Shanklin Medical Centre

Quality Report

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Shanklin
Isle of Wight
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Date of inspection visit: 23 November 2017
Date of publication: 27/02/2018

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?	Outstanding
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection March 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Outstanding

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Shanklin Medical Centre on Thursday 23 November 2017 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice used text messaging reminders for appointments and if they had consent from the patient, results of blood tests for example would also be sent using this method. This helped to improve treatment and supported patients' independence.

We saw some areas of outstanding practice:

At this inspection we found that the practice had continued to be outstanding in responding to people's needs.

Summary of findings

The practice continued to initiate positive service improvements for its patients that were over and above its contractual obligations. It acted on suggestions for improvements and changed the way it delivered services in response to feedback from the patient participation group. For example by offering patients alternative means of accessing their GP or meeting their healthcare 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 service improvements where these had been identified. The practice played a significant role in instigating health initiatives and worked with the CCG and other practices to secure funding for enhanced services for patients.

For example; Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than local and national averages. The practice had scored higher than the clinical commissioning group averages in every question. This was supported by observations on the day of inspection and completed comment cards.

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

Shanklin Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser.

Background to Shanklin Medical Centre

Shanklin Medical Centre is located in Carter Road, Shanklin, Isle of Wight, PO37 7HR. The practice is close to the centre of Shanklin. Shanklin Medical Centre is part of the Isle of Wight Clinical Commissioning Group (CCG).

The practice website can be found at www.shanklinmedicalcentre.nhs.uk

The practice provides a range of primary medical services to approximately 11,600 patients.

Shanklin Medical Centre has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The Isle of Wight CCG covers an area where the average age is older when compared with the average for England. Shanklin Medical Centre has a significantly higher percentage of their practice population over 65 years of age compared with the average for England, with the number of patients over 85 years of age almost twice the average for England. The level of deprivation is equal to the average level of deprivation for England.

Good

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes.

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a number of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. For example, the child safeguarding lead held regular two monthly meetings with health visitors, school nurses and midwives.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. For example the electronic blood pressure monitors, pulse oximeters and other medical equipment had been serviced and tested by a medical equipment testing company in September 2017.

Risks to patients.

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment.

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines.

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety.

The practice had a good safety record.

Good

Are services safe?

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- Since our last visit the practice had carried out risk assessments in relation to Legionella to identify all risks associated with their premises and they were managing these risks. For example the practice had a certificate of water quality compliance issued in June 2017 and employed a local specialist company to monitor water temperatures each month.
- The practice had a comprehensive emergency and business continuity plan which had been regularly reviewed.

Lessons learned and improvements made.

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned, shared lessons, identified themes and took action to improve safety in the practice. For example, a patient returned a urine dip sample for analysis which on testing showed abnormal (results). Further testing was completed and the results were normal so no was action taken. The original abnormal urine dip still needed actioning and follow up, however this did not occur as the follow up tests showed as normal. The incident was discussed at a practice meeting and a new protocol was introduced. The protocol specified that all abnormal dip results generated a task in the practice computer system for the patient's registered GP to follow up.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment.
The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used text messaging reminders for appointments and if they had consent from the patient, results of blood tests for example would also be sent using this method. This helped to improve treatment and supported patients' independence.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Examples of effective care were seen. For example: the practice had call and recall arrangements in place to make sure patients attended their review appointments. There were regular medicine management team meetings regarding best practice and medicine optimisation.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice offered flexible appointments for immunisation in addition to set clinic times.

Working age people (including those recently retired and students):

- The practice offered extended hours clinics including evenings and some Saturdays.
- Health checks, chronic disease clinics and flu clinic appointments could be offered in extended hours.
- The practice's uptake for cervical screening was 81%, which was in line with the 80% coverage target for the national screening programme.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- The practice registered patients with no fixed address and retained registration of vulnerable patients outside the practice area.
- The practice provided home visits for housebound patients.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.

Good

Are services effective?

(for example, treatment is effective)

People experiencing poor mental health (including people with dementia):

- There were regular mental health clinical reviews.
- The practice made use of the Pharmacist to aid compliance with regulations.
- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average of 83%.
- 99% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was higher than the national average of 89%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was practice 99% (clinical commissioning group (CCG) 89%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was practice 96% (CCG 95%; national 96%).

Monitoring care and treatment.

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, Where appropriate, clinicians took part in local and national improvement initiatives. The GP's use the "Wessex Healthier Together" scheme in their consultations with young families to help empower parents to self-manage and know when to seek help.

The most recent published Quality and Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 96%. The overall exception reporting rate was 14.7% compared with a national average of 10.1%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Effective staffing.

Patients are supported by three female and four male GP partners and one female salaried GP. This is equivalent to six full time GPs. There was one GP registrar at the practice at the time of our inspection.

The practice runs an appointment system and the GPs each see their own registered patients.

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

Clinical support is provided by a practice manager, an assistant practice manager, five practice nurses, four health care assistants and administrative and reception staff.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment.

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

Good

Are services effective?

(for example, treatment is effective)

- The practice had access to re-ablement beds which were available for patients to stay for two weeks respite from hospital.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives.

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and patients who are carers. For example, the practice had a dedicated residential home GP and conducted weekly nursing home ward rounds.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary. The practice referred amongst the in house GPs for second opinions to allow patients to access individual areas of expertise beyond that of their own GP.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment.

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion.

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 238 surveys were sent out and 127 were returned. This represented about 1% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 96%.
- 88% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 88%; national average - 86%.
- 95% of patients who responded said the nurse was good at listening to them; (CCG) - 93%; national average - 92%.
- 98% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.

Involvement in decisions about care and treatment.

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment. The practice was also able to signpost carers to further information via an Age Uk care navigator.

The practice proactively identified patients who were carers by asking patients and recording if they were carers when they registered. The practice's computer system alerted GPs if a patient was also a carer.

- Staff told us that if families had experienced 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.

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 above local and national averages:

- 91% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 87%.
- 86% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 85%; national average - 82%.

Good

Are services caring?

- 97% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 96% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 88%; national average - 86%.

Privacy and dignity.

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect. Patient feedback supported this and comments were very positive about staff at the practice who treated patients with respect and were helpful, courteous and caring.
- The practice complied with the Data Protection Act 1998 and was registered with the Information Commissioners Office.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection in 2015 we rated this practice as being outstanding for being responsive to people's needs.

The practice had initiated positive service improvements for its patients that were over and above its contractual obligations. It acted on suggestions for improvements and changed the way it delivered services in response to feedback from the patient participation group.

At this inspection we found that the practice had continued to be outstanding in responding to people's needs.

The practice continued to initiate positive service improvements for its patients that were over and above its contractual obligations. It acted on suggestions for improvements and changed the way it delivered services in response to feedback from the patient participation group. For example by offering patients alternative means of accessing their GP or meeting their healthcare 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 service improvements where these had been identified. The practice played a significant role in instigating health initiatives and worked with the CCG and other practices to secure funding for enhanced services for patients.

The practice had responded to the needs of the practice population which was made up of a high number of patients over 75 years of age, almost 10% of their patients with over 4% of patients over 85years of age. A number of older people lived in care homes covered by the practice. The practice had a nurse led service for patients over 75 years of age. Systems had been introduced to respond the increasing needs of these patients. Audits had confirmed the continued benefit of GPs being responsible for patients in named care homes.

The NHS England Area Team and CCG told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised.

Responding to and meeting people's needs.

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice continued to fund and provide an in house microsuction service instead of standard ear irrigation. This was seen as being the safest and most efficient service as well as enabling access to patients who would historically have been referred to secondary care.
- The practice improved services where possible in response to patient needs. For example Primary Care Prescribing Committee: the practice was one of only a few to work with the clinical commissioning group on this committee with the purpose of agreeing: Safe and effective prescribing on the Isle of Wight. Development of Island wide formulary. Shared care agreements. Cost effective prescribing responding to medicines safety advice.
- The facilities and premises were appropriate for the services delivered. For example the premises were purpose built; we saw that the waiting areas was large enough to accommodate patients with wheelchairs and prams, recent improvements to the building included a platform lift to allow independent access for patients to the first floor consulting rooms. There was a section of the reception desk at a lower height to provide access for patients unable to use the higher main counters. There were disabled toilet facilities available.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- A weekly ward round at a local nursing home was conducted by the practice.
- All patients had a named GP who supported them in whatever setting they lived, whether it was at home, in a care home or a supported living scheme.
- The practice offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- One of the GPs led a project to create a simple resource to support understanding of falls and their prevention.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

This was shared with other practices on the Isle of Wight. This training resource which included an introduction letter and training information pack was aimed to improve the knowledge and understanding of the reasons why older people fall with recommendations for best practice. By working in this way the practice was able to take proactive steps to offer each and every patient the best possible chance to keep them safe, whilst giving staff the reassurance and confidence to know that they were providing high quality and effective care.

- The practice performed frailty assessments on patients identified using a frailty risk assessment tool. This is reviewed by the named GP.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice had access to British Sign Language and language interpreter services.
- For patients with a diagnosis of hypertension, the practice has successfully introduced evidence based care into routine daily practice with a collaborative working team. This has identified over 300 hypertensive patients to encourage self-monitoring. It has reduced face to face appointments and empowered the patients with skills to self-manage and take responsibility for their health. The practice has successfully shared this process with other surgeries and helped them establish it.
- Work was being done by the respiratory nurse investing in caring for her Chronic Obstructive Pulmonary Disease (COPD) patients. She was delivering care which was not just evidence based, but care tailored to the individual, and respectful of the whole person; their psycho-social needs were as important to her as their physical condition. This nurse was working hard to support and motivate self-care in all her patients, and she had researched additional services she could refer some onto which included a COPD walking group, and a "singing to breathe" class. Patients we talked with and feedback from patients reported that the impact on their lives was very positive.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice held regular two monthly meetings with Health Visitors, School nurse and midwife.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice was promoting on line services to support easy access to appointments and repeat prescription requests. For example if a prescription request was made before 12.30pm it would be ready on the same day. If made after that time it will be ready the next day.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. For example, the practice supported patients who had no fixed address and allowed them to use the practice address for correspondence so that they could be supported in attending appointments and accessing care.
- All staff were aware of child protection requirements and identifying vulnerable adults.
- For example. The practice had registered a vulnerable family needing extra support such as translation services and had responded to their needs by providing

translated information to help the family make decisions around child vaccinations. The practice was also supporting the family with advice about other services and benefits they were entitled to and was a point of contact for them in the community and accessing care.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- Staff have received training on dementia awareness and this was used to assist patients accessing the practice services.
- There was an alcohol detoxification unit in the practice area that was supported by the practice by registering patients and facilitating safe prescribing.

Timely access to the service.

Comprehensive information was available to patients about appointments on the practice website and the practice leaflet. This included how to arrange urgent appointments and home visits and how to book appointments, by telephone, in person and through their online system. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

The practice operated from purpose built premises owned by the GP partners which have been extended and updated in recent years. The practice building has 11 consulting rooms and two treatment rooms.

The practice opening hours were Mondays and Tuesdays 8.15am to 8pm, Wednesdays, Thursdays and Fridays 8am to 6.30pm and Saturdays 8am to 11am. The practice was also taking part in the Isle of Wight seven day support. Patients who were registered at this practice could now book an appointment to see a GP or nurse on weekday evenings (after 6.30pm) or at the weekends (on Saturday and Sunday). Appointments would either take place at this practice or at another NHS setting nearby.

The practice did not provide an Out of Hours service for their patients. Outside normal surgery hours patients were able to access urgent care from the 111 service. Telephone lines were open 8.30am to 6.30pm Mondays to Friday.

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. Patients reported that :

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. The practice had scored higher than the clinical commissioning group averages in every question.

- 94% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 84% and the national average of 80%.
- 94% of patients who responded said they could get through easily to the practice by phone; CCG – 76%; national average - 71%.
- 86% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 76%; national average - 76%.
- 93% of patients who responded described their experience of making an appointment as good; CCG - 77%; national average - 73%.

All of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced for example patients commented that they were treated with respect and dignity. The environment was clean and safe and that staff were always helpful and made patients feel comfortable

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice. The results of the friends and family test for April to October 2017 showed that 97% of patients who responded were either extremely likely or likely to recommend the practice to other people.

Listening and learning from concerns and complaints.

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Nine complaints were received in the last year. We reviewed eight complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, a patient was unhappy that a GP did not prescribe antibiotics. The patient records for this appointment were reviewed and the clinical judgment was found to be in line with the antibiotic stewardship. Learning from the complaint for the practice had been to ensure consideration was given to explaining clearly to patients why medication is not always prescribed.

Are services well-led?

Good

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability.

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy.

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture.

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements.

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance.

There were clear and effective processes for managing risks, issues and performance.

Are services well-led?

Good

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of Medicines and Healthcare products Regulatory Agency alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information.

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners.

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the changes made to the reception area were after patient feedback was given.
- There was an active virtual patient participation group consisting of 300 patients. These patients were contacted by the practice by email to take part in patient surveys and make suggestions on how to improve the practice. We were able to speak with two patients in this group. Both told us that the practice listened to what was being said and they felt very involved with the practice.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation.

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.
- For example, the introduction of self-monitoring of blood pressures by patients. Every health care professional had an opportunity to participate actively in providing an effective service.

Following a diagnosis of hypertension, the GP discussed it with the patient and a treatment plan was created. The patient was given the option of home monitoring and an information leaflet was given to them advising the patient to see the pharmacist. The patient's pharmacist advised the patient about the British hypertension society accredited blood pressure machines and a health care assistant showed them how to record the readings. Once the patient had recorded the readings they were handed over to the reception staff. The nursing staff calculated the average blood pressures and medication was then altered with GP checking according to the treatment plan. This was then handed back over to the reception staff who contacted the patient with relevant changes and further dates for monitoring. The patient was only referred back to the GP if all the medications in the treatment plan had not been able to achieve the target blood pressure.

Are services well-led?

Good

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

- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.