

The Prince of Wales Surgery

Quality Report

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

Ratings

Overall rating for this service

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Prince of Wales Surgery on 21 June 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 been trained to provide them with 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. 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 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.
- 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.

The areas where the provider should make improvements are:

Ensure that patients with the long term condition of diabetes are provided with a written copy of their own care plan. When this was brought to the attention of the practice manager, a new protocol was introduced.

Summary of findings

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.
- The practice needed a more robust system in place to receive MHRA) alerts and patient safety alerts. When this was brought to the attention of the practice, a new protocol was introduced and the relevant searches completed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- 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.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as 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 practice had responded to patient feedback by offering 15 minute appointments instead of 10 minute appointments. These extended appointments were offered from 8.30am until 12.30pm daily and all day on a Tuesday from 7.30am to 7.30pm. The practice had put in place a catch up 10 minute empty appointment slot each afternoon to prevent significant delays to patients.
- 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 systems in place to identify military veterans and ensure their priority access to secondary care in line with the national Armed Forces Covenant. The practice had identified 25 military veterans to date.

Outstanding



Are services well-led?

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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- 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 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

The practice is rated as outstanding for the care of older people.

- 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.
- The practice offered 15 minute appointments instead of 10 minute appointments. These extended appointments were offered from 8.30am until 12.30pm daily and all day on a Tuesday from 7.30am to 7.30pm. The practice recognised that older patient and those with multiple complex conditions required more time and this made visiting the practice less stressful for them.
- Each GP had protected time for one session a month to review patients aged over 75 years, with their time back filled with a locum. The vulnerable patients lead GP (which included patients aged over 75 years) held a management session monthly. The practice had an established process in place which resulted in regular updates of patient lists, protocols, searches, medication safety actions, and liaison with other health professionals.
- The practice had an allocated GP for local nursing and residential care homes to ensure continuity of care. The practice worked with these homes to promote adherence to the Dorset prescribing formulary, to develop a weight management form and a urine sample form which the practice has shared with other practices in the local clinical commissioning group.
- The practice had an emergency access phone hotline that residential care homes or NHS organisations could use to contact the practice, bypassing the switchboard for emergencies only.
- Patients at the practice had in house access to the district nursing team, who were based in the same location as the practice.

Outstanding



People with long term conditions

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

Good



Summary of findings

- 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, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 85% which was better than the national average of 80%.
- 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.
- The practice had introduced a proactive call and recall system for nurse appointments dedicated to those patients with a diagnosis of hypertension, heart disease, respiratory disease, learning disabilities, or cervical smears. This system also covered the administration of vaccines, therapeutic injections, and drug monitoring blood tests.
- The practice provided shared care with a diabetic specialist nurse working with the practice nurse at a monthly clinic.
- The practice had diabetes trained practice nurses and a diabetes trained GP.
- The practice offered in-house spirometry.
- The practice had a cancer patient list colour coded by prognosis which was updated monthly. Cancer survival patient reviews were held with the practice nurses.
- The practice provided an ostomy review service. An ostomy is a surgical procedure that creates an opening on the abdominal wall for waste products to move out of the body. This helped patients avoid unnecessary hospital appointments for their ostomy reviews.

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.

Good



Summary of findings

- The practice cervical screening programme had achieved 82% which was higher than the clinical commissioning group (CCG) average of 77% and in line with the national average of 82%.
- 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.
- The practice offered in-house access to health visitors, who were based at the same location as the practice.
- The practice had a child safeguarding lead GP and a lead child safeguarding administrator.
- The practice maintained an up to date list of vulnerable and looked after children. The practice also maintained a list of patients who had previously been on the at risk children list but had attained their 17th birthday, to ensure continuity of care.
- The practice provided priority appointments for vulnerable children and children with serious long term conditions and telephone consultations for teenagers who wished to speak discreetly with a GP or nurse.
- The practice offered contraceptive services including emergency contraception and long term contraceptive implants.

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.
- 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 offered early morning and late evening surgeries and lunchtime telephone appointments.
- The nurse practitioner provided surgeries for minor illnesses.
- The practice provided a range of online services including booking and cancelling of appointments, prescription ordering, access to medical records, change of address or personal details.
- Electronic transfer of prescriptions for flexible collection and repeat dispensing was available.
- NHS Health checks for patients aged over 40 were provided.

Good



Summary of findings

- The practice provided signposting to local support services relevant to working age patients such as Live Well Dorset for flexible access to smoking cessation, exercise and weight management.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had provided the time and resources for their nurse practitioner to develop a system which identified and supported homeless patients. The system devised helped homeless patients to secure timely appointments at the practice, including an urgent appointment system if appropriate
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The vulnerable patients lead GP (which included patients aged over 75 years) held a management session monthly to update patient lists, protocols, perform searches, perform medication safety actions, and liaise with other health professionals.
- A nurse practitioner at the practice had achieved a Royal College of General Practitioners (RCGP) award for nurse of the year 2015. The practice had provided the time and resources for their nurse practitioner to develop a system which identified and supported homeless patients. The system devised helped homeless patients to secure timely appointments at the practice, including an urgent appointment system if appropriate.

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).

Good



Summary of findings

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% which 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 were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 240 survey forms were distributed and 130 were returned. This represented about 2% of the practice's patient list.

- 97% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 91% 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%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 93% 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 14 comment cards which were all positive about the standard of care received. Patients had written that the service was very clean and well organised, that the GPs and nurses were professional and dedicated and that the receptionists were friendly and helpful.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

Ensure that patients with the long term condition of diabetes are provided with a written copy of their own care plan. When this was brought to the attention of the practice manager, a new protocol was introduced.

The Prince of Wales Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Prince of Wales Surgery

Prince of Wales Surgery was inspected on Tuesday 21 June 2016. This was a comprehensive inspection.

The practice is situated in Poundbury, which is part of the Duchy of Cornwall estate in Dorchester, Dorset. The area scores eight on the deprivation decile, with one being the most deprived and ten being the least deprived, showing that Dorchester is an affluent area compared to the national average. Census information shows that 97% of the population identify their ethnicity as being white British.

The practice provides a primary medical service to 5,865 patients of a diverse age group. The practice is a training practice for doctors who are training to become GPs and for medical students. There was one GP registrar at the practice.

There was a team of four GPs partners, one female and three male. The practice also employed a locum GP (female). Some GPs worked part time and some full time. The whole time equivalent was 3.12. Partners hold managerial and financial responsibility for running the business. The team were supported by a practice manager, a nurse prescriber, two practice nurses, three health care assistants, and additional administration staff.

Patients using the practice also had access to district nurses and health visitors who are based at the practice. Podiatrists and physiotherapists were also based at the practice. A muscular skeletal service is also based at the practice, together with epidurals and physiotherapy. There was also a warfarin clinic for patients with atrial fibrillation. An MS nurse visits once a month (multiple sclerosis) as well as a nurse who specialises in diabetes. Other health care professionals visit the practice on a regular basis.

The practice is open between the NHS contracted opening hours 8am and 6.30pm Monday to Friday. Appointments can be offered anytime within these hours. Extended hours surgeries are offered at the following times; every Tuesday 7.30am till 7.30pm. These had been decided upon following a patient consultation.

Outside of these times patients are directed to contact the Dorset out of hour's service by using the NHS 111 number.

The practice offered a range of appointment 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 the Prince of Wales Surgery, 2 Frederick Treves House, St John Way, Dorchester, Dorset DT1 2FD. We visited this location during our inspection.

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

Detailed findings

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on Tuesday 21 June 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 14 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.

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, the practice had registered a new patient's details incorrectly when they joined the practice. This came to light when a solicitor requested the patient's medical records. The practice realised at this stage that a mistake had been made. An apology was made to the patient. Shared learning included greater communication with new patient's previous practice and additional support for staff in registering new patients.

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 GPs attended

safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses and reception staff had been trained to a level appropriate to their role

- The practice was part of the CQC child protection plan review for Dorset pilot scheme. Learnings from this included maintaining a current list of looked after children even after they have been removed from this list and after their 17th birthday. The practice considered that even when a patient attained their 17th birthday this didn't negate historic risks.
- The practice maintained close links with their resident health visitors. For example, records of patients subject to domestic violence and also children living in the same household also potentially at risk of domestic violence.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The most recent audit had been completed in June 2016. Actions arising from this had been implemented. For example, the seal between hand washing sinks and the wall in some areas was found to be inadequate. This had been addressed and the integrity of the seal made good. 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

Are services safe?

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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could prescribe medicines for specific clinical conditions. She received mentorship and support from the partners 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 three staff 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. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to

monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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. The practice had a staffing policy in place to ensure there were enough staff on duty and that they had varying levels of skills and experience.

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.

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 98% of the total number of points available. Exception reporting was in line with the national average of 3%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2015 – March 2016 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 was 85% which was better than the national average of 80%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% which was better than the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been 20 clinical audits completed in the last two years, four 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 were used by the practice to improve services. For example, an audit in June 2016 had achieved its fourth cycle. This audit examined whether mental health patients had received annual health reviews and that all actions had been followed up, such as blood pressure checks and psychiatric reviews. The outcome was that six patients were all found to be up to date at this time. The audit would be repeated again in six months.

Information about patients' outcomes was used to make improvements. For example, an audit into vasectomy operation success rates. The audit findings had examined the results of vasectomy operations on 65 patients between October 2014 to October 2015. The findings of the audit were that the practice had achieved a 100% success rate. The audit was repeated on an annual basis.

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

Are services effective?

(for example, treatment is effective)

- 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.

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.
- Nurses provided patients with dietary advice and were also able to support patients with exercise referrals.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the clinical commissioning group (CCG) average of 81% 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.

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 98.1% to 100% and five year olds from 98% to 100%. These were both above the CCG average of 94% for under two year olds and 91% for under five year olds.

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 14 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 three members 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:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 96% 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:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 92% 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%.
- 90% 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.

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified about 2% of the practice list as carers. The practice used this register to contact carers for example to let them know of social events. The practice had held a cream tea afternoon in June 2016 for carers and planned to hold a mince pie party in December. The June 2016 event had attracted positive feedback from carers. 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 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. The practice policy had been reviewed in May 2016.



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;

- Each GP had protected time for one session a month to review patients aged over 75 years, with their time back filled with a locum. The vulnerable patients lead GP (which included patients aged over 75 years) held a management session monthly to update patient lists, protocols, perform searches, perform medication safety actions, and liaise with other health professionals.
- The practice had an allocated GP for local nursing and residential care homes to ensure continuity of care. The practice worked with these homes to promote adherence to the Dorset prescribing formulary, to develop a weight management form and a urine sample form which the practice has shared with other practices in the local clinical commissioning group. This included a monitoring form for weight management and helped patients to self manage their care. The impact of this upon patients included earlier, quicker and more accurate diagnosis.
- The practice had an emergency access phone hotline that residential care homes or NHS organisations could use to contact the practice, bypassing the switchboard for emergencies only.
- The practice provided priority appointments for vulnerable children and children with serious long term conditions and telephone consultations for teenagers who wished to speak discreetly with a GP or nurse.
- The practice offered extended hours on a Tuesday from 7.30am until 7.30pm in response to patient feedback, aimed at working patients and school children who could not attend during normal opening hours.
- The practice offered 15 minute appointments every morning from 8.30am until 12.30pm aimed at patients with older patients and patients with complex conditions.
- 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.
- There were disabled facilities, a hearing aid loop and translation services available.
- The practice had a patient lift to allow access to patient areas. There was also a staff lift to allow secure access to the second floor, which was used entirely for staff administration.

Access to the service

The practice offered 15 minute appointments instead of 10 minute appointments. These extended appointments were offered from 8.30am until 12.30pm daily and all day on a Tuesday from 7.30am to 7.30pm. The practice recognised that older patient and those with co-morbidities required more time and this made visiting the practice less stressful for them.

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 at the following times; every Tuesday 7.30am till 7.30pm. These had been decided upon following a patient consultation.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people 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.

- 78% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 97% 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.

Listening and learning from concerns and complaints

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



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

- 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. For example, there was a poster in display in the waiting room which explained how patients could complain should they wish to do so. There were also complaints leaflets on display.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled and showed openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient had seen a clinician at the practice and been dissatisfied with the service received. The complaint was investigated appropriately. The practice had offered an apology and a change of GP. The patient was satisfied with the outcome.

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 mission statement which was displayed in the waiting areas and staff knew and understood the values. This included being patient centred and delivering high quality care.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The business plan had been reviewed recently in May 2016.

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 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

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected 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. All staff met up twice a month, these meetings were attended by all staff. We saw that written minutes were kept of these meetings. GP partners and practice manager met up weekly. Nurses met up on a monthly 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 and supported in doing so. We noted team away days were held every six months.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. 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 met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had provided feedback on GPs running late and the impact of this upon patients. As a result the practice had introduced longer appointments of 15 minutes instead of 10 minutes between 8.30am and 12.30pm. The reception

Are services well-led?

Good 

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

also let patients know if their GP was running late with other appointments. The practice had also introduced a 10 minute catch up slot every afternoon which ensured that other appointments ran on 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. For example, staff had provided feedback on the rota system and how it could be improved, this had been acted upon. Staff told us they felt involved and engaged to improve how the practice was run.

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. For example, the practice was part of the Dorset CCG child protection

review pilot scheme. Learnings from this included maintaining a current list of looked after children even after they have been removed from this list and after their 17th birthday. The practice considered that even when a patient attained their 17th birthday this didn't negate historic risks.

As a training practice and teaching practice the practice provided education and support for medical students and trainee GPs. Two of the practice GPs were qualified and experienced GP trainers.

The practice was involved in a pilot scheme called the Dorset Care plan in conjunction with the IT team at the CCG which examined a new system for vulnerable patients care plans, bringing all their information together into one place to enable a more joined up approach for patients.

The practice had a social media web page which it used to provide patients with up to date information, health promotion advice and signposting to other relevant services and events.