Carisbrooke Health Centre

Quality Report

22 Carisbrooke High Street
Newport
Isle of Wight
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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?	Good
Are services well-led?	Good

Key findings

Contents

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection October 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Carisbrooke Health Centre on 20 March 2018, as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a focus on continuous learning and improvement at all levels of the organisation.
- The practice child safeguarding lead GP held monthly meetings with the School Nurse, the Health Visitor and the community learning disability team liaison to discuss any issues.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

The areas where the provider should make improvements are:

Summary of findings

- Review the recording of the decision to not undertake a Disclosure and Barring Service check on some staff roles.
- Review the process for the approval of all Patient Specific Directions completed for health care assistants in relation to flu injections.
- Review how patients are informed of the practice's complaints process, including how to contact the Parliamentary and Health Service Ombudsman.

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

Summary of findings

The six population groups and what we found

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

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

Carisbrooke Health Centre

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.

Background to Carisbrooke Health Centre

The Carisbrooke Health Centre is located at 22 Carisbrooke High Street, Newport, Isle of Wight, PO30 1NR.

The practice website can be found at www.carisbrookehealthcentre.co.uk

The practice has an NHS General Medical Services contract to provide health services to approximately 11,400 patients.

The practice has a large catchment area covering the centre of the Isle of Wight. The practice has patients in three residential homes and two nursing homes. The practice supports patients in one home with supported living for people with mental health issues. The practice has six schools nearby.

The practice has opted out of providing out-of-hours services to their own patients and refers them to the Isle of Wight Out of Hours service via the NHS 111 service.

The practice was last inspected by the Care Quality Commission in October 2015. This was a full comprehensive inspection and the practice was rated as good overall and good in all the population groups and domains.

Good

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes.

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and regular training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. DBS checks were undertaken where required although we did not see any risk assessments for staff who did not require a 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).
- There was an effective system to manage infection prevention and control.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients.

There were adequate systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

Information to deliver safe care and treatment.

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines.

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal

requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- We saw that all Patient Group Directives had been completed and signed. Patient group directions allow healthcare professionals to supply and administer specified medicines to pre-defined groups of patients, without a prescription.
- We checked that Patient Specific Directions (PSD) were completed for health care assistants in relation to flu injections however these were not always signed. We saw that PSD's for B12 injections were all signed. A Patient Specific Direction (PSD) is a written instruction, signed by a prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis. We spoke with the practice about this matter and they immediately checked the procedures. They straight away introduced a new standard operating procedure for giving flu vaccinations. Making sure that GP's authorised PSDs for Health Care Assistants to give flu vaccination prior to clinics and only to give when a practice nurse or GP were on premises, having completed annual update either face to face or e-learning.

Track record on safety.

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made.

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. For example the practice reported a clinical error where a patient was prescribed the wrong medicine. The patient was intended to be prescribed a higher dose of their existing medicine. However the wrong medicine was chosen from a standardised list. The practice's learning and action from this error was to ensure that prescription clerks were more focused on the task at hand or prioritised that task above others on re-authorising prescriptions from changes that GPs make. The practice achieved this change by introducing a red basket system for prescription dose changes, whereby GPs reviewed the changes that needed before sending to the patient.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice and all of the population groups as good for providing effective services overall.

Please note: Any Quality and Outcomes Framework (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.

Effective needs assessment, care and treatment.
The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practiced employed an Emergency Care Practitioner who helped in home visiting and especially helped managing better care for older and frailer population. This practitioner had received specific training in order to have potentially difficult discussions with older people around advanced care planning and end of life choices.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services.
- Housebound patients had home visits for their regular reviews and the practice also did home visits for International Normalized Ratio (INR) measurements. INRs is a system established by the World Health Organization (WHO) and the International Committee on Thrombosis and Hemostasis for reporting the results of blood coagulation (clotting) tests.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90%. The practice told us that they achieved the best vaccination levels on the Isle of Wight by offering immunisation clinics just after school hours and by proactively inviting and providing appointments for children and young people.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice child safeguarding lead GP held monthly meetings with the School Nurse, the Health Visitor and the community learning disability team liaison to discuss any issues.

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

- The practice's uptake for cervical screening in the last published figures was 74%, which was comparable to local and national averages and in line with the 80% coverage target for the national screening programme. The practice was working to increase this number by

Good

Are services effective?

(for example, treatment is effective)

following up patients who were eligible for screening and we were given unverified data by the practice that this figure had risen to 83% since the last published figures.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. For example the Learning disability register had 57patient recorded and there had been 20 patients reviewed in last year. It was not clear what action was taken to improve this service at the practice. The practice believed that this figure was low as quite a few patients preferred to attend a local Isle of Wight NHS Trust clinic rather than the practice.
- The practice had a hearing loop for people with diminished hearing and easy access for people with disability. They would continue to register homeless people when they could not offer proof of address.

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

- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average at 84%.
- 96% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is above the national average of 91%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 91% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to the national average at 91%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment.

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality and Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. The overall exception reporting rate was 18% compared with a CCG average of 14%, the practice should review the systems for following up patients with long term conditions that had not attended for a review. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. For example, the practice offered a phlebotomy service, including extended hours in the mornings, which included extra phlebotomy appointments. These, in contrast to the previous scheme, had been very popular and were routinely fully booked.
- The practice was actively involved in quality improvement activity. We saw that several audits were taking place in the practice and results were used to make improvements. For example, in antibiotic prescribing, the prescribing lead had completed an audit in 2017 which showed improvement and an overall reduction in generic prescribing in the last two years. The practice told us that they will look again in the end of April 2018 as they had added more scores to help reduce unnecessary antibiotic prescribing.

Good

Are services effective?

(for example, treatment is effective)

Effective staffing.

Carisbrooke Health Centre had been a training practice for 15 years with three registered trainers. The practice currently has one GP trainee and two trainee doctors. The practice also has a Spanish GP retrainer who is employed by the Wessex Deanery.

The practice had five GP partners, four female and one male, and two salaried GPs, one male and one female. The practice has five practice nurses and two health care assistants. The GPs and the nursing staff are supported by a practice manager, an assistant practice manger and a team of 15 administration staff who carry out administration, reception, scanning documents and secretarial duties.

The practice had recently employed an emergency practitioner who visited patients in their own homes after making a phone call to the patients to triage as to suitability for emergency practitioner to visit or a duty GP to visit. Each patient to be visited was discussed with the duty GP before and after the visit. The emergency practitioner did not prescribe and any prescribing required would be completed by the duty GP.

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment.

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives.

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment.

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion.

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 17 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice. Comments received were that practice gave an extremely good service; all staff were caring, respectful and treated patients with dignity and respected them. The practice was always clean and tidy and it was easy to get an appointment.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 224 surveys were sent out and 103 were returned. This represented about 1% of the practice population. The practice was above or comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 96%.
- 92% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 87%; national average - 86%.
- 86% of patients who responded said the nurse was good at listening to them; (CCG) - 93%; national average - 92%.
- 86% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.

Involvement in decisions about care and treatment.

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. We saw a carer's registration form which was displayed in the waiting area and patients were asked if they were a carer when registering at the practice. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 135 patients as carers; this is about 2% of the practice list. The practice told us that 123 of these carers had had a review in the last 12 months.

- There was a Care Navigator who worked with the practice and took referrals from GPs. The Care Navigator reviewed patients at home, assessed their needs and referred them on to appropriate services if required.
- Staff told us that if families had experienced bereavement the practice offered the family consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

Good

Are services caring?

Results from the July 2017 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:

- 83% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 89% and the national average of 87%.
- 78% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 85%; national average - 82%.
- 92% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 83% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 88%; national average - 86%.

Privacy and dignity.

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.
- This was also confirmed in the responses patients gave us in the completed comments cards.
- The practice complied with the Data Protection Act 1998 and was registered with the Information Commissioners Office. The practice used a private company to archive and store practice files and documents securely away from the practice.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs.

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the practice was working to educate local residents that the practice car park was for patients using the practice and were looking at various options to make spaces available for patients.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice had an electronic register of patients shared with out of hours services, as well the ambulance service, using a template developed in collaboration with the Hospice team to enable easy access to medication if needed. The practice worked closely with a local Hospice, even sharing the same IT system which had helped facilitate an easier transition of patient care details.

People with long-term conditions:

- The practice held nurse-led clinics for diabetes, asthma, chronic obstructive pulmonary disease, hypertension, hyperlipidaemia and heart failure with support from GPs for patients with more complex needs or those identified as at risk of admission. Protocols and medication were reviewed regularly.
- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Housebound patients had home visits for their regular reviews as well as for INR measurements.

Families, children and young people:

- The practice offered routine and emergency appointments outside school hours. The practice encouraged children and teenagers to come to them for minor injuries. We were told this was working well as the practice had three schools located in close vicinity.
- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The practice offered free Wi-Fi in the building for patients waiting to be seen.
- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, there were early morning appointments, from 7:30am to 8:30am, and these were reported to have been more successful than the previously offered evening appointments, which had not been utilised.
- Telephone consultations were available and the practice was working towards web GP consultations.

Good

Are services responsive to people's needs?

(for example, to feedback?)

People whose circumstances make them vulnerable:

- The practice used Language Line for improved communication, and amongst the GPs there were individuals who spoke German, French, Greek and Spanish.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice carried out annual health checks for people with learning disabilities with flexibility in offering longer appointments or arranging a home visit.
- The practice offered support to their carers. The practice were actively trying to improve that when patients registered with the practice they completed carer information forms.

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

- The practice was a dementia friendly practice. Staff had training to recognise and bring issues to the clinicians. The practice had the resource of a Care Navigator to refer to as well, who completed assessments and formulated personal care plans.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment.

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were available from 8.30am to 6.00pm. The practice also offered extended hours Monday to Friday, with appointments available from 7.30am. Urgent appointments were also available for people who needed them. Routine appointments could be made well in advance usually up to a maximum of six weeks for GP appointments and eight weeks for nurse appointments. Appointments could be made by phone, on line or by visiting the practice.

The practice offers online booking of appointments and requesting prescriptions.

Patients were able access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than local and national averages. This was supported by observations on the day of inspection and completed comment cards. 224 surveys were sent out and 103 were returned. This represented about 1% of the practice population.

- 87% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 84% and the national average of 80%.
- 78% of patients who responded said they could get through easily to the practice by phone; CCG – 76%; national average - 71%.
- 72% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 76%; national average - 76%.
- 86% of patients who responded described their experience of making an appointment as good; CCG - 77%; national average - 83%.

Listening and learning from concerns and complaints.

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 17 complaints were received in the last year. We reviewed four complaints and found that they were satisfactorily handled in a timely way.
- All of the complaints had been investigated within the NHS complaints process.
- None of the complaints received have been subject to Parliamentary and Health Service Ombudsman review.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We saw that the address for the Health Service Ombudsman was not shown in the practice information and the practice should provide patients detail of how to contact this department.

- The practice recognised the value of receiving feedback from patients as this was an opportunity to constructively review matters and improve patient services.
- Where complaints were of a clinical nature, these were reviewed by relevant GPs, matters discussed and learning outcomes noted.
- Where these were felt to be of wider significance, the outcomes were discussed during scheduled Business Meetings.
- All non-clinical matters were investigated by the Practice Manager and where necessary individual staff supported to understand any learning required.

Are services well-led?

Good

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

Our findings

We rated the practice and all of the population groups as good for providing a well-led service.

Leadership capacity and capability.

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy.

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture.

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was an emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements.

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood. However some improvement were needed such as the oversight of the Patient Specific Directives and lack of risk assessments for when a Disclosure and Barring Service check was not considered as required. .
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Are services well-led?

Good

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

Managing risks, issues and performance.

There were clear and effective clarity around processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. However this had not been extended to review the needs of patients with long term conditions who according to exception reporting may not been reviewed regularly.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information.

The practice acted on have appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners.

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The practice had completed their own patient survey in February 2018 which showed that patients were involved in the practice and several comments were made to improve the service. For example, patients asked about more early morning appointments and later evening appointments. The practice had subsequently increased the number of early morning appointments from four mornings to five mornings; evening appointments were being offered by the Isle of Wight seven day working team at several practices in the local area.
- The practice was finding it a challenge to encourage patients to start a patient participation group, but was working with the local clinical commissioning group to get a group started.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation.

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. For example, two GPs had an interest in chronic pain and offered acupuncture to patients who they had assessed to benefit from such a procedure. This had been received well by patients. The practice had also been involved in a pilot for direct access to advanced musculosketal practitioners on the Isle of Wight which provided a very positive impact for patients.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Are services well-led?

Good

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

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.