Cerne Abbas Surgery

Quality Report

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Cerne Abbas
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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?	Outstanding
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cerne Abbas Surgery on 25 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.
- 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We identified areas of outstanding practice:

- The practice participated in the Vanguard Project which involved closer collaborative working with other healthcare providers; South Western Ambulance Service NHS Foundation Trust (SWAST), local hospital, social care and other GP practices. The project

Summary of findings

included working with retail companies to provide patients with welcome home from hospital food packs; to ensure that bread and milk were available at home on arrival from hospital.

- The practice had an innovative integrated nursing team (INT). The traditional practice nurse role and community nurse role was provided by the INT, who worked as practice nurses and also as community nurses, carrying out home visits across this large rural area with high numbers of older patients with complex conditions. The INT provided a wide range of nursing services seven days a week, 365 days a year from 8:30am to 5pm. Benefits to patients were demonstrated by the 74% of end of life patients who died in their own home which was their preferred place of death. This was higher than the national average of 33%.
- The practice had organised a service called "Giant's Social" which offered social events and befriending services which helped to reduce patient isolation across this rural area. The practice facilitated regular presentations on health promotions to this group. We spoke with patients who belonged to this group which had over 80 members and heard it had a positive impact on large numbers of patients.

The area where the provider should make improvements is:

Review facilities for patients with hearing loss to ensure effective communication with them.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the Vanguard Project which involved closer collaborative working with other healthcare providers; SWAST, local hospital, social care and other GP practices. The project included working with retail companies to provide patients with welcome home from hospital food packs; to ensure that bread and milk were available at home on arrival from hospital.
- There were innovative approaches to providing integrated person-centred care. For example, the practice had an integrated nursing team (INT). The INT were multi skilled and worked both as practice nurses and as community nurses, carrying out home visits across this large rural area with high numbers of older patients with complex conditions. The INT provided a wide range of nursing services seven days a week, 365 days a year from 8.30am to 5pm. Benefits to patients were demonstrated by the 74% of end of life patients who died in their own home which was their preferred place of death. This was higher than the national average of 33%.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice provided a weekly outreach programme at a remote village, in an area with poor public transport links. This included a GP and a nurse from the practice providing an outreach service for 90 minutes every week. Approximately 12 patients were seen on each visit.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients.
- Patients can access appointments and services in a way and at a time that suits them. For example, the practice had consulted its patients prior to implementing its extended hours and listened to their views. As a result the practice opened every Saturday morning from 9am – 12 noon in response to patient feedback.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff, other practices and the CCG (clinical commissioning group).

Are services well-led?

Good

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older patients.

- 31% of the practice population was aged 65 years or older. The practice had responded to this demand through its development of an integrated nursing team which provided both practice and community nursing.
- The practice integrated nursing team (INT) also carried out home visits to older patients in remote rural villages, who would otherwise find it difficult to access the service.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered GP home visits and urgent appointments for those with enhanced needs.
- The practice had organised a service called “Giant’s Social” which offered social events and befriending services which helped to reduce patient isolation particularly for older patients across this rural area. The practice facilitated regular presentations on health promotions to this group. We spoke with patients who belonged to this group which had over 80 members and had a positive impact on large numbers of patients.

People with long term conditions

Good

The practice is rated as good for the care of patients with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes on the register who had a review in the last 12 months was 84.7% which was better than the national average of 77.54%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Good

The practice is rated as good for the care of families, children and young patients.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The cervical screening rate for the practice was 87%, which was better than the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and the integrated nursing team comprised of multi skilled nurses who worked as both practice nurses and community nurses.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age patients (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had recorded the smoking or non-smoking status of 95% of its patients, which was higher than the national average of 90%. Of these, 88% had been offered support which was in line with national averages.
- The practice was in the process of introducing a policy on the Armed Forces Covenant in order to ensure that systems in place to identify military veterans and enable their priority access to secondary care in line with the national Armed Forces Covenant. The practice had already begun to identify its military veterans.

People whose circumstances may make them vulnerable

Good

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

Summary of findings

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

People experiencing poor mental health (including people with dementia)

Good

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

- 100% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses who had an agreed comprehensive care plan. This was better than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 233 survey forms were distributed and 131 were returned. This represented 3.2% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to a Clinical Commissioning Group (CCG) average of 84% and a national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89% and national average 85%).
- 93% of patients described the overall experience of their GP practice as fairly good or very good (CCG average 82% and national average 73%).
- 90% of patients said they would definitely or probably recommend their GP practice to someone who had just moved to the local area (CCG average 84% and national average 78%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Patients had written about the excellent integrated nursing team, the caring GPs and reception staff and the high standard of service provided generally by the practice.

We spoke with four patients during the inspection. All four patients said they were extremely satisfied with the care they received and thought staff were professional, helpful, committed and caring.

Results from the practice's friends and families survey for January to December 2015 showed that 100% of patients were likely or extremely likely to recommend the practice to their friends and family.

Areas for improvement

Action the service SHOULD take to improve

The area where the provider should make improvements is:

Review facilities for patients with hearing loss to ensure effective communication with them.

Outstanding practice

We identified areas of outstanding practice:

- The practice participated in South Western Ambulance Service NHS Foundation Trust (SWAST), local hospital, social care and other GP practices. The project included working with retail companies to provide patients with welcome home from hospital food packs; to ensure that bread and milk were available at home on arrival from hospital.
- The practice had an innovative integrated nursing team (INT). The traditional practice nurse role and community nurse role was provided by the INT, who worked as practice nurses and also as community nurses, carrying out home visits across this large rural area with high numbers of older patients with complex conditions. The INT provided a wide range of nursing services seven days a week, 365 days a year from 8:30am to 5pm. Benefits to patients were demonstrated by the 74% of end of life patients who died in their own home which was their preferred place of death. This was higher than the national average of 33%.
- The practice had organised a service called "Giant's Social" which offered social events and befriending services which helped to reduce patient isolation across this rural area. The practice facilitated regular

presentations on health promotions to this group. We spoke with patients who belonged to this group which had over 80 members and heard it had a positive impact on large numbers of patients.

Cerne Abbas Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission Lead Inspector**.** The team included a GP specialist adviser and a Pharmacy Adviser.

Background to Cerne Abbas Surgery

Cerne Abbas Surgery was inspected on Thursday 25 February 2016. This was a comprehensive inspection.

The main practice is situated in the rural village of Cerne Abbas, Dorset. The practice area covered 100 square miles of countryside which contained small villages and hamlets. The practice provides a primary medical service to 4,000 patients of a predominantly older age group.

There was a team of four GPs partners, two female and two male. Some worked part time and some full time. The whole time equivalent was three. Partners hold managerial and financial responsibility for running the business. The team were supported by a practice manager, seven practice nurses, one health care assistant, and additional administration staff.

The practice nursing team based at this dispensing practice in this rural area was an integrated nursing team (INT). The nurses carried out the role of community nurses, district nurses, palliative care, and community matron. Patients using the service also had access to mental health teams and health visitors. Other health care professionals visit the practice on a regular basis; such as a podiatrist and citizen's advice bureau advisers, a counsellor, physiotherapist and midwife, chiropodist and nail care therapist.

The practice is open between the NHS contracted opening hours 8am to 6:30pm Monday to Friday. Appointments can be offered anytime within these hours. Extended hours surgeries are offered on a Saturday morning 9am to 12 noon.

Outside of these times patients are directed to contact the South West Ambulance Service Trust out of hour's service by using the NHS 111 number.

The practice offered a range ofappointment types including book on the day, telephone consultations and advance appointments.

The practice had a Personal Medical Services (PMS) contract with NHS England.

The practice provided regulated activities from one location; 51 Long Street, Cerne Abbas, Dorset DT2 7JG. We visited this location during our inspection.

Why we carried out this inspection

We inspected this service as part of our new 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. The 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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 February 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing and administrative staff and spoke with four patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed 19 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services are provided for specific groups of people 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)

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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events. The practice held a monthly significant event meeting. We saw minutes of these meetings which showed that events had been discussed in detail.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an incident occurred where a member of staff had been taken unexpectedly ill. The practice discovered it did not hold easily accessible up to date next of kin details. Shared learning which arose from the incident included regular updating of the emergency contact details list in an easily accessible format. This learning had been shared with other practices.

When there were unintended or unexpected safety incidents, patients received support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The safeguarding policy had been reviewed in September 2015. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three for children.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of patients barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had completed an infection control audit in October 2015 and one in February 2016.
- The practice provided pharmaceutical services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy premises. The practice had arranged a service to allow some patients to collect their dispensed medicines from four alternative local collection points, and records were maintained of medicines sent to and collected from these collection points.
- The arrangements for managing medicines, including controlled medicines, emergency medicines and vaccinations, kept patients safe (including obtaining, recording, handling, storing and security).Arrangements were in place to ensure that patients were given all the relevant information they required.
- The practice had written procedures in place for the production of prescriptions, and dispensing of medicines. These were being reviewed and rewritten to ensure that they accurately reflected current practice, as changes and improvements had been made recently to some dispensary processes. There were systems in place for the management of repeat prescriptions. Systems were in place to ensure that all prescriptions were checked and signed by the GP before being

handed out to patients. Medicines were scanned using a barcode system, to help reduce the risk of any errors, and all dispensed medicines were also checked by a second dispenser.
- Some medicines were made up into blister packs to help people with taking their medicines, and safe systems were in place for dispensing and checking these.
- The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had completed, or were making arrangements to complete, appropriate training and had their competency regularly reviewed.
- Prescription pads and prescription printer paper were securely stored and there were systems in place to monitor their use.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster near the front entrance which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All of the treatment rooms had an additional panic button to summon assistance.
- 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 in an easily accessible location.
- 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as adverse weather, power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patient's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed;

- Performance for diabetes related indicators was similar to the Clinical Commissioning Group (CCG) and national average. For examples, 84% of patients with diabetes on the practice register had received a review within the last 12 months, which was in line with the national average of 84%.
- The percentage of patients with hypertension who had received a blood pressure test within the last 12 months was 88% which was higher than the national average of 86%.
- Patients diagnosed with mental health issues who had received a review within the last 12 months was 92% which was higher than the national average of 88%.

Clinical audits demonstrated quality improvement.

- There had been twelve clinical audits completed in the last two years, twelve of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings from audits were used by the practice to improve services. For example, audits had been done on end of life, place and cause of death. There had been audits on prostate cancer which found that out of 52 patients, four had missed their regular tests. These had been chased up and booked in. The audit was repeated on a regular basis. Learning from the audit included putting alerts on patient notes to remind staff to do blood tests and to link results to medicines being taken for prostate cancer.

Information about patients' outcomes was used to make improvements. Medicine audits including anti-coagulation audits had been completed over two cycles, checking that results were within desired therapeutic ranges and adjustments made accordingly. This brought the frequency of reviews into line with best practice.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

Good

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking written consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, lifestyle, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 87%, which was better than the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and five year olds from 90% to 100%. These were in line with CCG averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of a patient focus group. They also told us they were extremely satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 96% of patients said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 96% of patients said the GP gave them enough time (CCG average 90%, national average 87%).
- 100% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)
- 96% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).
- 95% of patients said they found the receptionists at the practice helpful (CCG average 90%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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. For example:

- 97% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 89% and national average of 86%.
- 94% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 86% and national average 82%)
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 88% and national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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. The practice had identified 4% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Good

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

The practice planned to introduce a military veteran's policy to ensure that it had systems in place to identify military veterans and enable them to receive appropriate support to cope emotionally with their experience in the service of their country in line with the national Armed Forces Covenant.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example;

- The practice offered a Saturday morning opening 9am – 12 noon aimed at the working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with complex needs or a learning disability.
- Both the GPs and the integrated nursing team offered home visits which were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately. The practice was a designated yellow fever centre.
- The front door was wide enough to allow wheelchair access and opened and closed automatically.
- The patient waiting room had a variety of different sized chairs and chairs with armrests to support patients with different mobility needs.
- There was a patient toilet with disabled facilities. Translation services were available.

However, we found that there was presently no hearing aid induction loop at the practice to enable patients who used hearing aids to communicate with and access the service easily. When this was brought to the attention of the practice manager, action was immediately taken to order a device.

Access to the service

The practice was open between the NHS contracted opening hours 8am to 6:30pm Monday to Friday. Appointments were offered anytime within these hours. Extended hours surgeries are offered on a Saturday morning 9am to 12 noon.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 90% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 78% and national average of 75%.
- 90% of patients said they could get through easily to the practice by phone (CCG average 84% and national average 73%).
- 71% of patients said they always or almost always see or speak to the GP they prefer (CCG average 69% and national average 59%).

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The practice had leaflets available in the waiting room which explained how to make a complaint should a patient wish to do so.

We looked at the three complaints received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient complained that they wished to speak to a different GP instead of the one booked for their appointment. The practice manager had seen the patient immediately and explained that they were free to see any of the practice GPs. The patient had been satisfied with the response. The practice manager had confirmed this information by way of a letter to the patient. The practice had also arranged for information to be published in the local parish magazine explaining that even though patients had a named GP, they could see any GP at the practice if they wished to do so.

Are services well-led?

Good

(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 clear vision to deliver high quality care and promote good outcomes for patients.

- The practice vision and values were displayed in the waiting room and in the staff room. Staff knew and understood the vision and values.
- The practice had a clear ethos which was displayed on a large poster in the staff room; "Achieving excellent, holistic, seamless patient care".
- A Patient Charter setting out this ethos and the high standards offered by the practice was displayed in the waiting room.
- The practice had a strategy and supporting business plan which reflected the vision and values and were regularly monitored. The practice had considered the challenges ahead such as the changing demographics of the area and how to address this, for example, by working collaboratively with other health care providers.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

Three of the GP partners were involved in lead roles in locality work including discussions on the federation of GP practices and Clinical Commissioning Group (CCG) activity. Two of the nurses in the integrated nursing team had lead roles for the county in public health and respiratory care. This facilitated shared learning and the rapid introduction of innovation at the practice. For example, the introduction of a shared practice manager covering this location and another nearby practice following the departure of the previous practice managers at the two locations.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- The practice team structure was simple and clear, with four managing GP partners supported by a practice manager. The dispensary team leader and nurse team leader reported to the practice manager. The administration team reported directly to the practice manager.
- Staff told us the practice held regular clinical meetings, partner meetings fortnightly including the GPs and practice manager, staff meetings once a month, multidisciplinary meetings on a weekly basis.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted team away days were held quarterly. The agenda for these away days included items such as operational requirements, CQC inspections, the quality outcomes framework, minor operations and patient safety.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Good

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

involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. The practice proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through surveys, compliments and complaints received. There was a patient focus group, a patient transport group, a social group called the "Giants Social" which met regularly, and submitted proposals for improvements to the practice management team. For example, the practice had acted upon patient feedback in implementing its extended hours every Saturday morning.
- Another example included the practice GPs visiting a remote outlying village with poor public transport links on a weekly basis. Practice GPs and nurses set up a weekly clinic there at the village hall every Wednesday for 90 minutes and saw 12 patients during that time.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The dispensary team had requested that they be provided with a uniform. This had been implemented by the practice management. The management was also in the process of carrying out a refurbishment of the staff kitchen area in response to feedback. Staff told us they felt involved and engaged to improve how the practice was run.

However, the practice did not at present have an active patient participation group (PPG) as required under their contractual arrangements. PPGs work to give practices a perspective on services. The practice was currently trying to establish a PPG and had information on their website asking patients to volunteer to become part of their patient's voice group.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

For example, the practice participated in the Vanguard Project which involved closer collaborative working with other healthcare providers; South West Ambulance Service Trust (SWAST), the local hospital, social care providers and other GP practices. The Vanguard Project was developing ways of working with private retail companies to provide welcome home food parcels for patients returning home after a hospital stay.

The practice had implemented an innovative method of delivering nursing services through the integrated nursing team (INT). The INT nurses were multi skilled and trained to work both as practice nurses and community nurses in this rural area. Patient feedback had been tremendously positive about this innovation.

One of the nurses was the respiratory lead nurse for west Dorset, and had an advisory role within the CCG for practice nurse education. Other nurses had lead roles in diabetes, public health, and health education.

The practice provided a virtual ward for its most at risk patients to enable them to remain at home should they wish to do so.

The practice had considered future challenges and opportunities ahead. These included succession planning for senior partner retirement, enlarging the nursing team and devolving more activities from the GPs to the nurses such as childhood vaccinations.