Fordington Surgery

Quality Report

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Date of inspection visit: 17 May 2016
Date of publication: 06/07/2016

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Fordington Surgery on 17 May 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.
- Practice GPs maintained an ongoing review of potentially vulnerable patients using a system which showed the up to date details of those most vulnerable. Patients identified as being potentially vulnerable were discussed at formal weekly meetings and actions agreed. For example any

Summary of findings

patient who had attended accident and emergency departments, safeguarded children, adult safeguarded patients, patients with learning disabilities, patients subject to domestic violence.

We identified areas of outstanding practice:

Patients with multiple long term conditions had been identified and were able to see a GP instead of a nurse when they attended for their flu vaccinations. This was done in order to review their complex needs in a single appointment. GPs also took this opportunity to carry out health checks across a range of other conditions for example, dementia diagnosis.

The practice had introduced an innovation to support vulnerable patients responding to their needs in a more proactive and timely way. The practice GPs maintained a dedicated time slot for one hour, four times a week whereby they contacted local care homes and either visited or invited the patient from the home into the practice. Historically patients would not have been visited until the afternoon, which meant treatment could be started in the morning, potentially avoiding an unplanned admission to hospital.

The practice had recently introduced a new computer application. It sent out a text reminder to patients to confirm the appointment, reminded them of the appointment 24 hours in advance and sent out a friends and family survey message after the appointment. This had resulted in less cancelled appointments and increased patient feedback information.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3% of their patients as carers. The practice used this register to send out details of workshops which carers could attend, invited them in for annual health checks and offered signposting to relevant services. Written information was available to direct carers to the various avenues of support available to them.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Annual infection control audits were undertaken, most recently in April 2016. The practice had also invited the clinical commissioning group (CCG) infection control lead to visit the practice to scrutinise their procedures in the spirit of continuous improvement in safety.
- 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.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- The number of unplanned emergency admissions to hospital per 1,000 head of population was 12 which was lower than the CCG average of 13.2 and the national average of 14.6.
- 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?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey in January 2016 showed patients rated the practice higher than others for several aspects of care. The percentage of respondents to the GP patient survey who described the overall experience of their GP surgery as fairly good or very good was 95.7% which was higher than the CCG average of 90.3% and the national average of 85%.
- 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.

Are services responsive to people's needs?

Good

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. For example, the practice had become the designated GP practice which looked after a West Dorset women's refuge. The practice had a lead GP for this who met with the refuge's health visitor on a weekly basis.
- The practice had introduced an innovation to support vulnerable patients responding to their needs in a more proactive and timely way. The practice had an experienced drug worker who performed surgeries for vulnerable patients on a weekly basis. The practice GPs maintained a dedicated time slot for one hour, four times a week whereby they contacted local care homes and either visited or invited the patient from the home into the practice. Historically patients would not have been visited until the afternoon, which meant treatment could be started in the morning, potentially avoiding an unplanned admission to hospital.
- 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.

Summary of findings

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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.
- There was a strong focus on continuous learning and improvement at all levels. For example, the practice manager was involved in a primary care reference group which scrutinised clinical commissioning group (CCG) innovations to examine how these could better succeed both clinically and administratively.
- 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.

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

Outstanding ☆

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.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The front door had an automatic opener system on it which made it easy for patients who were frail or had limited mobility to access the building.
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- The practice had identified 3% of their patients as carers. The practice used this information to send out details of workshops which carers could attend, invited them in for annual health checks and offered signposting to relevant services.

People with long term conditions

Good ●

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Summary of findings

- Performance for diabetes related indicators were better than the national average. For example, 86.6% of patients registered with diabetes had received a regular health check over the last 12 months. This was higher than the national average of 77.54%.
- Practice nurses worked alongside a specialist diabetic nurse who visited the practice once a month, sharing their skills and experience to enable better care for patients in this population group.
- 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.
- During the annual flu vaccination season, patients with multiple long term conditions were booked in to see their GP in the flu clinic rather than a practice nurse. This enabled them to discuss their multiple conditions with their GP.

Families, children and young people

Good

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.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding five years was 81% which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The front door had an automatic opener system which made it easy for push chair users to access the building.
- The practice had two toilets which contained baby changing facilities. The practice had a dedicated children's' waiting area with educational materials available.
- The practice had a designated young people's information board which contained relevant information for this population group.

Working age people (including those recently retired and students)

Good

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 had systems in place to identify military veterans on their new patient form and ensure their priority access to secondary care in line with the national Armed Forces Covenant.

People whose circumstances may make them vulnerable

Good

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

- Practice GPs maintained a "yellow folder system" which contained details of the practice's vulnerable patients. The patients were discussed weekly by GPs and included newly raised safeguarding reports, any patient who had attended accident and emergency departments, patients with acute dementia, vulnerable adult and child safeguarding, patients subject to domestic violence and patients with learning disabilities.
- The practice GPs maintained a vulnerable patient time slot for one hour, four times a week. During this time the GPs contacted local care homes and either visited the care home or invited the patient into the practice. Under the old

system this patient would not have been visited until the afternoon, which meant treatment could be started in the morning, potentially allowing the patient to avoid an unplanned admission to hospital.

- 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.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 97.6%
- 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.
- GPs were active in seeking out dementia diagnosis, for example, during annual health checks for long term conditions.

Summary of findings

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in

  the preceding 12 months was 91.3% which was comparable with the CCG average of 92.1% and better than the national average of 88.5%.
- 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 January 2016. The results showed the practice was performing in line with local and national averages. 237 survey forms were distributed and 109 were returned. This represented about 2.5% of the practice's patient list. Results from the survey showed;

- 98% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 94% 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%.
- 96% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 91% 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%.

We normally ask for CQC comment cards to be completed by patients prior to our inspection. However, on this occasion a CQC comments box and comments cards were not received by the practice. The practice had sought and obtained written patient feedback. We read 20 comment cards which were all positive about the standard of care received. Patients had written about the clean and well organised environment, the friendly and approachable receptionists, the caring GPs and nurses and the calm and professional management of the practice.

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

The practice had recently introduced a new computer application which completed the following functions.

- Sent out a text reminder to patients to confirm appointment details at the time the appointment was booked.
- Sent out another reminder 24 hours before the appointment.
- Following the appointment, sent out a friends and family survey message. We looked at the April 2016 results. The survey had received 117 responses, of which 98% were likely or extremely likely to recommend the practice.

Outstanding practice

Patients with multiple long term conditions had been identified and were able to see a GP instead of a nurse when they attended for their flu vaccinations. This was done in order to review their complex needs in a single appointment. GPs also took this opportunity to carry out health checks across a range of other conditions for example, dementia diagnosis.

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invited them in for annual health checks and offered signposting to relevant services. Written information was available to direct carers to the various avenues of support available to them.

Fordington 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 Fordington Surgery

Fordington Surgery was inspected on Tuesday 17 May 2016. This was a comprehensive inspection.

The main practice is situated in the village of Fordington, Dorset. On the level of deprivation scale, the area falls within the third less deprived decile. This means that it is amongst the least deprived areas of England. The first decile being the least deprived and the tenth decile the most deprived. The 2011 census shows that 97% of the population identify themselves as White British. The practice provides a primary medical service to 4,200 patients of a diverse age group. The practice is a teaching practice for medical students and GP registrars.

The practice has a team of two GPs partners and two salaried GPs. Two GPs are female and two are male. The whole time equivalent was two GPs. Partners hold managerial and financial responsibility for running the business. The team are supported by a practice manager, two practice nurses, two health care assistants and additional administration staff.

Patients using the practice also have access to community nurses, mental health teams and health visitors. Other health care professionals visit the practice on a regular basis.

The practice is open between the NHS contracted opening hours 8am to 6.30pm Monday to Friday. Appointments are offered anytime within these hours. Extended hours surgeries are offered on a Thursday evening from 6.30pm to 7.30pm.

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

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

The practice has a General Medical Services (GMS) contract with NHS England.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 May 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.

Detailed findings

- 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 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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, an incident occurred where a patient had telephoned the practice to report chest pain. The symptoms were reported by the patient as being resolved with treatment. However, complications later occurred and this led to the practice reviewing its chest pain protocol. Shared learning took place. The improvements which had been introduced reduced the risk of reoccurrence in the future.

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. Practice nurses were trained to child safeguarding level two.
- 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 spoke with the practice's professional cleaning contractor and examined their cleaning schedules and system of regular internal and external cleaning audits. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local clinical commissioning group (CCG) 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, most recently in April 2016 and we saw evidence that action was taken to address any improvements identified as a result. For example, by carrying out regular hand washing audits. The practice had invited the CCG infection control lead to visit the practice to scrutinise their procedures in the spirit of continuous improvement.
- 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. Blank prescription forms and pads were securely stored and

there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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 had been checked in March 2016 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.

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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met 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. The practice had a call and recall system which ensured that patients who required annual reviews were invited three times to the practice. As a result the practice had high levels of informed dissent. This meant that patients had received a letter and responded in writing to the practice that they did not wish to receive an annual review.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-2016 showed:

- Performance for diabetes related indicators was better than the national average. For example, 86.6% of patients registered with diabetes had received a regular health check over the last 12 months. This was higher than the national average of 77.54%.
- Performance for mental health related indicators was better the national average. For example, 91.3% of patients registered with mental health issues had received an annual health check, which was higher than national average of 88.47%.

There was evidence of quality improvement including clinical audit. For example;

- There had been twelve clinical audits completed in the last two years, six of these were completed audits where the improvements made were implemented and monitored. They included a medicine reconciliations audit, this checked that information regarding patient's medicines was forwarded to secondary care within one working day of a direct request, or as part of the referral process for planned admissions.
- An audit on medicines known as statins (medicines used to treat high levels of cholesterol) was carried out on a continuous cycle every quarter which ensured that the patients were on appropriate medicines and dosages.
- A general prescribing audit on a six monthly basis maximised cost effective prescribing. These focused on dermatology and coeliac disease.
- Audits on discharge information from hospital were completed which benefitted patients by ensuring that any medicine changes were identified quickly and speedily expedited. As a result of this audit a pharmacist was employed at the practice and shared with other practices. This brought specialist expertise on medicines into the practice for the benefit of the patients and the wider community.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Audits planned for the future included hypertension, diabetes, depression monthly audits, appointment capacity monthly audits, CKD (chronic kidney disease) audits.

Information about patients' outcomes was used to make improvements, for example an appointments audit which was carried out in December 2015. This audit had identified an increase in patient list size of an additional 409 patients from June 2013 to December 2015, with a corresponding rise in demand for appointments. As a result of this the number of GP and nurses sessions was increased.

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. The

Good

Are services effective?

(for example, treatment is effective)

practice had a bespoke human resources system which tailored training according to staff role. For example, a recent administration assistant who had joined in the last six months had received training in customer care, counter fraud, conflict resolution and complaint handling alongside other basic training.

- 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.
- 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.

The number of unplanned emergency admissions to hospital per 1,000 head of population was 12 which was lower than the CCG average of 13.2 and the national average of 14.6. This meant that patients belonging to the practice were less likely to experience unplanned admissions to hospital compared to local and national averages.

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, drug and alcohol dependency. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82.5%, which was comparable to the national average of 74%. 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 had total communication boards (pictures with common phrases or meanings) to communicate with

Good

Are services effective?

(for example, treatment is effective)

patients using different methods of communication, together with large print information. 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.

The practice had recently successfully bid for the contract to supply NHS health checks to patients aged 40 to 74 years old. These health checks promoted a healthy lifestyle and monitored patients' blood pressure and cholesterol levels.

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 92% to 100% and for five year olds 100% was achieved.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Results from the April 2016 practice friends and family survey showed that the practice had received 117 responses, of which 98% were likely or extremely likely to recommend the practice.

We read 20 compliments cards and online comments on the practice website all of which 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 five 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%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 94% 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%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to CCG average of 89% and the national average of 85%.
- 96% 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% and the national average of 91%.
- 98% 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:

- 89% 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%.
- 89% 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%.
- 94% 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 telephone 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

Good

Are services caring?

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 3% of their patients as carers. The practice used this register to send out details of workshops which carers could attend, invited them in for annual health checks and offered signposting to relevant services. 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. The practice had a military veteran's policy in place which had been reviewed in May 2016.

Good

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 an evening surgery on a Thursday until 7.30pm which was aimed at working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or for multiple co-morbidities.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice had introduced an innovation to support vulnerable patients responding to their needs in a more proactive and timely way. The practice GPs maintained a dedicated time slot for one hour, four times a week whereby they contacted local care homes and either visited or invited the patient from the home into the practice. Historically patients would not have been visited until the afternoon, which meant treatment could be started in the morning, potentially avoiding an unplanned admission to hospital.
- The practice had introduced an innovation to support vulnerable patients responding to their needs in a more proactive and timely way. The practice had an experienced drug worker who performed surgeries for vulnerable patients on a weekly basis. The practice GPs maintained a dedicated time slot for one hour, four times a week whereby they contacted local care homes and either visited or invited the patient from the home into the practice. Historically patients would not have been visited until the afternoon, which meant treatment could be started in the morning, potentially avoiding an unplanned admission to hospital.
- 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. The practice was a yellow fever centre.
- There were disabled facilities, a hearing aid induction loop and translation services available.
- The front door had an automatic opener system on it which made it easy for wheelchair and push chair users to access the building.
- The practice had two toilets which contained baby changing facilities. The practice had a dedicated children's' waiting area with educational materials available. The practice had a designated young people's information board which contained relevant information for this population group.
- The practice offered health visitor's clinics from the practice on a weekly basis.
- The practice provided the community alcohol and drug advisory service with a consultation room on a weekly basis.
- The practice had become the designated GP practice which looked after a West Dorset women's refuge. The practice had a lead GP for this who met with the refuge's health visitor on a weekly basis.

Access to the service

The practice was open between the NHS contracted opening hours 8am and 6:30pm Monday to Friday. Appointments could be offered anytime within these hours. Extended hours surgeries were offered on a Thursday evening from 6:30pm to 7:30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were 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.

- 85% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 98% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had recently introduced a new computer application which completed the following functions.

- Sent out a text reminder to patients to confirm appointment details at the time the appointment was booked.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Sent out another reminder 24 hours before the appointment.
- Following the appointment, sent out a friends and family survey message. We looked at the April 2016 results. The survey had received 117 responses, of which 98% were likely or extremely likely to recommend the practice.

Listening and learning from concerns and complaints

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

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

We looked at the one formal complaint received in the last 12 months and found this had been satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken to improve the quality of care. For example, changes to the online prescription ordering system had raised a concern. The changes had been fully explained to the patient concerned and the reasons for the change set out in full, which were for the benefit of all patients.

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 was displayed on the practice website as follows;

1. To deliver high quality, integrated care that is closer to home and meets individual needs.
2. To deliver innovative and flexible solutions that support and improve health and well-being.
3. To deliver value for money and be financially sustainable.

- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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 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. The nurses met on a weekly basis. The GP partners met on a daily basis and GPs met formally on a monthly basis. All staff meetings were held on a quarterly basis. The practice manager met with the GP partners for a monthly management meeting.
- 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 building social events 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 friends and family surveys and complaints received. The PPG met quarterly and submitted proposals for improvements to the practice management team. For example, the PPG had

Are services well-led?

Good

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

requested that the practice website font be increased in size and to avoid the use of capital letters in order to make it easy for all population groups to read. The practice had implemented this.

- The practice had gathered feedback from staff through an annual staff survey in October 2015, through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The management had acted upon staff feedback. The staff had requested a coffee machine, this had been provided. The reception team were surveyed about the increasing list size. Feedback from this led to the employment of an apprentice at the practice. This had been successful in reducing the workload at reception. 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. The practice had been involved in a nurse revalidation pilot scheme process and had conducted nurse appraisals for nurses across the CCG as part of this scheme.

The practice manager was involved in a primary care reference group. This group was comprised of GPs, practice managers and CCG representatives from across Dorset. The purpose of the group was to scrutinise CCG innovations to examine how these could better succeed both clinically and administratively. The practice was a teaching practice for medical students and GP registrars.