

# Northbourne Surgery

## Quality Report

Northbourne Surgery

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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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# 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 Northbourne Surgery on 18 October 2016. This inspection was undertaken following the period of special measures. Overall the practice is now rated as requires improvement.

Following the inspection in March 2016 the practice was rated as inadequate overall. The practice was inadequate in safe, effective, responsive and well led; and requires improvement in caring. Two warning notices were served which related to the safe care and treatment of patients and good governance of the practice. We carried out an inspection in July 2016 to assess the improvements needed as identified in the warning notices. The Care Quality Commission was satisfied that the areas within the warning notices were addressed adequately.

As part of this inspection in October 2016 we completed a comprehensive inspection and in particular reviewed the areas which did not meet the regulations following our inspection in March 2016 which were:

- There was a lack of systems to ensure there were appropriate staff trained and checked as suitable to act as chaperones.
- Investigation results and other reports were not reviewed and acted upon in a timely way.
- Patients on high risk medicines did not have these reviewed at regular intervals with required blood tests being carried out, to ensure they were being prescribed appropriately.
- Processes for medicines management including handling, administration, storage and prescription did not protect patients from harm.
- Infection control processes and cleaning regimes of equipment and the premises did not protect patients from harm.
- Checks and storage of emergency equipment and medicines were not effective and placed patients at risk of harm.
- There was a lack of formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision. This placed patients and others at risk of harm. This included

# Summary of findings

managing significant events, incidents and near misses; systematic updating of policies and procedures to ensure they were current and relevant; ensuring there were suitable numbers of staff who were competent to carry on the regulated activities; engaging with staff and patients about how the practice was run; and ensuring the complaints system was accessible for all patients and concerns were responded to in a comprehensive manner.

- Patients were not proactively engaged in their care and treatment and appointments were not tailored to meet patient need.

## The key findings from this inspection are:

- Significant input had been made to the running of the practice to make improvements to the governance and safe service for the benefit of patients.
- 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.
- A programme of appraisals had been put in place and appraisals had been carried out for all staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Recruitment processes were in line with the requirements of the regulations and we found all necessary checks had been made and recorded prior to a member of staff commencing employment.
- Emergency equipment and medicines were suitable for use and regular checks were in place.
- The infection control processes were now in place, which included maintaining records and audits of cleaning regimes to ensure patients were protected from harm.
- Governance arrangements had been reviewed and systems and processes were in place for assessing

and monitoring risk and the quality of the service provision. These included managing significant events and complaints; reviews of policies and procedures and proactive engagement with staff and patients on the running of the service.

- 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 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:

- Continue to make sure the signing in book is completed by all staff or make other arrangements to confirm who is in the building.
- Continue to review patients on an individual basis prior to excepting them, to improve exception reporting rates for the Quality and Outcomes framework and to demonstrate effective care is provided.
- Review the use of patients only lancets, which are used when taking blood for blood sugar levels, and replace with single use items to minimise risk of infection.
- Continue to provide opportunities for patients to provide feedback on service provision.

The full reports published on 5 May 2016 and September 2016 should be read in conjunction with this report.

I am taking this service out of special measures. This recognises the improvements made to the quality of care provided by this service. We will re-inspect the practice within one year.

**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 defined systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. The infection control processes in place, included maintaining records and audits of cleaning regimes to ensure patients were protected from harm. Emergency equipment and medicines were suitable for use and regular checks were in place.

Good



### Are services effective?

The practice is rated as requires improvement 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. However, the percentages of exception reporting had not improved.
- 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.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey had improved in some areas since our previous inspection and showed patients rated the practice higher than others for aspects of care.

Good



# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- Governance arrangements had been reviewed and systems and processes were in place for assessing and monitoring risk and the quality of the service provision. These included managing significant events and complaints; reviews of policies and procedures and proactive engagement with staff and patients on the running of the service.

Requires improvement



# Summary of findings

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

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. However, there are areas of good practice:

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice worked with other health professionals to meet the needs of older patients, such as community nurses.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. However, there are areas of good practice:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients with diabetes, on the register, in whom the last average blood sugar was acceptable in the preceding 12 months was 87% compared to the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



### Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as

**Requires improvement**



# Summary of findings

requires improvement for effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. However, there are areas of good practice:

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. However, there are areas of good practice:

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours appointments were available on Thursday evenings until 8.15pm.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. However, there are areas of good practice:

Requires improvement





# Summary of findings

- The practice held a register of patients with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people living with dementia). The provider was rated as requires improvement for effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. However, there are areas of good practice:

- 74% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- Performance for mental health related indicators was better than the national average. For example the percentage of patients with Schizophrenia, Bipolar Affective Disorder and other psychoses who had a comprehensive agreed care plan documented in their records in the preceding 12 months was 94% compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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 an understanding of how to support patients with mental health needs and those living with dementia.

Requires improvement



# 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. A total of 243 survey forms were distributed and 102 were returned. This represented 2% of the practice's patient list.

- 86% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 84% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 76% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

We spoke with eight patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, concerns were raised about the appointment system and the need to speak with a GP first before seeing a GP or nurse. After the inspection the practice clarified that patients were able to book an appointments with a nurse directly without the need to speak with a GP.

Latest results from the Friends and Family test June to August 2016 showed that 95% of patients would recommend the practice to others. Positive comments included that staff were friendly and efficient. There were negative comments about booking appointments. The practice were confident the appointment system would be resolved when the practice completes a merger with another practice in January 2017.

# Northbourne Surgery

## 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, an assistant CQC inspector, and a practice manager specialist adviser.

## Background to Northbourne Surgery

Northbourne Surgery is located at 1368 Wimborne Road, Bournemouth, Dorset BH10 7AR. The practice is located in a residential area of north Bournemouth. Northbourne Surgery is part of the Dorset Clinical Commissioning Group. The practice operates from a building which is owned by the GP partners. The practice building has five consulting rooms and two treatment rooms. A physiotherapist and a local counselling service also use the building.

The practice has two male GP partners and use locum GPs when needed. At the time of our inspection the practice was further supported by a GP registrar. Support is also provided by a locum advanced nurse practitioner, two practice nurses and a health care assistant. The practice is further supported by a practice manager, reception and administrative staff.

Northbourne Surgery is a training practice and has trainee GPs supporting the practice and working alongside the partner GPs.

The practice provides a range of primary medical services to approximately 5600 patients and has a general medical

services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice is open on Monday to Friday between 8am and 6.30pm. Extended hours appointments are available until 8.15pm on Thursdays.

The Care Quality Commission draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality and Outcomes Framework, the National Patient Survey and data from Public Health England. This data shows that the practice provides care and treatment to a higher than average number of patients who are over the age of 65 compared with the average for England. This includes care and treatment to people who are living in a large nursing home and other care homes in the area.

The GPs at this practice have opted out of providing out of hours services to their patients. When the practice is closed out of hours care and treatment is provided by South Western Ambulance Trust. Patients can access this service through the NHS 111 telephone number.

## 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.

Northbourne Surgery was previously inspected by the Care Quality Commission (CQC) in March 2016. In March 2016, we rated the practice as inadequate overall and the practice was placed in special measures.

# Detailed findings

Two requirement notices were made and two warning notices were served. Warning notices are enforcement actions which set out what a provider must do to become compliant with the regulations and the date by when they must comply. The provider gave us an action plan detailing what action they would be taking to meet the regulations.

An inspection in July 2016 was carried out and the Care Quality Commission found the provider had complied with the warning notices. This inspection was carried out to monitor ongoing compliance and determine whether the requirements notices made in March 2016 had been met.

## 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 October 2016. During our visit we:

- Spoke with a range of staff which included GPs, Practice nurses, healthcare assistants and the practice manager and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed surveys where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

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, blood test bottles were not disposed of correctly and birds had pecked open the rubbish bags which had been left on a pavement outside the premises. The practice identified who had been responsible for this and reiterated to all staff and other external health professionals who visited the practice to use clinical waste bins for items such as blood bottles.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. We found the policies had been reviewed and were current and contained relevant information for 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 were trained to child protection or child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had purchased data trackers for the medicine fridges, which recorded the temperature of the fridges constantly. The information from the data trackers could be downloaded onto a computer to show the temperature range over a selected period of time. This allowed staff to demonstrate fridge temperatures were within safe limits. We noted that another medicine fridge had been purchased, which enable staff to stored medicine correctly.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

## Are services safe?

One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- At our inspection in March 2016 we found there were shortfalls in ensuring that appropriate recruitment checks were carried out and recorded prior to a member of staff commencing employment. At this inspection we reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- The practice had protocols such as a recruitment check list; employees' right to work document, confidentiality agreement, new employee health questionnaire, personal details form and a staff induction checklist in place to ensure there was an effective and safe system in place for recruitment.

### Monitoring risks to patients

- Risks to patients were assessed and managed. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- We found that one of the doctor's bags had patient only lancets, which are used when taking blood for blood

sugar levels; this would pose a risk of infection if used on more than one patient. We spoke with the GPs about this and they informed us that these devices were used infrequently.

- 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. We looked at the weekly rotas for all staff and saw that these were in place for at least one month in advance and circulated amongst all staff. The rotas identified areas where shifts were not covered and the practice offered enhanced payments to administration staff to cover shortfalls. There was also clear guidance on how many staff could be on annual leave at any time. Staffing levels were a standing agenda item on the regular clinical meetings.
- At our inspection in March 2016, there were shortfalls with the routine scanning of documents onto the computer system. This had not been fully addressed at our inspection in July 2016, where we found documents had been scanned and coded when needed, and there was still only one person who carried out scanning. At this inspection we found that there was a team of four members of staff who carried out scanning and coding of information onto records. These members of staff had received training to carry out this role. This assured the practice that patients' records were maintained and up to date. There were no outstanding documents which needed to be scanned or coded.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

## Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure

or building damage. The plan included emergency contact numbers for staff. Copies of the plan had been shared with a neighbouring practice and were kept off site in case they needed to be accessed.



# 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.
- Updates on NICE guidelines were a standing item on the clinical meeting agenda and minutes demonstrated how information was cascaded to all relevant staff when needed.

### 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 published results in 2014/15 were 100% of the total number of points available.

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

- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients with diabetes, on the register, in whom the last average blood sugar was acceptable in the preceding 12 months was 87% compared to the national average of 78%.
- The percentage of patients with high blood pressure having regular blood pressure tests was similar to the national average of 84%. The practice achieved 83% in the preceding 12 months.
- Performance for mental health related indicators was better than the national average. For example the percentage of patients with Schizophrenia, Bipolar

Affective Disorder and other psychoses who had a comprehensive agreed care plan documented in their records in the preceding 12 months was 94% compared to the national average of 88%.

At our inspection in March 2016 we found exception reporting was high for several indicators. For example, for cancer patients, the practice had 44% exception reporting in comparison to the CCG average of 17% and a national average of 15%. Patients had not been excepted on an individual basis and in some instances they had been excepted due to their age and being housebound. At this inspection we found patients were excepted on an individual basis and attempts were made to enable them to have appropriate reviews. This included the introduction of home visits by a practice nurse; and GPs or practice nurses contacting patient by telephone to carry out reviews. The practice also liaised with community nurses to provide support and care to housebound patients.

The practice showed us data on how they were performing at the time of this inspection. We noted that there was improvement in reporting and a reduction in exception reporting by 2% for cancer indicators. The practice said their figures for 2015/16 would be similar to the data that we used previously, as the new system for exception reporting and monitoring of QOF outcomes had only been introduced in March 2016.

There was evidence of quality improvement including clinical audit.

The practice had a programme of audits in place for the forthcoming year. We looked at a completed audit of methotrexate prescribing, this is a medicine which requires regular blood tests, as it can affect a patient's blood and put them at risk of infection. The first cycle of the audit was carried out in May 2016; results from this showed that one patient had not been coded as having the required blood test carried out prior to a prescription being issued. The second cycle was carried out in August 2016 and it was found that two patients had been issued a prescription without the correct code being added to their records. The practice wrote to all the patients on methotrexate and enclosed a booklet in which blood tests and doses could be recorded and requested that the booklet was brought to the practice in order for a prescription to be issued.

### Effective staffing



# Are services effective?

## (for example, treatment is effective)

At our inspection in March 2016 we found that staff had not received appropriate training to carry out their role and not all staff had received an appraisal. At this inspection we found:

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. New staff were reviewed at two, four and six week intervals and at the end of probation at six months; we saw this was recorded in staff files.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff apart from one had received an appraisal within the last six months. An appraisal had been planned for the one staff member who had recently returned to work after a period of sickness. The practice used pre-appraisal questionnaires as the basis for the appraisal. Training needs and areas of development were discussed and an action plan put together and signed by both parties. Documentation in staff files confirmed this had occurred.

### 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 people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

## Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates were comparable to CCG averages. For example, childhood immunisation rates given to under two year olds ranged from 96 -100 % in comparison to a CCG average of 94-97% and five year olds from 94% to 98% comparable to a CCG average of 92-98%.

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.

We spoke with eight patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, concerns were raised about the appointment system and the need to speak with a GP first before seeing a GP or nurse. After the inspection the practice clarified that patients were able to book an appointment with a nurse directly without the need to speak with a GP.

Latest results from the Friends and Family test from June to August 2016 showed that 95% of patients would recommend the practice to others. Positive comments included that staff were friendly and efficient. There were some negative comments on not being able to book an appointment with a GP.

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

- 83% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 86% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.

- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 76% said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 87% said they found the receptionists at the practice helpful compared to the CCG average of 90% and 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. For example, the practice provided care and support for patients living with dementia in a care home and we saw examples of best interest decisions related to medicines, where relevant family members and health professionals had been involved in the decision making process.

Results from the national GP patient survey in July 2016 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:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

## Are services caring?

- 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.

### **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 185 patients as carers (3% of the practice list). Written information was available to direct carers to 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 was involved in trialling electronic transfer letters and requesting blood test electronically with local hospitals.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There was a hearing loop and translation services available.
- The premises and services had been designed to meet the needs of people with disabilities. The practice was accessible to patients with mobility difficulties as facilities were available on one level. Some GP consulting rooms were on the first floor; however there were arrangements in place for GPs to see patients in a ground floor room as required.
- There were automatic entrance doors and access enabled toilets with baby changing facilities. There was space in the waiting area for wheelchairs and prams. However we noted that the reception desk was at a high level which could create a barrier to people who use wheelchairs. An action plan provided on the day of inspection contained details of plans and funding application to change this.

### Access to the service

The practice was open from 8am to 6.30 pm Monday to Friday. Extended hours appointments were available on Thursday evening until 8.15pm. Appointments were available from 8.30am to 11.30am and from 2pm to 5.30pm on weekdays. These could be accessed by GPs who would

telephone triage patients and then arrange for them to be seen by either a GP or a practice nurse dependent on their needs. The GPs provided telephone appointments between morning and afternoon surgeries. Home visits were available for patients that needed them.

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

- 73% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 86% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice
- We saw that information was available to help patients understand the complaints system on their website and in the form of leaflets.

We looked at 16 complaints received since April 2016 and found these were satisfactorily handed and dealt with in a timely way, with openness and transparency. The practice had implemented a quarterly complaints review meeting and records showed that lessons were learnt from individual concerns and complaints. Action was taken as a

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

result to improve the quality of care. For example, a patient considered they had not received sufficient information on the merger with another practice and a letter of apology was sent along with information on how the merger would affect patients.

# Are services well-led?

Requires improvement 

(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 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.
- The practice were in the process of merging with another practice and had made sure all patients were informed of the progress with the merger and the 'go live' date of January 2017.
- Suitable arrangements had been made to involve all staff on both sites in the process and cross site policies and procedures had been introduced for all staff. When the merger is completed, GPs will work across both sites and nurses will be given the opportunity to do the same.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. All policies related to the running of the practice had been reviewed and updated since our inspection in March 2016 and a further review date was set for January 2017.
- 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, but this required further improvement to capture the views of patients. It proactively sought patients' feedback and engaged patients in the delivery of the service.

# Are services well-led?

Requires improvement 

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

- The practice had a patient participation group in place, who had met formally once since the previous inspection in March 2016. There were limited action plans in place to demonstrate how the PPG planned to develop in the future.
- Information from complaints and surveys was also used to gather patients' views. Action plans were in place to address common themes and had recently been implemented.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. Staff commented that GPs were receptive and listened to staff ideas for change and would implement them where possible.
- At our inspection in March 2016, we found that reception staff were not aware which staff were in the building which meant they could not effectively direct

patient queries or be able to account for all staff should there be an emergency evacuation. We checked the signing in book and found that all staff, apart from the GPs, had signed in and out over the preceding month.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice nurse undertook afternoon visits once a month to housebound patients with long term conditions to review their care and carry out annual reviews for Quality and Outcomes framework indicators. The practice was involved in a phlebotomy project run by Poole Hospital where blood tests were requested on an electronic system, to minimise use of paper forms. The practice was also involved in piloting electronic transfer letters with the Royal Bournemouth Hospital. In the community, Northbourne Surgery had hosted a diabetic education day and was working with other GP practices, Public Health England and the local authority on plans for a new health centre.