

Talbot Medical Centre

Quality Report

Talbot Medical Centre,
63 Kinson Road ,
Wallisdown
Bournemouth,
Dorset
BH10 4BX
Tel: 01202 636400
Website: www.talbotmedicalcentre.co.uk

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

| | | |
|--------------------------------------------|------|---------------------------------------------------------------------------------------|
| Overall rating for this service | Good |  |
| Are services safe? | Good |  |
| Are services effective? | Good |  |
| Are services caring? | Good |  |
| Are services responsive to people's needs? | Good |  |
| Are services well-led? | Good |  |

Summary of findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection August 2016 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

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 Talbot Medical Centre on 9 February 2018 as part of our inspection programme.

At this inspection we found:

- Talbot Medical Centre had merged with another practice in January 2017. The practice had increased the patient list size, taken on an additional branch practice known as Northbourne Surgery and employed additional staff.
- 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.
- The practice met with Bournemouth University's student union four times a year to capture feedback and discuss improvement of provision of services for patients who attended university.
- 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 used the Electronic Frailty Index (EFI) for patients over 65 years to help identify and predict risks for older patients in primary care. Patients

Summary of findings

identified as living with severe frailty were also reviewed every month at multi-disciplinary meetings in order to co-ordinate care to meet individual needs.

- The practice used a text message system to remind patients of appointments.
- The practice helped to establish the Dorset Acute Integrated Respiratory Service (DAIRS) which provides support and services for patients with chronic respiratory diseases across Dorset. These services included the ability for patients to self-refer to hospital, receive intravenous antibiotics at home, access specialist clinics, and access educational and exercise groups.
- The practice has a 'dementia friendly' status which they achieved by ensuring all staff had undertaken

dementia training and modifications had been made to the signage and toilets at the location to help patients with dementia find their way around the building more easily.

- The practice offered an 'open access' emergencies surgery' between 9am until 11.30am and 3pm until 5.30pm Monday to Friday, for patients to attend without a pre-booked appointment.

The areas where the provider **should** make improvements are:

- Continue to review the processes for patients with long term conditions to improve uptake of reviews by patients for better health outcomes.

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

Talbot 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 and a second CQC inspector.

Background to Talbot Medical Centre

Talbot Medical Centre is situated in the Wallisdown area of Bournemouth. The practice has an NHS general medical services contract to provide health services to approximately 24,732 patients. Approximately 8,913 of these are university students who mainly visit the branch practice, located at Bournemouth University during term time. The provider was also called Talbot Medical Centre

The practice is registered to provide regulated activities which include:

Treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services and diagnostic and screening procedures.

The practice provides services from the location known as Talbot Medical Centre and at the branch practices; Bournemouth University Medical Services and Northbourne Surgery:

Talbot Medical Centre,
63 Kinson Road ,
Wallisdown
Bournemouth,

Dorset

BH10 4BX

And

Bournemouth University Medical Services

Talbot House,

Gillett Road,

Talbot Village,

Poole,

Dorset

BH12 5BF

And

Northbourne Surgery,

1368 Wimborne Road,

Bournemouth,

Dorset

BH10 7AR

www.talbotmedicalcentre.co.uk

We visited Talbot Medical Centre and Northbourne Surgery branch during this inspection.

The practice population is in the fifth most deprived decile for deprivation. In a score of one to ten the lower the decile the more deprived an area is. The average life expectancy is comparable to the national average. There is a higher than average percentage of patients between the ages of 18 and 25 due to the university branch surgery. Over half of the practice population is under 35 years old.

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 set 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.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. For example, GPs and health visitors attended child protection meetings every six weeks. 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. An infection prevention and control audit had been completed in September 2017 and had demonstrated overall compliance with the practice's infection prevention and control policy and procedures. The policy had last been reviewed by the infection prevention and control lead in June 2017. Action had been taken to improve infection prevention

and control. For example, at the branch practice, clinical rooms and communal areas had been repainted and fabric chairs had been replaced with chairs that were easily cleanable.

- 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.

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 across the location and branches.
- 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. Administration staff were able to describe what action they would take in a medical emergency if a patient required immediate medical attention.
- 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

Are services safe?

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. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- 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.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

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 and shared lessons, identified themes and took action to improve safety in the practice. The practice had documented 46 significant events in the last 12 months. On each occasion relevant actions had been

taken to improve quality of care. Lessons learned had been discussed with relevant staff and during meetings. For example, a GP was asked to contact a 16 year old patient regarding contraception; however, the practice only had the telephone number of the patient's parent. The GP did not consider it appropriate to contact the parent without the patient's consent, which was requested and given. The practice subsequently changed their policy and procedure to ensure all teenage patients were asked to confirm their preferred contact telephone number. Teenage patients who preferred to be contacted via their parents were asked to confirm their consent for this.

- 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.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training 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.
- 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

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.
- 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 their medicines.
- 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 used the Electronic Frailty Index (EFI) for patients over 65 years to help identify and predict risks for older patients in primary care. Patients identified as living with severe frailty were also reviewed every month at multi-disciplinary meetings in order to co-ordinate care to meet individual needs.
- 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:

- 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.
- The practice offered regular clinics with a respiratory nurse specialist to review patients with chronic obstructive pulmonary disease, a breathing disorder.
- The practice offered monthly clinics with a diabetes nurse specialist from the local acute trust to review patients with complex diabetes.

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 above the target percentage of 90% in two out of four areas. The practice were below the target percentage of 90% for providing children with the Haemophilus influenza type b, Meningitis C booster vaccine and pneumococcal booster. We discussed this with the practice who believed that these statistics were an error in data collection. The practice told us that all children were invited for immunisations and telephoned by the practice if they had not attended an appointment.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 100%, which was above the 80% coverage target for the national screening programme.
- The practice worked closely with Bournemouth University's Wellbeing service, which is co-located with the Bournemouth University Medical Services branch, and met with them every three months. The practice were able to refer students to the wellbeing service which provides support to patients who are experiencing poor mental health including talking therapies and an eating disorder clinic.

Are services effective?

(for example, treatment is effective)

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- 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:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. For example, patients at the end of their life were reviewed as frequently as needed including at monthly meetings attended by GPs, community matron, district nurses, and social services.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average.
- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.
- 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 (practice 94%; CCG 90%; national 91%) was comparable to the national average.

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. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice undertook an audit in January 2017 to review antibiotic

prescribing for patients presenting with an acute cough. The aim was to measure compliance with National Institute of Clinical Excellence (NICE) Guidance. Results showed the practice had achieved 94% compliance with the guidelines. The practice then reviewed patients' notes who had received treatment during this period and NICE guidance during a clinical meeting to discuss prescribing patterns. When the practice undertook a second audit in February 2017 results showed the practice was 100% compliant with NICE Guidance when prescribing antibiotics for patients who had an acute cough. The aim was to ensure antibiotics were necessary and relevant for the patients' condition.

The most recent published Quality and Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 95%. QOF is a system intended to improve the quality of general practice and reward good practice. The overall exception reporting rate was 21% compared with a national average of 10%. 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. The practice was aware of the overall exception report rate and was working to improve processes for inviting patients to appointments. For example, results showed exception report rate for diabetes was 24% compared to the national average of 11%. The practice subsequently redesigned the process to invite patients with diabetes for health checks which involved seeing the health care assistant in the first instance to undertake initial checks. Patients whose diabetes was well controlled were reviewed by a GP annually, patients whose diabetes was not well controlled were reviewed by the GP every three months. The practice now called patients who had not attended a diabetes review and hoped this would improve exception reporting data.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. We looked at two full cycle clinical audits and saw evidence that care and treatment had been subsequently improved. For example, the practice had undertaken an audit in May 2017 following a warning issued by the Medical and Healthcare products Regulatory Agency (MHRA). The

Are services effective?

(for example, treatment is effective)

audit identified a named medicine used in the treatment of leg cramps. Guidance included suggesting the medicine should be interrupted every three months to reassess the benefit of patients taking the named medicine long term and consider a trial discontinuation. The practice identified 95 patients who were taking the named medicine on repeat prescription and ensured all were reviewed. The practice also removed the named medicine from the repeat prescriptions list to reduce risks to patients. When the practice undertook a second audit in January 2018 results showed an 80% reduction of patients who were receiving the medicine on repeat prescription. We saw the majority of those patients had discontinued to use the medicine.

Effective staffing

The practice had 12 GP partners, three salaried GPs and a GP registrar. The practice was a training practice for doctors training to be GPs. The practice also employed two nurse practitioners, four practice nurses and four health care assistants. The management team consisted of five staff members, including the practice manager who were supported by 30 administrative and secretarial staff.

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.

- 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. For example, the practice held face to face training for all staff at the practice every six weeks.
- 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 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.
- 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 carers.
- 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 supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, 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.

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

- The practice monitored the process for seeking consent appropriately.

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.
- Six of the nine patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice. The three other comment cards we received described patients' frustration regarding waiting times to be seen by a clinician during the 'emergency sit and wait' clinic.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. A total of 391 surveys were sent out and 106 were returned. This represented about 0.5% of the practice population. The practice results were comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% 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%.
- 86% of patients who responded said the GP gave them enough time; CCG - 89%; national average - 86%.
- 93% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 82% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 89%; national average - 86%.

- 95% of patients who responded said the nurse was good at listening to them; (CCG) - 94%; national average - 91%.
- 96% of patients who responded said the nurse gave them enough time; CCG - 94%; national average - 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 96% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 93%; national average - 91%.
- 84% of patients who responded said they found the receptionists at the practice helpful; CCG - 90%; national average - 87%.

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.
- 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 proactively identified patients who were carers through discussion during appointments and when registering new patients. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 366 patients as carers (1.5% of the practice list).

- We saw information was available in the waiting room and on the practice website for carers and staff signposted carers on how to access local services and external support.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call

Are services caring?

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 in line with local and national averages:

- 87% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 90% and the national average of 86%.
- 83% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 86%; national average - 82%.

- 91% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 83% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

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 improved services where possible in response to unmet needs.
- The practice used a text message system to remind patients of appointments. Patients were able to use this service to cancel appointments if they were no longer required.
- The practice offered an 'open access' emergencies surgery' between 9am until 11.30am and 3pm until 5.30pm Monday to Friday, for patients to attend without a pre-booked appointment.
- The practice offered extended services to patients across the locality including the removal off sutures and Methicillin Resistant Staphylococci Aureus, (a bacteria resistant to antibiotic treatment which can lead to poor healing in wounds), screening before a patient underwent a routine surgical operation.
- The facilities and premises were appropriate for the services delivered.
- The practice helped to establish the Dorset Acute Integrated Respiratory Service, which provided support and services for patients with chronic respiratory diseases across all of Dorset. These services included the ability for patients to self-refer to hospital, receive intravenous antibiotics at home, access specialist clinics, and access to educational and exercise groups.
- The practice made reasonable adjustments when patients found it hard to access services. For example,

GPs, nurses and health care assistants visit patients at home if they were unable to visit the practice to provide treatment, immunisations, to take blood samples and to monitor blood pressure.

- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and 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.

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.
- There were regular clinics with a respiratory nurse specialist to review all patients with Chronic Obstructive Pulmonary Disorder, a breathing disorder.

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.

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

Are services responsive to people's needs?

(for example, to feedback?)

- 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 appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Patients were able to book appointments and request prescriptions online.
- The practice offered a range of family planning services including contraceptive coil fitting. This was not going to be available for new patients until April 2018 due to funds not being available.
- Family planning services were offered during extended hours appointments.
- Students could also visit Talbot Medical Centre or Northbourne Surgery for their appointment if this was more convenient, rather than the site on the university campus.
- The practice met with Bournemouth University's student union four times a year to capture feedback and discuss improvement of provision of services for patients who attended university.

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.

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 had a 'dementia friendly' status which they achieved by ensuring all staff had undertaken dementia training. Modifications had been made to the signage and toilets at the location to help patients living with dementia find their way around the building more easily.

- 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.

Timely access to the service

Talbot Medical Centre was open from 8am until 6.30pm Monday to Friday; appointments were available during these times. Extended hours were available from 6.30pm until 8.15pm at the location every Tuesday and Thursday. The Bournemouth University branch was open from 8.45am until 5pm Monday to Friday during term time only. The Northbourne Surgery branch was open from 8am until 6pm. When the practice is closed patients are requested to call the NHS 111 Service for out of hours services.

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

- 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.
- The appointment system was easy to use.

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.

- 81% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 76%.
- 81% of patients who responded said they could get through easily to the practice by phone; CCG - 84%; 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 - 90%; national average - 84%.
- 85% of patients who responded said their last appointment was convenient; CCG - 88%; national average - 81%.

Are services responsive to people's needs?

(for example, to feedback?)

- 79% of patients who responded described their experience of making an appointment as good; CCG - 82%; national average - 73%.
- 49% of patients who responded said they don't normally have to wait too long to be seen; CCG - 62%; national average - 58%. When we discussed this with patients they explained they did not have to wait too long to be seen for a pre-booked appointment but waiting times for the 'sit and wait' clinics could be longer than anticipated. Patients and staff confirmed that all patients who attended the 'sit and wait' clinic were seen by a nurse or GP.

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. A total of 43 verbal or written complaints were received in the last year. We reviewed three 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. The practice received a complaint from a patient who had experienced a delay in being issued with a repeat prescription for a high risk medicine. All patients taking this medicine were required to undertake regular blood tests at the practice and have these results recorded within a book before GPs could authorise the correct prescription. The delay had been identified, the medicine monitoring book had been signed and a prescription issued. On this occasion the delay in issuing the prescription had occurred because the practice believed that the patient still had the medicine monitoring book but it was later found at the practice. The practice wrote an apology to the patient and introduced a new procedure for receiving medicine monitoring books to include a signature and date of receipt by staff. All high risk medicine monitoring books were kept in the same place and staff ensured GPs signed the books, following blood test results, in a timely manner to avoid delays of issuing repeat prescriptions.

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.

- In January 2017 the practice had merged with another practice and taken over the patient list for a branch site at Northbourne Surgery. Leaders had successfully managed the merger by restructuring roles and responsibilities of staff and managers. Structures, processes and systems to support good governance and management were understood and implemented by staff. We saw the practice had involved patients and staff with the development of future improvements to the services provided to patients.
- 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. For example, the practice worked closely with Bournemouth

University's Wellbeing service, which is co-located with the Bournemouth University Medical Services branch, and met with them every three months. The practice were able to refer students to the wellbeing service which provides support to patients who are experiencing poor mental health including talking therapies and an eating disorder clinic.

- 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. We saw the practice had implemented positive changes to the care and treatment of patients following reviews of complaints and significant event analysis. Lessons learned had been shared with staff on each occasion. 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 need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. 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.

Are services well-led?

Good 

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

- 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.
- The practice manager visited the branch sites each week and had a formal meeting with the reception manager of Northbourne Surgery branch every week. Staff who did not work across all sites told us they felt supported by managers and received regular updates about changes to policies and procedures via email and during team meetings.
- 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.

- 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 MHRA 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 robust 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, patients had offered feedback regarding the

Are services well-led?

Good 

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difficulty they were experiencing getting through to the practice on the telephone. As a result, the practice had introduced another telephone line and employed three additional administrators to answer calls from patients.

- There was an active patient participation group.
- The practice met with Bournemouth University's student union four times a year to capture feedback and discuss improvement of provision of services for patients who attended university.
- The practice produced a patient newsletter each month that was available on the practice website. The newsletter contained information about clinics, friends and family test results and information for patients who were carers.
- 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.
- 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.