

Northbourne Surgery

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



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 13 and 20 May 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice required improvement for providing safe, effective and well led services. We found the practice was good at providing caring and responsive services to its patients. It also required improvement for providing services for 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 and people experiencing poor mental health (including people with dementia).

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Data showed patient outcomes were above average for the locality and higher than the average for England.
- Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Urgent appointments were usually available on the day they were requested. Patients said they did not have a long wait for non-urgent appointments.
- The practice had a number of policies and procedures to govern activity, but some of these were over three years old and one was over 12 years old and had not been reviewed since.
- Governance issues were discussed at GP meetings, however regular staff meetings did not take place.

Summary of findings

- The practice had achieved 99.7% of the total QOF target April 2013 to March 2014, which was above the national average of 94.2%.

The areas where the provider must make improvements are:

- Ensure there are formal governance arrangements in place and staff are aware how these operate. To include audits of the practice and completed clinical audit cycles.
- Ensure risks relating to the health and safety of patients and staff are assessed and monitored. Including risks associated with staff absence and the delegation of their work.
- Ensure that the infection control procedures at the practice are audited and take appropriate action to address any shortfalls.
- Ensure all staff have appropriate policies, procedures and guidance to carry out their role.
- Ensure that blank prescription forms are handled in line with current national guidance, tracked through the practice and kept securely at all times.
- Ensure that all communications relating to the health of patients are constantly monitored and that systems are reviewed to ensure they are dealt with without delay.
- Ensure there are sufficient numbers of staff deployed to meet the needs of the practice, in order to keep patients safe at all times. Clarify the leadership structure and ensure there is leadership capacity to deliver the improvements necessary, as identified in this report.
- Ensure that all staff who act as chaperones have been subject to a risk assessment or received checks through the Disclosure and Barring Service.

In addition the provider should:

- Make sure staff can identify that any electrical equipment they use has been tested for safety.
- Introduce a system to ensure that all safety alerts are communicated to all staff promptly and an audit record is kept of who has read them.
- Ensure there are mechanisms in place to seek feedback from staff and this feedback is responded to and regular discussions are recorded.
- Ensure the practice has an easily accessible system for recording all staff training.
- Ensure details of how to access out of hours care is included on the practice website.
- Ensure there is a written protocol to guide staff in their role as chaperone.

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 requires improvement for providing safe services. Staff understood the system around reporting incidents, near misses and concerns. However, when things went wrong, reviews and investigations were not thorough enough and lessons learned were not communicated widely to staff to support improvement.

We found that systems and processes to address risks had not been implemented. For example infection control procedures had not been audited and the safety of blank prescription forms had not been considered.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services. Data showed patient outcomes were at or above average for the locality.

Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. There was little evidence of completed clinical audit cycles or that audit was driving improvement in performance to improve patient outcomes.

Multidisciplinary working was taking place and GPs and nurses had regular meetings with other health professionals to discuss patient care.

Staff had received training appropriate to their roles and any further training needs had been identified and organised. There was evidence of appraisals and personal development plans for staff, however the appraisals for nursing staff and practice manager had not taken place within the last 12 months.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice similar to other practices for several aspects of care. Patients said they were treated with understanding, 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with local practices and the Clinical Commissioning Group to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that 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 that the practice responded promptly to issues raised.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led. It had a vision and a strategy but not all staff was aware of this. There was a documented leadership structure and staff felt supported by management.

The practice had a number of policies and procedures to govern activity, but some of these were overdue a review. The practice health and safety policy was dated 12 years ago and there was no evidence to show that this had been reviewed. A number of other policies and procedures were not dated so we were not assured that they reflected current practice

The practice proactively sought feedback from patients and had made efforts to establish an effective patient participation group. There had been a lack of staff meetings for reception and administrative teams in recent months.

Requires improvement



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 practice held multi-disciplinary palliative care meetings each quarter to discuss the health and social care needs of patients with complex medical needs and those at end of life.

The practice offered proactive, personalised care to meet the needs of the older people in its population, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Data showed the practice provided care and treatment to a higher than average number of patients who were over the age of 65 compared with the average for England. This included care and treatment to people who were living in a large nursing home and other care homes in the area.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the population group of people with long term conditions. The practice was aware of those patients with long term conditions and had processes in place to make urgent referrals to secondary care should it be necessary or to provide longer appointments or home visits where needed. All these patients had annual reviews to check their health and medication needs were being met.

The practice maintained good communication with community and specialist services, where appropriate, for support in the management of patients with long term conditions.

Requires improvement



Families, children and young people

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

The practice held quarterly meetings with health visitors to discuss any child safeguarding issues and had good links to discuss any issues between meetings. We saw minutes of meetings where vulnerable families had been discussed. The practice followed up any non-attendance for routine child immunisations and for paediatric outpatient hospital appointments and kept the health visiting team informed.

Requires improvement



Summary of findings

Pre-bookable, same day and emergency appointments were available outside school hours. Sick children were prioritised for same day emergency appointments.

When under-fives were registered with the practice the electronic system created an automatic task for the practice to make the health visitor aware.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age patients and those recently retired. Appointments were available on Monday evenings for those patients who could not attend during normal working hours. Appointments were regularly monitored and access to urgent appointments altered according to demand, for example just before a bank holiday. The practice encouraged the use of telephone appointments and the use of online ordering for prescriptions. Patients could book appointments online and could get a text message reminder of for their appointment.

Requires improvement



People whose circumstances may make them vulnerable

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

The practice kept a record of patients who had a learning disability; these patients were all offered an annual health check. The practice had carried out health checks for a large proportion of these patients. The GPs often conducted health checks in the patient's own home, in a familiar environment.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of patients experiencing poor mental health (including dementia).

The practice hosted a counsellor at the practice two days a week. This gave patients easy access to this self-referral service.

The GPs worked together to support patients with poor mental health. One of the GPs gave us examples of how they responded to patients experiencing a mental health crisis, including supporting them to access emergency care and specialist treatment.

The practice had good links and communication with the hospital specialist Psychogeriatrician who was able to offer advice and support to practice staff in the management of their patients.

Requires improvement



Summary of findings

What people who use the service say

We spoke with three patients on the first day of our inspection and four at our second visit. We did not receive any comments from patients on the comment cards which had been available to patients in the two weeks leading up to our inspection.

We spoke with patients from a number of population groups. These included mothers and children, people of working age, people with long term conditions and people aged over 75 years of age or their carer.

Patients were very complimentary about the practice staff who they said were helpful, friendly and respectful. All patients we spoke with spoke positively about the practice and their ability to provide an appointment promptly. One patient praised the caring attitude and patience of the GP who cared for their parents.

All three of the patients we spoke with had called the practice that morning and had been given an appointment. Patients commented positively on the way GPs and nurses listened to them and the way they explained their diagnosis or medicines in a way they could understand.

Results from the NHS England GP survey published in January 2015 also showed that 84% of those patients surveyed felt that their overall experience of the practice was either good or very good. The friends and family test completed by patients of the practice showed that over the months January 2015 to April 2015, 42 patients out of 48 would be extremely likely or likely to recommend the practice to friends and family.

Areas for improvement

Action the service **MUST** take to improve

- Ensure there are formal governance arrangements in place and staff are aware how these operate. To include audits of the practice and completed clinical audit cycles.
- Ensure risks relating to the health and safety of patients and staff are assessed and monitored. Including risks associated with staff absence and the delegation of their work.
- Ensure that the infection control procedures at the practice are audited and take appropriate action to address any shortfalls.
- Ensure all staff have appropriate policies, procedures and guidance to carry out their role.
- Ensure that blank prescription forms are handled in line with current national guidance, tracked through the practice and kept securely at all times.
- Ensure that all communications relating to the health of patients are constantly monitored and that systems are reviewed to ensure they are dealt with without delay.
- Ensure there are sufficient numbers of staff deployed to meet the needs of the practice, in order to keep

patients safe at all times. Clarify the leadership structure and ensure there is leadership capacity to deliver the improvements necessary, as identified in this report.

- Ensure that all staff who act as chaperones have been subject to a risk assessment or received checks through the Disclosure and Barring Service.

Action the service **SHOULD** take to improve

- Make sure staff can identify that any electrical equipment they use has been tested for safety.
- Introduce a system to ensure that all safety alerts are communicated to all staff promptly and an audit record is kept of who has read them.
- Ensure there are mechanisms in place to seek feedback from staff and this feedback is responded to and regular discussions are recorded.
- Ensure the practice has an easily accessible system for recording all staff training.
- Ensure details of how to access out of hours care is included on the practice website.
- Ensure there is a written protocol to guide staff in their role as chaperone.

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 and a specialist advisor in practice management.

Background to Northbourne Surgery

Northbourne Surgery is located at 1368 Wimbourne Road, Dorset BH10 7AR, 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 practice's 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 and one female GP partners a female salaried GP and at the time of our inspection they were further supported by a GP registrar. The GPs in total provide the equivalent of approximately four full time GPs. Support is also provided by 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 5895 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 Tuesday to Friday between 8.00am and 6.30pm. There is late opening on a Monday when the practice is open from 8.00am until 8.00pm.

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.

This practice was inspected in June 2014 as part of our new inspection programme to test our approach going forward. At that inspection we found that the practice's recruitment procedure did not specify the appropriate checks which must be carried out on all staff employed by the service and that any checks must be recorded appropriately. The practice sent us an action plan which included the changes they would make to improve their recruitment procedure.

At this inspection we saw the policy and procedure for recruitment had been updated, however this had not been tested as no new staff had been employed since our last visit.

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 West Ambulance service. Patients can access this service through the NHS 111 telephone number. However details of how to access out of hours care was not detailed on the practice website.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. 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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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.

How we carried out this inspection

Before visiting Northbourne Surgery we reviewed a range of information we hold. We also received information from local organisations such as NHS England, Healthwatch and the Dorset Clinical Commissioning Group. We carried out announced inspection visits on 13 and 20 May 2015. We undertook the inspection over two days as we did not have a GP specialist advisor on the first day. During our inspection we spoke with patients and a range of staff, including two of the GP partners, practice nurses, the practice manager and reception and administration staff. We asked the practice to send us information about themselves, including their statement of purpose, how they

dealt with and learnt from significant events, the roles of the staff and any examples of completed clinical audit cycles which had been used to assess performance and improve patient outcomes.

We looked at the outcomes from investigations into significant events and audits to determine how the practice monitored and improved its performance. We checked to see if complaints were acted on and responded to. We looked at the premises to check the practice was a safe and accessible environment. We looked at documentation available such as monitoring tools and policies and procedures for training, recruitment, maintenance and cleaning of the premises.

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 patient's needs?
- Is it well-led?

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

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

Are services safe?

Our findings

Safe track record

The practice prioritised safety and used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. For example a member of staff had recorded a safety concern around the immunisation of a small child who may not sit still and the risk to staff and parents of a needle stick injury. This had been discussed and policy changed with nurses assured that they could refuse to administer the vaccine if there was any concern about being able to complete the procedure safely.

We reviewed safety records, incident reports and minutes of meetings where these were discussed, for the last 12 months. This showed the practice had managed these over time and could show they had a safe track record. However we had concerns that the system of recording, analysis and monitoring of significant events, incidents and complaints was not always complete. We saw from practice meeting minutes that these had been discussed but did not give any details. It was not always possible to track the actions or lessons learnt as some of the dates on the event analysis forms or complaints record did not match those recorded in meeting minutes.

Medicines and healthcare products regulatory agency safety alerts were received into the practice through the practice manager's email account and one of the GPs told us they received alerts directly. There was no system to ensure that the alerts were disseminated to all relevant staff if the practice manager was absent from the practice as the practice manager's emails were not monitored. There was no record of the alerts received and no record of who had seen or taken action on them.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. Records were kept of significant events that had occurred and a record of the last 12 months was made available to us. Significant events and complaints were discussed at weekly meetings held with the GPs and practice manager. This provided GPs and the practice manager the opportunity to discuss any incident and to record any

actions. Records showed that appropriate learning had taken place in most cases. However there were some significant event analysis forms that had not been fully completed. Others recorded that they were awaiting further information. One of these events in June 2014 had recorded that a response was awaited from the general hospital. There was no system in place to monitor or follow up these records to ensure they had been completed and conclusions reached. Some findings were disseminated to relevant staff but not shared widely for learning.

We saw staff meeting minutes from July 2014 where the definition of a significant event was discussed with reception and administration staff, no specific examples had been discussed. Staff were unhappy about how significant events had been discussed in the past. They agreed it should be done in a sensitive way and not to apportion blame. There were no further records of staff meetings to demonstrate how they events and complaints had subsequently been disseminated, although some staff told us that they often received details of complaints in the form of an email memo detailing what had happened and what future actions were required.

Staff, including receptionists, administrators and nursing staff were aware of the system for raising issues. We saw forms recording significant events had been completed by different staff groups. Incident forms once completed were dealt with by the practice manager who shared them with the GPs for discussion and action.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. Training records showed that all staff had received relevant role specific training on safeguarding. This had been done for most staff during the protected learning afternoons organised by the practice. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information and properly record any safeguarding concerns. Details of how to contact the relevant agencies in working hours and out of normal hours were easily accessible.

The practice had a dedicated GP as the lead in safeguarding vulnerable adults and children. They had

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been trained in both adult and child safeguarding and could demonstrate they had the necessary competency and training to enable them to fulfil these roles. All GPs had achieved level three training in the subject. All staff we spoke with were aware who the lead was and who to speak with in the practice if they had a safeguarding concern. We were told that any new staff would attend safeguarding training the next time it formed part of the practice's protected training afternoons. There was no requirement for staff to complete safeguarding training as part of their induction. It was possible that any new member of staff could wait for over a year to have any recognised training in the subject.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues, such as looked after children, which needed to be considered when patients attended appointments; for example those children who repeatedly failed appointments for immunisation were discussed with the health visiting team. There was active engagement in local safeguarding procedures and effective working with other relevant organisations including health visitors and the local authority.

There was a chaperone policy in place at the practice, this policy was not visible in the waiting room and details were not available on the practice web site. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). GPs were clear that they always offered a chaperone for all relevant procedures.

All nursing staff, including health care assistants, acted as a chaperone. We were told that reception staff would be asked to chaperone if nursing staff were not available. However receptionists had not received Disclosure and Barring Service (DBS) checks. (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 had risk assessed the need for reception staff to have DBS checks however this risk assessment did not take into consideration their role as chaperones. We were also told that chaperones had been instructed to remain

outside the curtain during examinations. This did not ensure that patients or GPs were protected as chaperones were not witness to the examination. There was no written protocol to guide staff for their role as chaperone.

We highlighted this issue at our last inspection in June 2014 when the practice told us they were waiting for guidance on the subject from the Local Medical Committee. However we were told at this inspection that until appropriate checks were in place the practice would use only clinical staff, GPs, nurses or the health care assistant as chaperones.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed room temperature and fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. However at our visit on 13 May 2015 we found that blank prescription forms for use in printers were not handled in accordance with national guidance as they were not tracked through the practice and kept securely at all times. We brought this to the attention of the practice who immediately following the visit informed us that these had been moved to a locked cupboard in a locked room. The practice did not provide us with any details of how the prescription forms were tracked within the practice.

There was a system in place for the management of high risk medicines such as warfarin and other disease modifying drugs. Following a medicines and healthcare products regulatory agency alert the GPs had met to develop a plan to ensure patients taking a 5mg dose of warfarin were identified and contacted. This was in order to make them aware that it was no longer a recommended

Are services safe?

tablet strength and to explain the need to change to a different strength of their medicine. This showed there was regular monitoring of medicines in accordance with national guidance.

The nurses used patient group directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We saw a core PGD and a set of PGDs that had been updated appropriately and signed by the nurses and the GP. The health care assistant administered vaccines and other medicines using Patient Specific Directions (PSDs) that had been produced by the prescriber. We saw evidence that nurses and the health care assistant had received appropriate training and been assessed as competent to administer the medicines referred to either under a PGD or in accordance with a PSD from the prescriber.

Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

There was an infection control policy and supporting procedures available for staff to refer to. However the policy and procedures had not been reviewed for a number of years. For example the waste policy was dated September 2011 and the hand hygiene policy was dated July 2012. Guidance for staff included 'Environmental Cleaning and Maintenance in General Practice Guideline's which was dated 2010. There was no reference or awareness expressed about the Health and Social Care Act Code of Practice on the prevention and control of infections and related guidance which describes the criterion for practices to comply with in relation to the management and monitoring of infection control procedures.

Although nursing staff completed checks of the cleaning of their treatment room we found there were no recorded audits of infection prevention and control procedures in place at the practice. The practice's policies in relation to infection control also stated that audits of infection control such as: waste management, cleaning standards and hand hygiene were to be audited annually. These had not been done. The practice had not produced an annual infection control statement. The lack of audit and overdue review of infection control policies were brought to the attention of

the provider at our last inspection. The practice told us that a new lead for infection control had been identified and they were waiting for appropriate training. No further action to improve had been taken by the practice since our last inspection and the new lead had not accessed training to enable them to take up their lead role.

The practice consulting rooms had disposable privacy curtains. These curtains were marked with the date they had been fitted which was 27 May 2014 one curtain was not dated at all. There was no guidance available to staff about the frequency these disposable curtains should be replaced. Recognised guidance is that these should be replaced at least every six months.

Personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these. The practice used single use equipment wherever possible.

We saw there were appropriate waste disposal procedures in place in the treatment room with appropriately labelled clinical waste bins and medicines and sharps waste containers. The practice had a contract with a waste disposal company to collect and dispose of clinical and medicines waste.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had a risk assessment for the management, testing and investigation of Legionella (a bacterium found in the environment which can contaminate water systems in buildings) and had decided that the risk was sufficiently low to make formal testing unnecessary.

The risk assessment had been carried out and reviewed by the practice manager. The practice had a system for monitoring the ongoing risk and had a schedule of checks they made of the water temperature and flushing of little used water outlets to minimise risk. There was no written record of these checks or preventive measures.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs that confirmed this. All portable

Are services safe?

electrical equipment had been tested but did not display stickers to indicate the last testing date. Staff could not be sure that the equipment was safe to use. The practice manager had a list of the tested electrical items but there was no way of identifying the individual items that had been tested. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers, blood pressure measuring devices and the fridge thermometer (Calibration is a means of testing that measuring equipment is accurate). This testing had taken place in April 2015 and equipment displayed stickers to record the testing date.

Staffing and recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. This had been put in place following our last inspection in June 2014 when we identified there were gaps in the records of checks made of new employees. No new staff had been employed since that inspection however the new recruitment policy was clear about the checks that would be made. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. However we saw in staff meeting minutes that some staff had raised concerns around the planning of staff to cover holiday or particular shifts. We also found, on our inspection of 13 May 2015, that when a member of staff had taken annual leave their work had not been covered. This had resulted in a backlog of routine discharge letters not being scanned into the electronic system in a timely way.

Discharge summaries and letters from outpatients were usually seen and actioned on the day of receipt and all were actioned within five days of receipt. However on the day of our first inspection 13 May 2015 routine discharge letters were being entered for 28 April 2015. There was a backlog of routine discharge letters waiting to be scanned into the electronic system and coded.

The practice had identified that the system for dealing with incoming correspondence required improvement and this

had been discussed at a GP meeting on 20 April 2015. It was agreed that correspondence would be put straight through to GPs to review the communication. However there was no evidence that the backlog of letters we found had been seen by a GP. There was a plan to re assess the new procedure to ensure it was a safe operating procedure. At our second visit on 20 May we were told that all discharge letters had been added to patients' electronic records and reviewed accordingly.

We noted that the practice manager often covered duties in reception when staff were on leave.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor some of the risks to patients, staff and visitors to the practice. However there was no evidence to show that any health and safety checks of the building or the environment had been undertaken. The practice had a health and safety policy; however the health and safety policy was dated 2003. We brought this to the attention of the practice manager who notified us within 48 hours of our inspection that this had been reviewed and updated. The practice manager was the identified health and safety representative.

Identified risks such as fire and Legionella had been assessed and rated and mitigating actions recorded to reduce and manage the risk. There were no records of staff working patterns available or easily accessible. This had not been considered as part of the fire risk assessment to identify which staff were working at any given time. Some staff we spoke with were not aware of which staff were in the building.

Risks associated with staffing changes had not been recorded but we saw an example in the meeting minutes we reviewed that staffing changes and cover for leave and sickness had been discussed at GP partners' meetings and within team meetings.

We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. For example: Staff gave examples of how they responded to patients experiencing a mental health crisis, including supporting them to access emergency care and specialist treatment.

Are services safe?

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. We were told by the practice manager and by staff that they had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. We checked that the pads for the automated external defibrillator were within their expiry date.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, adverse weather, sickness, equipment failure or building damage. The document also contained relevant contact details for staff to refer to. For example, contact details of a plumber and electrician to contact if there was a system failure. The plan appeared to contain up to date information but was not dated or contain a date for review.

The practice had carried out a fire risk assessment in 2012 that included actions required to maintain fire safety. Records showed that staff had practised fire drills every six months and the fire alarm was tested every month. Staff had received fire training as part of their protected training afternoons.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners.

We discussed with the practice manager and GPs how NICE guidance was received into the practice. They told us this was downloaded from the website and disseminated to staff or was communicated to the practice by the Clinical Commissioning Group. One of the GPs told us they were signed up for email alerts from NICE and also got updates as part of their online personal learning package. We were told that NICE guidelines were discussed at clinical meetings and implications for the practice's performance and patients were identified and required actions agreed. For example the recommendations on the use of medicines for people who had previously suffered a stroke had at first been shared by email around the practice and then discussed at a meeting of the GPs.

Staff described how they carried out comprehensive assessments which covered all health needs and was in line with national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients with diabetes had regular health checks and were referred to other services when required. Feedback from patients confirmed they were referred to other services or hospital when required.

The GPs told us they lead in specialist clinical areas such as diabetes, heart disease and asthma and the practice nurses supported this work. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. GPs told us this supported their colleagues to review and discuss new best practice guidelines, for example, for the management of respiratory disorders.

The practice had care plans for patients identified at risk of admission to hospital and participated in the admission avoidance enhanced service. The electronic record system enabled the practice to constantly review those patients who may become at risk; patients selected by GPs as needing inclusion were also added to the lists. These

patients were reviewed regularly to ensure multidisciplinary care plans were documented in their records and that their needs were being met to assist in reducing the need for them to go into hospital. GPs had protected time to enable them to write the care plans for these patients. We saw minutes of a multi-disciplinary meeting for admission avoidance. Patients were discussed and recent and future actions recorded.

Staff told us of the system whereby reception staff contacted patients that were newly discharged from hospital to ensure that all their needs were continuing to be met.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child immunisation programmes.

We asked the practice if they could show us copies of the clinical audits that had been undertaken in the last 12 months. The practice showed us one clinical audit on minor surgery, this was not a completed cycle but as a result of the initial audit a procedure had been put in place to check details of the previous minor surgery clinic.

We were told that the only other clinical audits completed recently were those required by the clinical commissioning group in relation to prescribing. We spoke with the GP who was the prescribing lead for the practice. They were able to tell us of practice meetings where they had shared information with colleagues in response to a review of prescribing data received from the Dorset Clinical Commissioning Group (CCG). For example, patterns of generic prescribing and antibiotic prescribing. The practice had audited the prescribing of these medicines as required by the CCG. We asked for copies of these audit cycles but these were not sent to us by the practice. The prescribing lead told us that following the initial audit the GPs had met to talk through the audit and altered their prescribing practice to ensure it aligned with national guidelines. The was a re audit after three months to complete the audit

Are services effective?

(for example, treatment is effective)

cycle which had shown a marked reduction in the prescribing of these medicines. We did not see minutes demonstrating how the information from these audits had been communicated to all GPs. The practice did not demonstrate that the audit had resulted in improved outcomes for patients.

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 voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures. This practice was not an outlier for any QOF (or other national) clinical targets, it achieved 99.7% of the total QOF target April 2013 to March 2014, which was above the national average of 94.2%. Specific examples to demonstrate this included:

- Performance for diabetes related indicators was similar to the national average.
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average
- Performance for mental health related QOF indicators was better than the national average.
- The dementia diagnosis rate was above the national average

The practice's prescribing rates were also similar to national figures. There was a protocol for repeat prescribing which followed national guidance. This required staff to regularly check patients receiving repeat prescriptions had been reviewed by their GP. They also checked all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used.

The practice had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families.

The practice also kept a register of patients identified as being at high risk of admission to hospital and of those in various vulnerable groups for example those patients with a learning disability. Structured annual reviews were also undertaken for people with long term conditions such as diabetes.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. All reception and administration staff training records were kept in the person's individual training folder. The practice was not able to show or describe an overview of the training needs of their staff for future planning. The practice had protected learning afternoons every three months. We saw the programme of training which had covered subjects such as basic life support, infection control, safeguarding and fire safety over the past 12 months. We were told that if any member of staff was unable to attend the training it was arranged that they could undertake the training at a neighbouring practice. However one of the nurses we spoke with not taken part in any training in safeguarding since they had been employed approximately a year ago. They had been unable to attend the organised training and had not accessed training elsewhere. The practice did not have a record of training completed by the nurses. The practice offered to collect the information and send it to us, this information was not received.

We noted a good skill mix among the GPs with a number having previous experience or qualifications in subjects such as paediatrics and musculoskeletal medicine. We were told that all GPs were up to date with their yearly continuing professional development requirements and all had either been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

All reception and secretarial staff had received annual appraisals that identified learning needs from which action plans were documented. Although we noted that nursing staff and the practice manager had not received an appraisal in over a year.

As the practice was a training practice, doctors who were training to be qualified as GPs were offered extended appointments and had access to a GP throughout the day for support.

Practice nurses and health care assistants outlined to us their roles and responsibilities and described the training they had completed to fulfil these duties. For example, on administration of vaccines, one of the nurses described the course they had attended and also the supervision they

Are services effective?

(for example, treatment is effective)

had received until they were deemed competent to carry out the administration of vaccines alone. They also described the support they had received from the practice when they requested further supervision. They were given the opportunity to feel completely confident before carrying out certain duties.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. Staff were aware of the procedures and the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from these communications. However there were no standard operating procedures in place for tasks such as scanning documents and adding clinical codes. Out-of hours reports, 111 reports and pathology results were all seen and actioned by a GP on the day they were received. All discharge letters were read by reception staff with urgent communications sent to the GP. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles. There were no instances identified within the last year of any results or discharge summaries that were not followed up, there was no system in place to monitor these.

Emergency hospital admission rates for the practice were comparable to the national average. The practice was commissioned for the unplanned admissions enhanced service and had a process in place to follow up patients discharged from hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). The practice had not undertaken any audit of follow-ups to ensure inappropriate follow-ups were documented and that no follow-ups were missed.

The practice held multidisciplinary team (MDT) meetings every three months with mini MDT meetings every month to discuss patients with complex needs. For example, those with multiple long term conditions, those with end of life care needs, nursing home patients or children on the at risk register. These main MDT meetings were attended by district nurses, the community matron, palliative care nurses, the midwife and a nursing home manager as appropriate and decisions about care planning were

documented in a shared care record. Staff felt this system worked well. Care plans were in place for patients with complex needs and shared with other health workers as appropriate.

Information sharing

Patient information was stored securely on the practice's electronic record system. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. The software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. Patient records could be accessed by appropriate staff in order to plan and deliver patient care. We saw that information was transferred to patient records following out of hours or hospital care. The practice retained historic paper patient records which were stored and used if necessary to review medical histories.

Electronic systems were also in place for making referrals, and the practice made approximately 75% of their referrals last year through the Choose and Book system. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital). Staff reported that the system in the practice for referrals was easy to use and the electronic system highlighted the urgency of referral letters dictated by the GPs.

The practice ensured that the out of hours and ambulance service were aware of any relevant information relating to their patients. For example care plans that were in place for patients with complex medical needs were shared with the out of hours and ambulance services. These services were also made aware of any patient whose end of life was being managed at their home.

Consent to care and treatment

The GPs and nurses we spoke with understood the key parts of the legislation in relation to the Mental Capacity Act 2005 (MCA) and were able to describe how they would implement it in their practice. For some specific scenarios where capacity to make decisions was an issue for a patient, the practice staff were clear how patients should be supported to make their own decisions and how these should be documented in the medical notes. Although staff were able to describe the principles of the MCA when assessing whether a patient was able to give informed consent, there was no record of specific formal training on this subject.

Are services effective?

(for example, treatment is effective)

When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision. Clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

There was a practice policy for documenting consent for specific interventions. For example, for some family planning procedures and minor surgical procedures. In other cases verbal consent was documented in the electronic patient notes with a record of relevant discussions. GPs and nurses understood that patients could withdraw their consent at any time.

Patients said that they felt involved in decisions about their care and treatment. They said they were given time to consider options available and were never rushed.

Health promotion and prevention

It was practice policy to offer a health check to all new patients registering with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way. We saw that GPs and nurses used their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering diet advice, weight management and signposting patients to services which offer smoking cessation advice to smokers.

The practice also offered NHS Health Checks to all its patients aged 40 to 75 years. We were shown the process for following up patients who did not attend for their chronic disease review. The reception manager followed up any family who did not bring their child for vaccination and made contact with the health visitor to ensure they were aware and could also follow up.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance was average for the majority of immunisations where comparative data was available. For example:

- Flu vaccination rates for the over 65s were 72%, and at risk groups 47.4%. These were slightly below national averages.
- The practice showed us that their childhood immunisation rates for the vaccinations given to under twos and five year olds until March 2014 was 90% These were comparable to CCG averages. Between October 2014 and February 2015 the practice had vaccinated 20 out of 22, two year olds.

The practice had a range of health promotion leaflets in their waiting rooms and other areas. Noticeboards were used to signpost patients to relevant support organisations, community schemes and counselling services. The practice brochure and information about the practice was available for new patients. Further information was available for patients through a search facility on the practice website

Practice nurses and the health care assistant had specialist training and skills, for example in the treatment of lung disease, diabetes and travel vaccinations. This enabled them to advise patients about the management of their own health in these specialist areas.

The practice had a good knowledge of all their patients with a learning disability. Patients with a learning disability were offered a physical health check; the practice GPs carried out these checks often in the patient's own home. Practice staff knew those patients in vulnerable circumstances and were aware of the physical barriers to healthcare experienced by these groups of patients.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey published January 2015 and conducted between January and March 2014 and July and September 2014 and a survey of 48 patients who took part in the friends and family test.

The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national patient survey showed that 84% of those patients who responded rated their overall experience of the practice as good or very good, which compared with 89% for the CCG average and 86% nationally.

The practice was also comparable or slightly below average for its satisfaction scores on consultations with doctors. For example the NHS England GP survey showed:

- 90% said the GP was good or very 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%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%

The majority of patients we spoke with were positive about the service they experienced and the caring attitude of the GPs and staff. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring and knew them or their family member well. They said staff treated them with dignity and respect.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments

so that confidential information was kept private. Music was played in the waiting room, with the intention of restricting the amount that could be heard of conversations at the reception. In our observations in the waiting area we did not overhear any personal information. Additionally, of patients surveyed, 84% said they found the receptionists at the practice helpful compared to the CCG average of 90% and national average of 87%.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us she would investigate these and any learning identified would be shared with staff.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment but rated the practice below the national and CCG average in these areas. For example:

- 68% said the last GP they saw was good or very good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 75% said the last GP they saw was good or very good at involving them in decisions about their care compared to the CCG average of 86% and national average of 81%.

However patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient/carer support to cope emotionally with care and treatment

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area, with the remainder of respondents commenting neither good nor poor. For example:

Are services caring?

- 79% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.

The patients we spoke with on the day of our inspection all commented positively especially highlighting that staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them. There was a noticeboard especially for carers in the waiting room. The practice manager was the carers lead for the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

All patients over 75 had a named GP in line with current recommendations. Whenever possible patients were offered the GP of their choice.

The practice was aware of the practice population in respect of age, culture, and number of patients with long term conditions. The practice had responded to the needs of the practice population.

The practice worked collaboratively with Dorset Clinical Commissioning Group (CCG) and other practices to discuss local needs and service improvements that needed to be prioritised.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). For example the practice had purchased and put into operation a health pod which enabled patients to monitor their blood pressure without having to make a consultation appointment.

The practice engaged regularly with the NHS England area team, the CCG and other practices to discuss local needs and service improvements that needed to be prioritised. For example working with other practices in the locality and the CCG to collectively employ a nurse to visit housebound patients with long term conditions. This was in order to improve the disease management of these patients.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example, longer appointment times were available for patients with learning disabilities. Annual health checks for these patients were often conducted by GPs at a home visit. The majority of the practice population were English speaking patients but access to telephone translation services was available if they were needed. Staff were aware of when a

patient may require an advocate to support them and there was information on advocacy services available for patients in relation to making a complaint on the practice website.

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, although some GP consulting rooms were on the first floor there were arrangements in place for any GP to see their patients in a ground floor room. 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 those people who used a wheelchair.

Staff told us that they did not have any patients who were of "no fixed abode" but would see someone if they came to the practice asking to be seen and would register the patient so they could access services. There was a system for flagging vulnerability in individual patient records.

There were male and female GPs in the practice; therefore patients could choose to see a male or female doctor.

Access to the service

The practice was open from 8am to 8pm Mondays and from 8am to 6.30 pm Tuesday to Friday. Appointments were available from 8.30am to 11.30am and from 2pm to 5.30pm on weekdays with the last evening appointment available on a Monday at 7.30pm. The GPs provided telephone appointments between morning and afternoon surgeries.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances.

Longer appointments were also available to meet individual patient's needs for example those experiencing poor mental health and patients with learning disabilities.

Are services responsive to people's needs?

(for example, to feedback?)

This also included appointments with a named GP or nurse as the practice encouraged patients to see the same GP for continuity of care. Home visits were made to patients at four local care homes as and when they were needed.

The patient survey information we reviewed showed patients' response to questions about access to appointments generally rated the practice well in these areas. For example:

- 72% were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 76% described their experience of making an appointment as good or very good compared to the CCG average of 82% and national average of 73%.
- 79% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.
- 77% said they could get through easily to the surgery by phone compared to the CCG average of 85% and national average of 73%.

Patients we spoke with were satisfied with the appointments system and said it was easy to use. They confirmed that they could see a doctor on the same day if they felt their need was urgent although this might not be their GP of choice. Comments received from patients also showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. For example, three of the seven patients we spoke with had called the practice that

morning and had been given an appointment. We also observed a patient coming into the practice in distress they were dealt with sympathetically by reception staff and immediately seen by the duty GP.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns which was in line with recognised guidance and contractual obligations for GPs in England. However the written complaints procedure available to staff was out of date and referred to staff who were no longer in post and an organisation which ceased to exist in 2009. The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system this was available in the practice leaflet and on the website. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at the 11 complaints received in 2014 and those received in 2015 up until our inspection. We found these had been satisfactorily handled and dealt with in a timely way.

The practice reviewed complaints annually to detect themes or trends. We looked at the report for the last review and two themes had been identified, that of communication and house calls. There had been discussions about how these areas could be improved and lessons learned from individual complaints had been acted on.

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 healthcare to their patients at the appropriate level (that is by the most appropriate healthcare professional) by a team of GPs, nurses and healthcare assistants.

The practice was working with the Dorset Clinical Commissioning Group and local practices to set up a locality hub to promote integrated working and to commission for services which would improve outcomes for their patients.

We spoke with two GPs, two practice nurses, the practice manager and reception and administration staff. They all knew and understood the practice values and knew what their responsibilities were in relation to these. All staff felt able to make suggestions to improve outcomes for patients.

The GP partners met weekly with the practice manager. These meetings were held to share and discuss information to improve effective patient care.

The practice worked with nearby practices to share resources and improve services for their patients. For example the practice manager and staff member responsible for coding and scanning had visited a neighbouring practice to look at the systems they had in place and discuss with the staff there how they worked. This was with a view to making changes and improvements to the systems and processes in place at Northbourne.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff in the policies and procedures manual held in reception and some policies were available on line. There was a cover sheet to for staff to confirm that they had read the policies and when. We found this log had not been signed by all staff and some of those that had signed had done so in 2007.

We looked at a number of the practice's policies and procedures and found a number were due for review in 2016 or 2017. For example the safeguarding adults policy was reviewed in July 2014 and was due to be reviewed in July 2017 and the infection control policy dated May 2013 was due for review May 2016. Other policies did not

accurately reflect the current situation at the practice or had not been updated for a considerable amount of time. The practice health and safety policy was dated 2003 and signed by staff no longer working at the practice. We brought this to the attention of the practice manager who notified us within 48 hours that this had been reviewed and updated. Although all patient documents relating to complaints were accurate the complaints procedure available in the policies and procedures manual referred to a person who had left the service a number of years before and also referred to a predecessor regulator that has not been in existence since 2009. There was no recent review of governance arrangements.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and a GP partner was the lead for safeguarding. We spoke with members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The GP partners and practice manager took an active role in monitoring the quality of the service. This included using the Quality and Outcomes Framework to measure its performance (QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). The QOF data for this practice showed it was exceeding national average scores. QOF data was regularly discussed at partners meetings and weekly GP meetings as necessary.

The practice identified, recorded and managed risks. It had carried some risk assessments where risks had been identified and action plans had been produced and implemented, for example in relation to fire safety.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example anti-discrimination, bullying and harassment, leave and sickness reporting which were in place to support staff. A number of these policies were not dated so we were not assured that they reflected current practice. Staff we spoke with knew where to find these policies if required.

Are services well-led?

Requires improvement 

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

Leadership, openness and transparency

The GP partners were visible in the practice and staff told us that they were approachable and staff felt they could discuss any issues with them. Staff told us they could offer suggestions about how to run the practice and how to develop the practice, but usually discussed any ideas with the practice manager.

We were told that team meetings were usually held every four months. However we saw minutes of the last meeting that staff confirmed was in July 2014, with notes from a more informal meeting in November 2014 which had only covered working practices. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so. Although staff told us they felt supported reception staff, administration and nursing staff had requested at their meeting in February 2014 that a GP attended their meetings. The response had been that all agenda items could be dealt with by the practice manager.

Practice seeks and acts on feedback from its patients, the public and staff

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through the Friends and Family test, patient participation group (PPG). (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care and complaints and compliments received). Despite a record of their efforts to recruit patients to the PPG the practice had been unable to increase the numbers. The practice manager showed us the actions they have prioritised to improve the service to patients as a result of feedback. The priorities were sent to members of the PPG for agreements and the action plan was available on the practice website.

We also saw evidence that the practice had reviewed its' results from the national GP survey to see if there were any areas that needed addressing. The practice also had a suggestions box available for patients to feed back on the service delivered at the practice.

The practice had also gathered feedback from staff through team meetings, appraisals and informal discussions. Staff we spoke with said they would not hesitate to give feedback and discuss any concerns or issues with

colleagues and management. However staff meeting minutes showed that some staff had brought up concerns about raising certain issues as they were worried about the response or reaction they would get.

Staff concerns were not always acknowledged and there was not any clear action planning from staff feedback. We saw that minutes from a staff meeting in July 2014 recorded some items of concern raised by staff. This included lighting for the rear of the building for security after evening surgery. There was also a discussion around staff cover. At the time of our inspection the issue with staff cover had not been fully addressed as a member of staff had not been adequately covered when they were on leave. This had, for example, created a backlog of scanning and coding of discharge letters. Another concern was that reception staff did not know when GPs were in or out of the building. Reception staff we spoke with 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.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We saw that regular appraisals had taken place for staff although nursing staff and the practice manager had not received an appraisal in more than a year. We identified that one of the nurses had not completed all the training the practice considered mandatory, such as safeguarding. However nursing staff told us that the practice was very supportive of training and that they had received supervision and mentoring to ensure they were confident and competent to carry out their role.

The practice was a GP training practice and employed a GP registrar. A GP registrar this is a fully qualified, registered doctor who is continuing their training to become a GP. The practice provided training and support to the registrar. A GP was always available for the registrar to refer to if they needed advice.

The practice had completed reviews of significant events and other incidents and shared with staff at meetings to ensure the practice improved outcomes for patients. For example an error had occurred with a password for the online appointment system. This event had been discussed at a staff meeting and lessons learnt and actions to avoid it being repeated were recorded.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>An infection control audit had not been carried out and related procedures had not been reviewed and updated. An annual infection control statement had not been produced.</p> <p>Systems in place for managing infection control did not include procedures to monitor the replacement of privacy curtains.</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured that patients were protected by means of assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.</p> <p>This was a breach of Regulation 12 (2)(h) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014 Safe care and treatment.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The practice did not have a programme of clinical audit. The practice did not demonstrate changes resulting from clinical audit had resulted in improved outcomes for patients.</p> <p>How the regulation was not being met</p> <p>The practice did not have appropriate systems and processes designed to assess, monitor and improve the quality and safety of the services provided.</p>

This section is primarily information for the provider

Requirement notices

This was a breach of Regulation 17 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There was no evidence to show that all appropriate health and safety checks of the building or the environment had been undertaken.

How the regulation was not being met:

The practice did not have appropriate systems, processes and policies in place to manage and monitor risks to the health, safety and welfare of patients, staff and visitors to the practice.

This was a breach of Regulation 17 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The practice had not taken into account the possible risks associated with the delay in entering routine discharge letters onto the electronic records of patients.

How the regulation was not being met:

The practice did not have systems in place to ensure they were able to maintain an accurate and complete record in respect of each service user at all times.

This was a breach of Regulation 17 (2)(c) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The practice did not follow current national guidance in relation to the safe storage and tracking of blank computer prescription forms.

How the regulation was not being met:

The provider had not ensured that the proper and safe management of medicines was in line with current legislation and guidance.

This was a breach of Regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014 Safe care and treatment.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The practice had not ensured there was sufficient staff deployed to cover the work of staff on annual leave. The practice manager covered areas of work to support staff but this had an impact on the high volume of work assigned to them.

How the regulation was not being met:

The provider had not deployed sufficient numbers of suitable competent and experienced persons in order to deliver the regulated activities.

This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014 Staffing

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed

This section is primarily information for the provider

Requirement notices

The practice had not ensured that all staff acting as chaperones had received appropriate checks through the Disclosure and Barring Service.

How the regulation was not being met:

The provider did not have processes in place to ensure that persons employed for the purposes of carrying on a regulated activity were of good character.

This was a breach of Regulation 19 (1)(a) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014 Fit and proper persons employed.