same day if it's an emergency " A further person commented: "I have always see the doctor on the same day as I book my appointment".

For people requiring an emergency appointment the practice operated a triage service. Calls were taken by a dedicated team of receptionists' who logged the call on the electronic system and advised the patient that a nurse would call them back "within the hour". Details were then displayed on the triage nurses' computer screen to alert them that they needed to call the person back. We looked at the details of calls that had been received on the day of our inspection and noted that the triage nurses' had, in most cases returned a telephone call to a person within 20 minutes. Advice or an appointment with the duty doctor or practice nurse was then be made following the telephone consultation. This was either the same day or an agreed time. One person we spoke with said: "I have called in a few times because I felt I needed to see a doctor that day. After speaking with the nurse over the phone about my problem I did feel reassured that I was ok. On one occasion my doctor called me back which was also very reassuring". This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

11 of the 12 people we spoke with were complimentary about the care and treatment they received at the practice. One person said: "My GP has been absolutely brilliant in supporting my long-term health issues" Another described their GP as "excellent". A further person said: "I visit the nurse regularly and they're really helpful" The other person we spoke with described their general satisfaction with the surgery but described a recent occasion where they had been unhappy that their GP had not prescribed a particular medicine they wanted.

Information was communicated to other providers as necessary. One person told us: "I have multiple health problems and the doctors communicate well, both with each other

and with the hospital doctors. When I go to hospital the doctors always know why I'm there and my history" Another person said: "When I have gone into hospital I never have to tell the whole story again as the GP has told the hospital everything" A further person commented: "I went to the hospital last week and they had a letter from the GP which had all the information they needed. It's so efficient".

Sufficient time was allocated during consultations. One patient told us: "I have enough time to see the doctors. Occasionally I will go over the allocated time, but not usually" Another person said: "I never feel rushed, there is always enough time to discuss what I need to" A further person commented: "I never feel rushed and feel I have their undivided attention" We spoke with registered manager who told us they felt that they had sufficient time during consultations to adequately assess patients.

There were arrangements in place to deal with foreseeable emergencies. We were told that staff were trained in dealing with medical emergencies and we saw staff training certificates in respect of basic life support. We saw that emergency first aid equipment, emergency resuscitation drugs and a defibrillator (in the event that a person's heart stopped) were available at both practices. There was documentation which demonstrated that equipment and medicines were checked on a weekly basis. We spoke with three members of staff who were aware of the equipment available, how to use it and where it was located. Each told us they had received a recent update in resuscitation techniques. This ensured that people were not at risk of receiving inappropriate treatment if an emergency arose. Risk to people during an emergency was reduced because equipment was regularly checked to ensure it was working properly.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We saw that medicines kept in the surgery, for use in the event of an emergency, were in date and checked weekly by nursing staff. The surgery kept a small quantity of controlled drugs on the premises. We undertook a controlled drugs (CD) stock check in the surgery. Controlled drugs are medicines which may be misused and there are specific ways in which they must be stored and recorded. Controlled drugs were stored separately in a controlled drugs cabinet which was secured to the wall. This meant that medicines were kept safely. We checked two items contained in the CD cabinet. The checks confirmed that the amounts noted in the controlled drugs register agreed with the CD cabinet contents. The controlled drugs register was easy to understand and accurate. The accountable officer for controlled drugs visited the surgery on a regular basis and carried out audits of the controlled drug register. We also saw that they oversaw the destruction of out of date, or no longer required controlled drugs. Medicines were disposed of appropriately. There was a clear procedure in place for the storage and disposal of controlled drugs that were no longer required or out of date.

Medicines which were required for doctors bags when visiting people were checked monthly by the senior nurse to ensure they remained in date. The provider may wish to note that during our inspection we found one medication in the doctor's bag to have expired in July 2013. We brought this to the attention of the registered manager and senior nurse who immediately removed it. Out of date medicines were disposed of appropriately in a medicines disposal bin which was collected regularly.

Medicines that were required to be stored in a refrigerator were stored safely. We saw that fridges had thermometers and temperatures were checked daily. The records showed that the recordings included both the maximum and minimum temperatures. The vaccines stored in the fridge were stored at the correct temperature, and were within the specified "use by dates". The cold chain was maintained by the use of a cool bag when transferring medicines to the practice's other surgery a few miles away.

Reviews of people's medicines were carried out annually or earlier according to patient need. From a review of people's notes we saw that allergies were clearly shown on the system enabling GPs to prescribe safely. This meant that medicines were prescribed and

given to people appropriately.

Repeat prescriptions could be ordered by people either on line or in person at the surgery. When authorising repeat prescriptions the GP checked the electronic system as all current conditions were logged. This meant that the GP could see how many times that person had been issued a repeat prescription without a review and when the prescription was last issued. The system also showed any other concerns which may indicate whether it was safe to authorise a repeat. People we spoke with confirmed to us that the use of prescribed medication had been explained to them and they had been told they could call in if they had any problems.

Prescription pads were kept in a locked cupboard and had to be signed out by GPs via a log book. Computerised prescriptions for use in printers were removed from printers at night.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. The registered manager explained the recruitment process to us, which was comprehensive and met guidance from the General Medical Council (GMC). They were able to effectively describe to us what they would do when they employed anyone new to the surgery. Appropriate checks were undertaken before staff began work. We saw that all applicants were required to complete an application form. Staff told us that they attended face to face interviews. The registered manager told us that before staff started work with the service two references were sought and a Disclosure and Barring Service (DBS) check was carried out.

We looked at the recruitment files for five staff, including administrative staff and nursing staff. These contained an application form and/or CV, interview questions, two references and photo identification. We saw that where required records of DBS were received and were stored on the files. For those staff who did not have direct contact with people we saw that the practice had undertaken risk assessments to identify if there was a need to undertake a DBS check before they could begin work.

All clinical staff were required to provide evidence of their professional qualifications and registration. We saw that the GPs were on the Performer's List, which aims to provide further reassurance to members of the public that GPs practicing in the NHS are suitably qualified and have kept up to date with their training. All nursing staff were registered with the Nursing and Midwifery council (NMC) and copies of up to date registrations were held in their personnel files.

We spoke with a newly appointed staff member who described their induction to us. They told us this involved a period of shadowing other staff members and being observed before working on their own. We saw records in staff files confirming their induction and saw evidence that the person had been assessed as competent in all aspects of their role.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

Staff we spoke with told us they could speak with the practice manager about any queries or concerns they had about the service. For example; one staff member said: "The practice manager is really approachable. You can ask her anything or discuss anything with her at any time" Staff also commented that they found the practice very friendly.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others. We saw records of risk assessments. These included fire, health and safety, building maintenance, information governance and clinical audits. We also noted the fire extinguishers and portable electrical equipment had regular checks.

We found the practice had undertaken a number of practice audits. For example, the practice had participated in the Patient Outcomes and Information Service (POINTS) analysis to improve patient outcomes in respect of chronic obstructive pulmonary disease (COPD). They had also completed audits in relation to specific types of medication that were being prescribed to patients.

There was evidence of learning from incidents, investigations took place and appropriate changes were implemented. We spoke with the registered manager about any significant events that may have occurred within the surgery. Significant events which may have resulted in, or had the potential to result in, harm to patients' were investigated. Lessons learnt were shared with all the staff at the surgery in line with the practice significant events process. They told us events which occurred in the practice were discussed at practice meetings amongst the partners. This included any changes to clinical practice or learning for all staff. We were shown how significant events were recorded at the time. There were records of meeting minutes and significant event forms to confirm this. This meant the practice implemented an effective system which identified, assessed and managed risks to the health, safety and welfare of patients'.

The provider took account of complaints and comments to improve the service. We saw that the practice had a clear complaints protocol in place. The registered manager told us that the practice rarely received complaints and that they sought to resolve these more quickly than the protocol specified. We saw written responses in relation to two complaints which showed they had been investigated and resolved. We spoke with 12 people in the waiting area during our visit and they told us they had not had any cause to complain. They told us if they did ever want to complain, they would speak directly with the surgery manager or staff member who they believed would deal with it. The registered manager told us they would act on any complaints received to improve the service they provided.

The practice participated in the quality and outcomes framework (QOF). The QOF is a national system which uses financial incentives to encourage high quality care by GPs. It measures the quality of the clinical care, organisation of the practice and patient experience. There were systems in place to monitor services and record performance against the quality and outcomes framework. We reviewed the QOF scores and found that overall the practice was achieving its targets. For example, we saw that it scored maximum points for patient experience, education and training, practice management, medication, child health surveillance and palliative care.

Peoples who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The surgery had a Patient Participation Group (PPG). As part of our inspection we spoke with the chairperson of the PPG who told us that the practice was always willing to listen and try to make changes if needed. A PPG is a mechanism which at different times can represent the patient population to the practice, and the practice to the wider community and allows interested patients to be contacted.

A survey was conducted by the PPG in January 2013 and completed by 400 people and consisted of 17 specific questions. The results of the survey were available on the surgery website. Satisfaction with doctors and nurses was high and indicated that the patients surveyed valued the services available to them and how they were delivered. We also saw the patient survey questionnaire for 2013-2014 that was due to be distributed during February 2014.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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