

# The Adam Practice

## Quality Report

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Date of inspection visit: 13/09/2016

Date of publication: 05/10/2016

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Adam Practice on 13 September 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.

- Outcomes for patients who used services were consistently very good. Nationally reported Quality and Outcomes Framework (QOF) data, for the past four years and up to 2015/16, showed the practice had performed very well in obtaining 100% of the total points available to them for providing recommended care and treatment to patients.
- Risks to patients were assessed and well managed. The practice had safe and effective systems for the management of medicines, which kept patients safe.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Some audits had been carried out however, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- The continued development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. We saw evidence and staff we spoke with told us they were supported to acquire new skills and share best practice.
- Clearly followed, methodical recruitment procedures and checks were completed and documented efficiently to ensure that staff were suitable and competent to fulfil their roles.
- High standards were promoted and owned by all practice staff with evidence of team working across all roles. We observed the practice proactively sought feedback from staff and patients, which it acted on.

# Summary of findings

- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 saw several areas of outstanding practice:

- The practice had responded to the needs of the community by undertaking a pilot project aimed at patients aged over 75 years old (The Adam Practice Admission Avoidance Service 'TAPAAS' scheme). The practice employed two registered nurses and a health care assistant, who bridged the gap between clinical and social care. Older people were identified in various ways from clinicians, reception staff, frailty measures and outside agencies who may be at risk of hospital admission. These patients were comprehensively assessed in their own homes for their social, physical and mental well-being. They were offered a health check and then their ongoing care was discussed at multi-disciplinary meetings to ensure appropriate services were provided.
- The practice had reached out to the local community by supporting people who were vulnerable by

facilitating a 'Leg Club' called 'Best Foot Forward'. The club was an evidence based initiative which provided community-based treatment, health promotion, education and ongoing care for people of all age groups who were experiencing leg-related problems. The emphasis of the Leg Club was to empower patients to participate in their care, in a social environment that eased loneliness by providing congenial surroundings where old friends could meet and new friendships be formed.

- The practice had put measures in place to further protect children by using a policy and procedure which utilised background searches for children with three or more admissions to the hospital emergency unit. This was followed up by communications with members of the community teams to identify any potential increased risks and take appropriate action.

The areas where the provider should make improvement are:

- Review arrangements for services provided to military veterans to ensure they are inline with the military veterans covenant .
- Review arrangements for the provision of chairs of differing heights and with arms in the waiting room to aid patients who have difficulties sitting or standing.
- Review how audit processes are established to ensure an on-going audit programme is in place to show that continuous improvements have been made to patient care in a range of clinical areas as a result of multi cycle clinical audits.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had 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.
- Clearly followed, methodical recruitment procedures and checks were completed and documented efficiently to ensure that staff were suitable and competent.
- There were appropriate arrangements for the efficient management of medicines.
- Health and safety risk assessments, for example, a fire risk assessment had been performed and were up to date.
- The practice was clean, tidy and hygienic. We found that suitable records and arrangements were in place that ensured the cleanliness of the practice was maintained to a high standard.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework 2015-16 showed patient outcomes were above average for the locality and compared to the national average with the practice having reached 100% continually for the past four years.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. However, whilst we saw evidence of completed audits undertaken they appeared to be reactive rather than as a result of a plan to drive continual improvement at the practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

# Summary of findings

- 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?

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.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had responded to requests from external groups, charities and organisations to use rooms at the surgery. As a result patients were able to access and be referred to services including an allergy clinic, counselling, maternity services, NHS physiotherapy, NHS podiatry and aortic aneurism screening service.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a stable, cohesive staffing structure which clearly identified roles and responsibilities within a non-hierarchical organisation. Staff told us that there was a high level of constructive engagement between the practice leadership and with staff. There was a high level of staff satisfaction.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

# 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 good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Systems were in place for avoiding unnecessary hospital admissions of the over 75s. This included ensuring care plans were in place for patients most at risk of admission, the sharing of common health records with community care teams and acting on hospital discharges within 48 hours.
- The GPs and nurse practitioners provided a primary medical service to patients who lived in care homes in the area.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. Specific clinics were held for particular illnesses such as asthma, and diabetes.
- Enhanced clinics for patients diagnosed with diabetes were held as well as clinics in conjunction with the hospital diabetes specialist nurse when required.
- 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.
- The practice offered patient opportunities to attend the 'Leg Club' to have treatment primarily for leg ulcers and also to provide an opportunity for clinicians to see those patients that were socially isolated who may have other medical concerns.
- The practice offered patients opportunities to attend attended workshops on how to manage their conditions themselves.
- The practice recently employed two clinical pharmacists who review medicines particularly those of vulnerable patients as well as those that live in care homes.

# Summary of findings

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 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 school nurses.

Good



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

The practice is rated as good for the care of working-age people (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. For example e
- Routine appointments were available to book up to 8 weeks in advance (via the practice or online)
- 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.

Patients could be referred to “Tomorrows People” an employment charity that worked with those facing multiple barriers to employment and equipped them with the skills and confidence they needed to get and keep a job.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good





# Summary of findings

- 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.
- All staff had been trained in the principles of the Mental Capacity Act 2005.
- Data showed the practice had carried out 100% of the annual reviews for patients with learning disabilities in 2015/16. The practice had a dedicated GP and nurse responsible for the care of patients with a learning disability.
- The practice reviewed the health of those patients that were recognised as carer's. These patients were signposted to other outside agencies for additional support as needed.
- The practice had a hearing aid induction loop for patients with difficulty hearing and were able to provide communication in large print for those who required it.

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

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

- 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.

The practice was working towards becoming 'dementia friendly with plans in place to improve the environment, for example with colour coded toilets'.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 251 survey forms were distributed and 123 were returned. This represented 0.9% of the practice's patient list. Results from the survey showed;

- 74% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 87% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards which were all positive about the standard of care received.

Feedback from two local care homes was positive, citing a responsive GP practice and good professional relationships.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice took part in the Friends and Family Test survey. During August 2016 a total of 225 patients completed survey responses. 93% of patients advised they would be extremely likely / likely to recommend the practice to family and friends.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Review arrangements for services provided to military veterans to ensure they are inline with the military veterans covenant .
- Review arrangements for the provision of chairs of differing heights and with arms in the waiting room to aid patients who have difficulties sitting or standing.

- Review how audit processes are established to ensure an on-going audit programme is in place to show that continuous improvements have been made to patient care in a range of clinical areas as a result of multi cycle clinical audits.

## Outstanding practice

- The practice had responded to the needs of the community by undertaking a pilot project aimed at patients aged over 75 years old (The Adam Practice Admission Avoidance Service' 'TAPAAS' scheme). The practice employed two registered nurses and a health care assistant, who bridged the gap between clinical and social care. Older people were identified in various ways from clinicians, reception staff, frailty

measures and outside agencies who may be at risk of hospital admission. These patients were comprehensively assessed in their own homes for their social, physical and mental well-being. They were offered a health check and then their ongoing care was discussed at multi-disciplinary meetings to ensure appropriate services were provided.

# Summary of findings

- The practice had reached out to the local community by supporting people who were vulnerable by facilitating a 'Leg Club' called 'Best Foot Forward'. The club was an evidence based initiative which provided community-based treatment, health promotion, education and ongoing care for people of all age groups who were experiencing leg-related problems. The emphasis of the Leg Club was to empower patients to participate in their care, in a social environment that eased loneliness by providing congenial surroundings where old friends could meet and new friendships be formed.
- The practice had put measures in place to further protect children by using a policy and procedure which utilised background searches for children with three or more admissions to the hospital emergency unit. This was followed up by communications with members of the community teams to identify any potential increased risks and take appropriate action.

# The Adam Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist adviser.

## Background to The Adam Practice

The Adam Practice is located in Hamworthy, which is a district of the town of Poole. The practice also has three branch surgeries in the surrounding areas.

The practices have an NHSE personal medical services (PMS) contract to provide health services to approximately 31700 patients (this is across the four practices and patients can visit any they wish to). All four practices are open between 8am and 6.30pm Monday to Friday. In addition, pre-bookable appointments can be booked on line and up to eight weeks in advance. Telephone appointments are also available with additional slots for GPs to see these patients if required. Extended hours are offered on Monday (Hamworthy, Poole & Upton), Tuesday (Hamworthy & Heath Cottage), Wednesday (Upton & Heath Cottage), and Thursday (Poole).

The practice has opted out of providing out-of-hours services to their own patients and refers them to an out of hour's provider via the NHS 111 service. This information is displayed on the outside of the practice, on their website, and in the patient information leaflet.

Information published by Public Health England rates the level of deprivation within the practice population group as

seven on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. There was no data available to us at this time regarding ethnicity of patients but the practice stated that the majority of their patients were White British

The mix of patient's gender (male/female) is almost 50% each. 2.3% of the patients are aged over 85 years old which is lower than the local average (CCG) of 3.7% and the same as the national average of 2.3%.

There are a total of 21 GPs working at the practice. 16 of the GPs are partners who hold managerial and financial responsibility for running the business (this equates to eight whole time equivalent GP partners (nine male and seven female). The permanent GPs are also supported by five salaried GPs. The GPs are supported by a practice manager, five advanced nurse practitioners, 11 practice nurses, five health care assistants, plus an extra two practice nurses and a health care assistant within the TAPAAS team, two phlebotomists and additional administration and reception staff.

This report relates to the regulatory activities being carried out at:

306 Blandford Road, Poole, Dorset BH15 4JQ

Poole Surgery, 117 Longfleet Road, Poole, Dorset, BH15 2HX

Upton Surgery, Upton Cross, Poole, Dorset, BH16 5PW

Heath Cottage Surgery, 40 High Street, Lytchett Matravers, Dorset, BH16 6BG

At this inspection we visited the Blandford Road practice. We did not visit the other three locations.

# Detailed findings

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 September 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 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 were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw an incident had occurred when a home visit request was missed due to a computer error. Once this had been discovered the protocol was changed to prevent this happening again. The issue was shared with all staff to learn from.

### 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. These arrangements reflected relevant legislation and local requirements. 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. There was a lead member of staff for safeguarding. The practice had put measures in place to further protect children by using a policy and procedure which utilised background

searches for children with three or more admissions to the hospital emergency unit. This was followed up with communications with members of the community teams to identify any potential increased risks.

- The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- 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. Not all staff acting as a chaperone had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable); however, they had been risk assessed and assurances were made by the practice that when these staff were asked to assist they would not be left alone with the patient.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had recently employed two pharmacists to improve medicines management for its patients. They visited patients in care homes and those still in their own homes and undertook a full review of their medicines.

## Are services safe?

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Five of the advanced nurse practitioners had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five 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.

### 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. 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. For example, equipment had last been calibrated and checked in November 2015. 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 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 staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Each member of the management team had a copy which was kept off site.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available with 11% exception reporting.

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

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2014 to 31/03/2015) was 83% which was better than the national average of 80%.  
The percentage of patients with hypertension having regular blood pressure tests was 88% which was better than the national average of 84%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk clarification within the preceding 12 months (01/04/2014 to 31/03/2015) was 95% which was better than the local average of 89% and the national average of 88%.

There was evidence of quality improvement including clinical audit.

- We looked at four completed clinical audits completed in the last two years which demonstrated prescribing, care and treatment was monitored but not always used to drive improvement. For example, an audit of patients with atrial fibrillation taking anti coagulant medicine.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. Overall compliance of NICE guidance when to prescribing antibiotics. Results from 2014/15 compared to 2015/16 showed prescribing had reduced in line with current guidance. However, no detailed audit showed how this had occurred and how this was going to continue. Whilst we saw evidence of completed audits undertaken they appeared to be reactive rather than as a result of a plan to drive continual improvement at the 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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- There were daily meetings for all GPs where referrals and current treatments and referrals were discussed. There were also regular team meetings for all staff, and learning events where external lecturers come to the practice over the course of the year. There were quarterly protected learning events which included a varied training programme.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice



# Are services effective?

## (for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. Staff were proactively supported to acquire new skills and share best practice. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Administration and office staff had developed their skills in order to perform various tasks within the practice so they were able to cover for sickness, annual leave or if the practice experienced a higher work load in a specific area.
- Practice nurses performed defined duties and were able to demonstrate that they were trained to fulfil these. Practice nurses had advanced specialist training in asthma, diabetes coronary heart disease, chronic obstructive pulmonary disease, tissue viability and Doppler ultrasound measurements. (A Doppler ultrasound is a non-invasive test that can be used to estimate the blood flow through blood vessels identifying any restriction).

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan

ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 79%, which was slightly lower than the CCG average of 84% and the national average of 82%. 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. 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.

# Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the meningitis vaccinations given to under one year olds was 76.3% compared to the local (CCG) average of 73.4% and the national average of 73.3%. Other childhood immunisation rates ranged from 94% to 96% for under two year olds and

five year olds from 96% to 98%. This was comparable to the local and national averages. Further efforts were being made to continually improve the immunisation rates. for example the practice were planning a 'fun day' on a Saturday in October where families could come and enjoy some entertainment and at the same time be offered any vaccinations needed.

# 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 five 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 one member of the patient participation group (PPG). They also told us they were 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:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and compared to the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% compared to the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

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:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 815 patients as carers (2.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

The practice had no systems in place to identify military veterans and ensure they received appropriate support to cope emotionally with their experience in the service of their country in line with the national Armed Forces Covenant 2014.

# 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.

- The practice offered extended hours across all four practices for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had responded to the needs of the community by undertaking a pilot aimed at patients aimed over 75 years old (The Adam Practice Admission Avoidance Service' 'TAPAAS' scheme). The practice employed two registered nurses and a health care assistant, who bridged the gap between clinical and social care. Older people were identified in various ways from clinicians, reception staff, frailty measures and outside agencies who may be at risk of hospital admission. These patients were comprehensively assessed in their own homes for their social, physical and mental well-being. They were offered a health check and then their care discussed at multi-disciplinary meetings to ensure appropriate services were provided.
- The practice had reached out to the local community by supporting people who were vulnerable by facilitating a Leg Club called 'Best Foot Forward'. The club was an evidence based initiative which provided community-based treatment, health promotion, education and ongoing care for people of all age groups who were experiencing leg-related problems. The Leg

Club staff worked in a unique partnership with patients and the local community. The group met once a week, with no appointments required and members could drop in to chat over a cup of tea or coffee while awaiting treatment. Transport could be arranged to and from the clubs from community transport. The emphasis of the Leg Club was also to empower patients to participate in their care, in a social environment that eased loneliness by providing congenial surroundings where old friends could meet and new friendships be formed.

### Access to the service

The practice was open between the NHS contracted opening hours of 8am and 6.30pm Monday to Friday. In addition to pre-bookable appointments (in practice and online) that could be booked up to eight weeks in advance the practice offered book on the day GP, nurse and health care assistant appointments (every morning & afternoon), walk-in GP appointments (every morning & afternoon) and telephone call backs as requested. Extended hours were offered four days a week up until 8pm.

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.

- 88% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 74% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

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

### Listening and learning from concerns and complaints

# Are services responsive to people's needs?

(for example, to feedback?)

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

We looked at 32 complaints received in the last 12 months and found the practice had recorded negative feedback from friends and family comments, verbal feedback and formal complaints. We saw that all complaints had been satisfactorily handled, dealt with in a timely way, with

openness and transparency. Patients were given apologies where appropriate and informed at all stages of the complaint. Lessons were learnt from individual concerns and complaints and shared with all staff. The practice saw complaints as an opportunity to improve the quality of care. For example a patient had complained about not being able to get an emergency appointment which had resulted in them going to the local hospital. An investigation was undertaken, the appointments system explained fully to the patient and all staff were reminded of the correct procedures in place for the provision of urgent appointments.

The practice also kept a record of the many compliments made about the service and fed these back to staff concerned.

# 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 had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

We spoke with nine members of staff. They told us there was a strong focus on being patient centred, and the practice achieved this by supporting good team working, professional development and training. There was also an understanding of supporting patients and developing services within the local community alongside identifying the social and health care needs of patients.

### 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
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

However, arrangements to ensure outcomes from audits were shared and learning from the results improved outcomes for patients was limited. Continuous improvement was restricted due to the limited number of two cycle audits and the potential beneficial findings they might produce.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

The partners and practice manager also inspired their staff to ensure patients were the focus of care and main priority in the practice. They told us they prioritised safe, high quality and compassionate care.

Staff throughout the practice were proud of their work, this was demonstrated from the moment you entered the practice as all staff were smiling and welcoming. They told us there was no difference between clinical and non-clinical staff, everyone was treated the same. They told us that everyone in the practice, including partners, were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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



# Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was a virtual group of approximately 70 members. They were contacted regularly for their advice on opinions to drive improvement at the practice. For example most recently the group were involved in improving a new patient questionnaire.
- The latest Friends and Family Test (August 2016) showed that 93% of patients would recommend the practice.
- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The leadership demonstrated a drive for continuous improvement. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment to improve outcomes for their patients. For example; the GP was a GP with specialist interest (GPwSI) for paediatrics. Patients could benefit from this specialism when undertaking routine appointments.

The practice was also involved in research and was a Royal College of General Practitioners (RCGP) Research Ready accredited practice. A GP and nurse were GCP trained. The practice had recently taken part in research including the treatment of urinary tract infection without the intervention of anti-biotics.

The practice was a training practice and trained doctors at foundation level and specialist training level. They also had medical students from university and helped to train paramedic and nurses as part of their degree course.