

Providence Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Providence Surgery on 22 October 2015. Overall the practice is rated as outstanding. In particular the practice was rated as outstanding for providing responsive and well led services.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients found reception staff at the practice helpful.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw areas of outstanding practice:

- All GPs had specialist training on substance misuse and detoxification protocols. Care for patients with mental health and/or substances misuse was shared with the mental health team and detoxification programmes were offered at the practice. This ensured consistency of care and consistent parameters for the type of care provided.
- The practice had in house MRI scanning, X-ray and ultrasound facilities to enable patients to have examinations carried out promptly. We saw a pregnant woman who had been to the practice for the 20 week scan, and they said it made their care much easier. The ultrasound service was developed and paid for by the practice and had a waiting time of one week for a scan to be done.

Summary of findings

- A GP from the practice visited the local night shelter for homeless people on Monday to Friday evenings to provide medical care.
- The practice worked with the local community in particular the Boscombe Community Forum to shape the future of the community. The forum's purpose was to raise awareness of issues affecting the community

and acting as an information exchange of what services are available to people. Such as local Healthwatch, Citizen's Advice and Drug and Alcohol support.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients receive reasonable support, truthful information, a verbal and written apology and 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.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at the average for the locality. Where outcomes were lower than the average the practice had implemented measures to address this.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as outstanding good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- All GPs had specialist training on substance misuse and detoxification protocols. Care for patients with mental health and/or substances misuse was shared with the mental health team and in house detoxification programmes were offered. This ensured consistency of care and consistent parameters for the type of care provided.
- The practice had in house MRI scanning, X-ray and ultrasound facilities to enable patients to have examinations carried out promptly. We saw a pregnant woman who had been to the practice for the 20 week scan, and they said it made their care much easier. The ultrasound service was developed and paid for by the practice and had a waiting time of one week for a scan to be done.
- A GP from the practice visited the local night shelter for homeless people on Monday to Friday evenings to provide medical care.

Outstanding



Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Outstanding



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for identifying notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that 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.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency admissions.
- The practice recognised that immunisation rates could improve low for all standard childhood immunisations and was proactively managing this.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Summary of findings

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered a range of services including blood tests, MRI scanning and X-ray facilities to enable patients to have tests carried out in the practice, which made it easier for working age patients to receive care and treatment.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- A GP from the practice visited the local night shelter for homeless people on Monday to Friday evenings to provide medical care.
- It offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice worked with substance misuse services to provide joined up care for patients and offered in house detoxification programmes.

Outstanding



People experiencing poor mental health (including people with dementia)

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

Outstanding



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015. The results showed the practice was performing in line with local and national averages. 455 survey forms were distributed and 109 were returned. This was 1% of the practice population.

- 89% found it easy to get through to this practice by phone compared to a CCG average of 85% and a national average of 73%.
- 95% found the receptionists at this practice helpful compared to a CCG average of 90% and a national average of 87%.
- 84% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 90% and a national average of 85%.
- 92% said the last appointment they got was convenient compared to a CCG average of 94% and a national average of 92%.

- 78% described their experience of making an appointment as good compared to a CCG average of 82% and a national average of 73%.
- 57% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 68% and a national average of 65%.

We received 32 patient CQC comment cards, the majority of responses were positive about the service experienced. Patients said they felt the practice offered a professional, helpful and supportive service. Staff were helpful, caring and treated them with dignity and respect. Negative comments included waiting for two to three weeks to see a named GP and at times difficulty in getting longer appointment times, but there were no common themes and these were individual patient views. We spoke with four patients during the inspection. All four patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Providence 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 advisor, a practice manager specialist advisor and an Expert by Experience.

Background to Providence Surgery

Providence Surgery has two GP partners and employs seven salaried GPs. In addition there are two practice nurses, two health care assistants, a supervisor, an operations manager and a team of administration and reception staff. There is a branch surgery at Strouden Park Medical Centre.

The practice is situated in one of the most deprived areas in England and has a higher proportion than the national average of patients aged between 20 to 49 years of age. There is a higher than national average incidence of recorded crime and patients who are of no fixed abode. The practice has approximately 9600 patients on its register, but is subject to a 30% turnover of patients annually. A total of 20% of the patients registered with the practice are known to misuse drugs and/or alcohol. The practice area is in the top 1% of deprived areas in the UK. There are 38 different languages spoken within the practice area and 20% of the population are unable to read or write well.

The practice is a training practice for medical students and doctors training to be GPs. There are four male and five female GPs who work at Providence Surgery.

The practice is open at the following times:

Monday 7am-8am and 8:30am - 1pm and 2pm -7:30pm. Tuesday-Friday 8:30am - 1pm and 2pm -6pm.

Walk-in Clinics run every day for emergencies between 8:30am -10.30am

Telephone enquiries are taken Monday-Friday: 8:30am-1pm and 2pm-6pm.

Out Of Hours patients are advised to contact the NHS 111 service or 999 if it is an emergency.

We inspected the location at 12 Walpole Rd, Boscombe, Bournemouth, BH1 4HA.

The practice has a branch surgery located at:

Strouden Park Medical Centre, 2a Bradpole Road, Bournemouth BH8 9NX.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 October 2015.

During our visit we:

- Spoke with a range of staff including three GPs, the operations manager and the business manager, practice nurses and administration staff and spoke with patients who used the service.
- 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.

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 operations manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- Meetings were held every two weeks to discuss significant events. When required immediate action was taken if it was considered that the issue was urgent. This was communicated to staff either face to face or via an email.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient collapsed in the practice and GPs gave immediate attention and called for an emergency ambulance. When the practice was administering the oxygen they realised that there was a slight delay, as a mask had not been attached to the cylinder. This was quickly rectified in case the oxygen would be needed for use in the future. Another example involved an incident where a practice nurse was seeing a patient who became angry during their appointment and produced a knife and threatened staff with it. As a result of this safety doors with key fob locks were installed and CCTV.

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

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse reflected relevant legislation and local requirements and policies. These 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 relevant to their role. GPs were trained to Safeguarding level three.

- Health visitors and district nurses were located on the practice premises, which enabled close working. In particular when safeguarding children, the practice proactively supported children's welfare when there were known concerns in the family home.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual and quarterly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription 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 four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate

Are services safe?

professional body and the appropriate checks through the DBS. When a DBS check had not been undertaken, for example, for administration staff there were completed risk assessments in place detailing why.

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 displayed in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- Checks had been made on the electrical wiring systems and measures were in place to rectify any areas which needed attention, for example, junction boxes which needed to be renewed.
- The practice's radiation protection file was maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IR(ME)R). It was detailed and up to date with an inventory of all X-ray equipment and maintenance

records. This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment.

- We found relevant staff had received radiation protection training. Records showed the provider regularly audited the quality of X-ray images taken. This showed X-rays were taken to an acceptable standard and therefore minimised the risk of further (and unnecessary) X-ray exposure to patients.

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. There was also a first aid kit and accident book 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 fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 93% of the total number of points available with 11% exception reporting. Data from 2013 to 2014 showed:

- Performance for diabetes related indicators was similar to the Clinical Commissioning Group (CCG) and national average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average.

Performance for mental health related indicators were better than the national average.

QOF indicators for patients aged 65 and older who had received a seasonal flu vaccine were lower than the national average. The practice had achieved 62%, compared with the national average of 73%. In addition the number of patients aged over six months and under 65 years who were in defined clinical risk groups who had received a seasonal flu vaccine was lower than the national average. The practice had achieved 34% compared with the national average of 52%. We discussed this with the practice who told us that they were aware of this issue and said they had a high patient turnover of approximately 30%

each year and a transient population which made exception reporting problematic. The practice was considering employing a nurse specifically to undertake opportunistic childhood vaccinations and cervical smear.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included identifying patients who used high dose inhaled steroids for their asthma. The audit showed which patients were under or over ordering inhalers and whether they had been taught on how to use their inhalers correctly. The results of the second audit showed that there had not been a significant change in results, but all patients were receiving appropriate advice and treatment. There had been a significant increase of 85% to 93% of patients who had a steroid card, which gives information on the medicine they are taking for others to be aware of.

Information about patients' outcomes was used to make improvements such as using risk assessments of the top 2% of patients at risk of inappropriate hospital admissions, along with monthly multi-disciplinary meetings. Due to the complex condition of patients who misused alcohol and drugs, these meetings included representatives from substance misuse services in the area and community psychiatric nurses to provide holistic care and to ensure there was consistency in care and treatment.

Effective staffing

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

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- All GPs had specialist training on substance misuse and detoxification protocols. Care for patients with mental health and/or substances misuse was shared with the mental health team and in house detoxification programmes were offered.
- Other areas where GPs had specialist qualifications included dermatology, psychosexual counselling and family planning.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example for those reviewing patients with long-term conditions, administering vaccines and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision for nurses and facilitation and support for the revalidation of GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice employed an independent pharmacist for six days a year to carry out audits of prescribing.

Coordinating patient care and information sharing

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

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

- The practice outsourced their outgoing post for reviews and recalls to a service which printed and delivered letters, this had improved efficiency in ensuring patients were invited for a review or check.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly to six weekly basis and that care plans were routinely reviewed and updated. The practice worked closely with health visitors and midwives based at the practice due to a high number of children deemed to be at risk on the practice register. This involved sharing relevant information on social, financial, as well as health situations.

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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.
- Where a patient had met with the GP and it was agreed upon the decision to not resuscitate Do Not Resuscitate Records were completed, scanned into the patient record and shared with the out of hours service, care homes and the patient.

Health promotion and prevention

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

Are services effective?

(for example, treatment is effective)

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and substance misuse. Patients were then signposted to the relevant service.
- The practice's website had information on keeping well for example when antibiotics were appropriate and there were leaflets in the waiting area on health promotion, for example annual health checks provided by the practice.
- The practice also worked with a local group, which consisted of community health care workers, midwives and health visitors to promote health in the local community, for example child health and sexual health.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. There was a

policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 48% to 97% and five year olds from 78% to 94%. However, the practice recognised that more could be done to improve uptake and was looking at ways on how this could be achieved. This included designating a member of staff to monitor attendance and send recalls when a patient did not attend to receive a vaccine.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated patients 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 and that 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.

We received 32 patient CQC comment cards, the majority of responses were positive about the service experienced. Patients said they felt the practice offered a professional, helpful and supportive service. Staff were helpful, caring and treated them with dignity and respect. Negative comments included waiting for two to three weeks to see a named GP and at times difficulty in getting longer appointment times, but there were no common themes and these were individual patient views.

We also spoke with a member of the patient participation group. 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 comparable to clinical commissioning group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 86% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.

- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 81% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 90% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 95% said they found the receptionists at the practice helpful compared to the CCG average of 90% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. In addition members of staff spoke Polish, Arabic and Welsh.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. 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.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours clinics on Mondays for working patients who could not attend during normal opening hours. There were longer appointments available for patients with a learning disability. Also home visits were available for older patients / patients who would benefit from these. There were same day appointments available for children and those with serious medical conditions. The practice provided care for two care homes in their area and cover for a rehabilitation ward for older patients at the local hospital. GPs told us that they usually visited the care home daily to provide care and treatment.
- There were disabled facilities and translation services available.
- The practice worked closely with health visitors, the substance misuse team and social services to manage the care and treatment of vulnerable patients and their families.
- The practice had in house MRI scanning, X-ray and ultrasound facilities to enable patients to have examinations carried out promptly. We saw a pregnant woman who had been to the practice for the 20 week scan, and they said it made their care much easier. The ultrasound service was developed and paid for by the practice and had a waiting time of one week for a scan to be done. The practice had access to a consultant gynaecologist to advise on the results of scans when needed.
- GPs from the practice visited the local night shelter for homeless people on Monday to Friday evenings to provide medical care.
- The practice also worked with the local community police support unit and Boscombe Forum, a local community group, to understand the populations specific needs, such as isolation and poverty and to offer support if able.

- The practice informed us that 20% of their population were unable to read and write well. They offered text based reminders, telephone calls and used times when patients came into the practice to offer care and treatment opportunistically.
- Patients of no fixed abode were able to register using the practice address. Where patients needed to access e-referrals this was facilitated by the reception staff in the practice and undertaken immediately after the patient's consultation with a GP.

Access to the service

The practice was open between 7am to 7.30pm on Mondays, with appointment times being offered at 7am to 8am, 8.30am to 1pm and 2pm to 7.30pm. On the other weekdays the practice was open between 8.30am to 1pm and 2pm to 6.30pm, with appointments being offered during these times. When the practice was close patients were requested to call the NHS 111 service or attended the local walk in clinic. Urgent appointments were also available for patients that needed them on the day. The operations manager said they constantly reviewed appointment availability as there had been a number of patients who did not arrive for pre-booked appointments; therefore more same day appointments were made available.

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

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 89% patients said they could get through easily to the practice by phone compared to the CCG average of 85% and national average of 73%.
- 78% patients described their experience of making an appointment as good compared to the CCG average of 82% and national average of 73%.
- 57% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.



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

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 in the form of leaflet and on the practice website.

We looked at 13 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, one patient raised concerns regarding continuity of care; arrangements were made by the practice for this patient to be seen regularly by the same GP.

Are services well-led?

Outstanding



(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 strategy and objectives were challenging and innovative, whilst remaining achievable and focused on ensuring patients' needs were met. In particular those patients in vulnerable groups or with mental health needs. One main aim was to provide as many services in house in response to the local populations needs. The practice area was in the top 1% of deprived areas in the UK and the top 1.5% for criminal activity. There were 38 different languages spoken within the practice area and 20% of the population were unable to read or write well.

- The practice had a mission statement which was displayed in the waiting areas and website. The mission statement was to provide 'Good health for all in the Boscombe area.' Staff knew and understood the values to promote good health for the population and become a centre of excellence.
- The practice aimed to deliver as many service as possible in house, such as X-rays, blood tests, ultrasounds and MRI scans, due the demographics of the practice and complex needs of their patients. There were appropriate arrangements in place to monitor the quality of investigations carried out. For example the practice had ultrasound scans monitored by sonographers at the local hospital to ensure the images were of sufficient quality to interpret.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. This was evidenced in minutes of meetings and discussion with all members of staff. This included seeking alternative income streams in the face of a reduction in financial resources and included working within the federation to provide services.
- There were high levels of staff and patient satisfaction with the care and treatment provided. Staff were proud of working at the practice and spoke highly of the inclusive culture of the GP partners. Patients we spoke with and comment cards received aligned with these views.

- The practice had employed a business manager and IT support to assist in achieving these aims.
- The practice shared facilities and personnel functions with other GP practices who were part of the same federation.

Governance arrangements

There was a management team in place to oversee the systems, ensuring they were consistent and effective. The management team were responsible for making sure policies and procedures were up to date and staff received training appropriate to their role. 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.
- There was comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements. For example, the lead GP would also check all referrals made and discuss the appropriateness of the referral if there were other places where the patient could be treated, such at Providence Surgery or another GP practice in the area. These discussions were also used to identify whether further education for all staff was needed and whether pastoral support was needed to enable all staff to carry out their role.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

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

Are services well-led?

Outstanding



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

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 identifying safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- All GP partners were contactable via mobile phone 24 hours a day if staff needed advice, for example if they were working out of hours.
- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- 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.
- Social events were held in the summer and at Christmas for all staff to participate in.

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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met formally once a year. The PPG was in the process of developing a virtual group to encourage hard to reach patients to become involved. The group

submitted proposals for improvements to the practice management team. For example, they worked with the practice to improve security within the practice, particularly when there were instances of patients becoming angry in the waiting areas.

- The practice had also gathered feedback from staff 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. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was part of a group of 35 GP practices which had formed a federation to look at how assessed health needs would be met across their geographical area and provide those services. Initial areas which the federation were collaborating on were the sharing of recruitment systems and processes and sharing facilities, for example blood testing. The lead GP was also the medical director for the local walk in clinic which operated from the premises at the weekends and is a separate registered location under CQC.

The practice had implemented systems to release staff from routine tasks such as installing a better telephone system to allow patients easier access to the member of staff they wished to speak with; outsourcing paper mail and ensuring information on their website was updated regularly to provide information on other support which may be available, for example, from local pharmacies.

The practice worked with the local community in particular the Boscombe Community Forum an independent forum run by volunteers to shape the future of the community. Areas discussed at the forum included access to health; question and answer sessions with local councilors about regeneration of the Boscombe area; and talks by the local police force. The forum's purpose was to raise awareness of issues affecting the community and acting as an information exchange of what services are available to people. Such as local Healthwatch, Citizen's Advice and Drug and Alcohol support. The Forum aims to identify the opportunities as well as tackling the issues, to bring people together to be fully informed, discuss and co-ordinate action.

Are services well-led?

Outstanding



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

The leadership team, in particular the lead GP, promoted continuous improvement and staff were aware of their responsibilities when delivering change. The practice was fully conversant with the needs of their local population and maintained links with the community and tailored services according to patient need. For example, the

practice engaged with local alcohol and rehabilitation services to provide shared and consistent care. The practice reported that on average they have 2000 patients who misuse drugs or alcohol and currently there were 200 patients registered for detoxification programmes provided by the practice.