

Sandford Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sandford Surgery on 1 November 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- However some improvements were required in areas of infection control and water safety.
- Staff assessed patients' needs and were dedicated to delivering care in line with current evidence based guidance. Staff had been trained in order to provide them with the skills, knowledge and experience to deliver outstanding care and effective treatment, and were proactive in providing an holistic approach to health and wellbeing and in providing opportunistic testing where appropriate.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of patient feedback and continuous learning.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day and three open surgery sessions available weekly to enable immediate and convenient treatment
- The practice had good facilities and was well equipped to treat patients and meet their needs.
 - There was a clear leadership structure, and although it had gone through changes recently, the staff felt greatly supported by management.
- The practice proactively sought feedback from staff and patients, and was strongly involved with the patient participation group.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice was consistently above national averages with regards to quality markers and in line with or better than other local practices for the same markers.

Summary of findings

- Many patients cited examples of where they believe the clinical staff have performed exceptional care, with an example being that palliative patients are given the GPs' home and mobile telephone numbers so that they can access their GP at any time they may need.
- The practice was also piloting the use of enhanced care summary notes (in conjunction with NHS England and the local ambulance trust) that could prove valuable to any health professional outside the practice that needed to know more information about the patient than they could otherwise gain from the basic patient notes, such as normal cognitive behaviour or pain management preferences.

However there were areas where the provider should make improvement:

- Review the arrangements for the safe storage of vaccines.
- Ensure the systems for infection and prevention control including legionella are effective.
- Review the front door access for patients who are wheelchair users.
- Review final response letters to complaints.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice was in the process of implementing clearly defined and embedded systems, processes and practices in order to improve patient safety and safeguards from abuse.
- The practice did not follow all their procedures and policies on infection control and legionella.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed the surgery was performing highly when compared to other practices nationally, and in line with or better than local practices.
- The practice had higher uptake rates for breast, bowel and cervical cancer screening compared to the national and local averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment and over 16% of all patients had their own personalised care plan. This means that around 360 of the more vulnerable patients were involved in their own care and given the information and advice to aid them with own treatment options, with detailed and regular GP and nursing involvement.
- There was evidence of appraisals and personal development plans for all staff.

Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs with frequent interdisciplinary and practice meetings.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment, with the clinical staff promoting self-management for the patients with regard to their own choices and wellbeing.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. The practice was very much considered part of the community by the patients and the staff to the benefit of all.
- GPs made themselves easily available to all vulnerable patients and there was a culture for all staff that 'continue until the work is done' every day. Patients felt the clinical care often exceeded their expectations.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. An example was the easy access to care and the promotion of open surgeries where people could be seen without prior appointments.
- Patients said they found it easy to make a bookable appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. For example, the patients expressed a preference for INR testing (a blood clotting test for patients taking medicines to control blood clotting) to be at the practice and not the local hospital. In order to facilitate this the patient participation group and the practice undertook fundraising in order to raise money for an INR testing machine at the practice, which patients have welcomed.
- Learning from complaints was shared with staff and other stakeholders, however the practice should review final response letters to complaints.

Summary of findings

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it and the practice was looking to the future regarding improving facilities and sharing knowledge and staff. The practice sought to deliver tailored care to all its patients, with an emphasis on care plans and enhanced summary care records. Staff spoke of a desire to improve health outcomes for all patients.
- There was a new leadership structure with the recent departure of the practice management team, but the staff felt well supported by the GP management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk, although there were areas where the practice should improve.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and worked with the surgery and the surgery nurtured this relationship by attending group meetings and taking action points away with them of ways to improve the practice.
- There was a 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.

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population whilst encouraging self help and healthy lifestyle advice.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- All of these patients were invited for a consultation at least every six months.
- The practice provided a range of information to patients giving or requiring care, and opportunistic screening was given wherever appropriate.
- Opportunistic screening included blood tests to screen for any potential health issues.
- There were excellent palliative care arrangements including giving patients the personal contact numbers for GPs to enable contact whenever needed, meaning that where possible patients could have end of life care at home with a GP available as per their wishes.

People with long term conditions

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

Good



- Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Diabetes was well managed by the practice with all diabetes indicators including for blood pressure, blood sugar checks and physical examination favourable to national averages. For example 87% of patients with diabetes had a most recent blood pressure which was acceptable compared to the national average of 78% and the clinical commissioning group (CCG) average of 79%.
- Longer appointments and home visits were easily available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being

Summary of findings

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 which was constantly reviewed and updated.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were good for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. For example using Gillick competence when deciding with a child if they wished to be seen with or without a parent or guardian. Gillick competence is where a child aged 16 years or younger can consent to their own medical treatment without parent permission or knowledge.
- The percentage of women aged between 25 and 64 whose notes record that a cervical screening test had been performed in the preceding 5 years was 93% compared to the national average of 82% and clinical commissioning group (CCG) average of 85%. And this was with only 4% of the female patients in this age bracket being excepted from the total for various reasons, which is better than the national and local exception rates of 7%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors with regular multi-disciplinary team meetings. There was a weekly session designed for woman and child health which covered specific concerns relating to immunisations and general wellbeing.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- 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 promoted open surgery sessions that enabled on the day access to GPs without a need for appointment and also a late session one evening a week.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and offered regular comprehensive health checks.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and is promoting the enhanced summary notes to share information more easily.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Appropriate use was made of enhanced care summary records so that information about patient's health and wellbeing could be used by relevant professionals.

Good



People experiencing poor mental health (including people with dementia)

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

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89% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan in the preceding 12 months, which is comparable to the national average of 89% and the CCG average of 92%.

Good



Summary of findings

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

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with or above local and national averages - 217 survey forms were distributed and 110 were returned. This represented 5% of the practice's patient list.

- 92% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 87% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which all had positives about the standard of care received. The comments included many references to a caring, clean and welcoming environment and staff that listen to concerns. Most comment cards stated that the practice was good or excellent for services.

We spoke with 13 patients during the inspection. All of the patients said they were very satisfied with the care they received and thought staff were approachable, committed and caring. One patient suggested that the practice was continuously improving and was better now than ever before. Another patient told us how they were called at a weekend by a GP for test results, and stated that this service and accessibility was typical from the GP partners, and was very grateful. All those we spoke to, when asked, would recommend the practice.

Sandford Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Sandford Surgery

Sandford Surgery is situated in the middle of the village of Sandford, near Wareham in Dorset. It is based in a compact purpose built facility that dates from 1990. The building is owned by the two GP partners that provide the majority of the GP care at the practice. The practice has a current patient list of 2,211 registered patients.

In addition to the one male and one female GP partners (who between them provide 1.25 whole time equivalent), there are five administrative staff (who each work 20 hours per week), two health care assistants (who each work 20 hours per week) and a practice nurse who works 10 hours per week. There is currently a Foundation Year 2 student doctor being supervised at the practice, who is 3 months into a 4 month training placement. They also have a locum to help on an ad hoc basis when needed and who is well known by the patients and staff.

Sandford Surgery is open from 8.30am until 6.30pm Monday, Wednesday, Thursday and Friday. The practice opens from 8.30am until 7.15pm on Tuesday to accommodate a late clinical session. The reception staff take telephone calls for appointments from 8am until 6.30pm. Outside these hours the practice advises patients

to call NHS 111 for out of hours services. The practice has adopted an electronic prescription service for all patients, although some of the patients will still attend the practice for prescriptions as their preference.

The practice operates both open surgery sessions and booked appointment sessions. Open surgery sessions allow patients to attend between 9am and 10.30am on Monday, Tuesday and Friday mornings without booking in advance, and they will then be seen in turn. There are nine booked appointment sessions for the other times in the week, as well as a well woman and child health clinic and a minor surgery clinic. Home visits are also undertaken and all requests are sent to the GP partners, via reception, who will contact the patient or their carer to arrange a time to attend when convenient to both parties.

The building has three consulting rooms on the ground floor, a reception area, a patient toilet with disabled access and a separate waiting area. Care to patients is primarily given on the ground floor, but there is another consulting room on the first floor that can be used if needed. The first floor also has a staff room, GP office space and administration office, together with staff toilets and a kitchen.

A physiotherapist uses the surgery premises and patients can access this service through an appointment system in reception.

This is a first inspection for this practice.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 November 2016. During our visit we:

- Spoke with a range of staff including the two GP partners, a foundation doctor, a nurse, a health care assistant and two reception staff, and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. By talking to staff, and reviewing the minutes, we saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when a newly registered patient missed an appointment the practice tried to contact them via the telephone for a welfare check. When the patient did then present to the reception staff, there were reasons for the staff to be concerned, and in addition to immediate care being given at the time, a GP alert was triggered on the patient's notes causing the generation of a significant event form, as the patient was known to be a carer. This led to feedback in the staff meeting, which in turn led to improvements in collecting information about a newly registered patient from their former GP practice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training, or were receiving training, on safeguarding children and vulnerable adults relevant to their role. GPs were trained, or currently receiving further e-learning training, to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required and there was a practice policy to ask all patients if they would like a chaperone when making an appointment for a cervical smear or other examination. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS
- The practice generally 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 and clinical commissioning group (CCG) to keep up to date with best practice. There was an infection control protocol in place. The practice nurse was in the process of updating and implementing the policy together with new checklists, audits (including a second hand hygiene audit) and training, in order to improve infection control systems. Sinks and alcohol hand gel were easily accessible throughout the surgery. At the time of the inspection there was not a documented checklist for the cleaning of the toys and the blood pressure cuff in the waiting room, although this was implemented the day after our visit.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits to ensure prescribing was in line with best

Are services safe?

practice guidelines for safe prescribing. There had been six audits undertaken in the last three years in medicine management, however the four we saw on the day are not yet completed and show only cycle 1 data. Particular attention is currently being given to responsible antibiotic usage and anti-inflammatory medicine prescriptions. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. The vaccines fridge was in order and all temperatures were correctly logged and checked. However the lock had recently been difficult to operate on a couple of occasions and we found it unlocked on the day of our inspection. This meant there was a risk of potential unauthorised access or the possibility that without a lock that the door cannot be known to be properly shut. The lock was oiled and fixed the week after our visit.

- We reviewed three personnel files and found 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 professional body and the appropriate checks through the Disclosure and Barring Service. All staff had been issued with NHS Smartcards.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had fire risk assessments that were due to be updated shortly and carried out regular fire drills and alarm checks. Electrical equipment

was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The legionella assessment had led to regular logged water temperature checks, as per the assessment, but the shower on the premises, had not had water run through it every six months as per the documented requirements.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

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. Reception also had a panic button that alerted other parts of building to any potential emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was on the computer drive and a hard copy was kept off-site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- One GP partner had found enhanced summary care records to be a potentially invaluable tool through his out of hours work. Due to this feedback the practice has therefore piloted the scheme, in conjunction with NHS England and South Western Ambulance Service Trust, and asked consent of many of its patients to allow the GPs to add enhanced summary care notes to their records. These are accessible to both the surgery and other agencies such as out of hours providers or hospital trusts. These notes provide valuable information regarding how the patient typically presents, for example if they need walking aids, or their preferences for pain management. We saw an illustrative example of the value of such notes to an ambulance crew who attended a patient with mild cognitive impairment, not knowing if this was 'normal' presentation without being able to contact the GP. 80% of the patients now have such a record with plans to keep adding and updating these opportunistically with patient consent. The GP, working with the clinical commissioning group (CCG) and other agencies, was sharing the value of this system and encouraging other local practices to adopt this method of recording valuable patient information.

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 2015/16 were 99% of the total number of points available (2% above the CCG average and 4% above national average). The overall clinical exception rate for 2015/16 was 7% which is 6% below the CCG average, and 3% below the national average.

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

- Performance for all diabetes related indicators was better than the national average. The practice scored 100%, which is 10% higher than the national average and 6% higher than the CCG average. An example is the percentage of new diabetics who have received a structured education programme within the first nine months of being on the diabetic register was 100% for the practice. This compares to the CCG percentage of 94% and the national level of 92%.
- Performance for all mental health related indicators was better than the national average with a score of 100%, which is 7% above the national average. 91% of patients diagnosed with psychoses have had a blood pressure reading in the last 12 months, comparable to the national average of 89% and the CCG average of 88%.
- The practice scored higher than the national average in all the other clinical domains recorded, with 100% for performance related indicators in 14 domains including asthma, dementia, stroke and cancer. The practice also scored the same or higher in these same domains compared to the CCG averages.
- All six public health condition monitors scored 100% for the practice, which exceeds the national average in all six domains and exceeds or equals the CCG average. These measure monitoring of blood pressure, heart disease indicators, obesity, smoking, contraception and cervical smear uptake for all patients where applicable. For example the percentage of those aged 30 to 74 who have been diagnosed with hypertension in the last 12 months who have then been given a health check and prescribed a medicine to lower cholesterol in accordance with national guidance is 100% with no patients excepted.

There was evidence of quality improvement including audits.

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example continuing feedback regarding non steroidal anti-inflammatory medicine prescription and the continuing effect on patients with regards to possible side effects. The practice regularly reviewed care plans within multi disciplinary team meetings and discussed best practice, with specific patient examples, through peer reviews with other practices and out of hours provider.

Information about patients' outcomes was used to make improvements such as risk profiling and continual medicine management reviews for patients with mental illness. All minor surgery was followed up without exception to check that there were no further problems or information needed, as were patients who did not attend appointments and cancellations if staff felt that it was required to make sure that there were no issues.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with learning difficulties to ensure all have a physical health check, so that 86% of these patients have now been seen for this check.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff were receiving regular appraisals.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. All staff have had training and discuss at every monthly staff meeting. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance, with particular attention given to those considered Gillick competent to see a GP without an adult if preferred.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. All staff had mental capacity training.
- The process for seeking consent was monitored through patient records audits

Are services effective?

(for example, treatment is effective)

- A GP partner was in the process of collecting data for a piece of research into Do Not Attempt Resuscitation (DNAR) and how decisions were discussed and approached.

Supporting patients to live healthier lives

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

- Continuing an 'all staff approach' to anticipatory care for the 206 patients identified as most vulnerable on the patient list. This meant proactively asking to see patients with identified care needs regularly, ensuring all are seen at least once every six months.
- Opportunistically taking blood tests or other examinations where relevant.
- Risk profiling patients with certain medical conditions to make sure that all health checks were carried out and plans in place where needed.

The practice's uptake for the cervical screening programme was 93%, which was higher than the CCG average of 84% and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test, and all such testing is currently undertaken by the female GP partner. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged a culture of opportunistic screening for chlamydia and cervical smear tests, and encourages its patients to attend national screening programmes for bowel and breast cancer screening. In

2014-2015 the practice had above average uptake for cervical, bowel and breast screening compared to both the national and CCG averages. For example, for persons aged 60-69, bowel cancer screening was undertaken in last 30 months for 71% of patients compared to a national average of 58% and CCG average of 64%; and for females aged 50-70 years 86% had been screened for breast cancer compared to the CCG average of 76% and the national average of 72%.

In year 2014-2015, childhood immunisation rates for the vaccines given were comparable to CCG/national averages, given the very small number of children registered as patients. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 57.1% to 100% (compared the national average of 73% to 95%) and five year olds from 90% to 100% (compared to 81% to 95% nationally).

Patients had access to appropriate health assessments and checks and GPs encouraged an holistic approach to healthcare, spending additional time with each patient when they presented at the surgery to discuss all concerns, enquiries or lifestyle opportunities if needed. All new patients were given patient health checks, and NHS health checks were offered for patients aged 40-74. These 'over 40' health checks had recently been given to 52% of eligible patients as part of the focus in the practice on addressing preventable conditions. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. There was evidence from patient feedback that GP partners gave advice on test results and other areas of concern outside of practice hours, and even at weekends, if it was felt to be appropriate or urgent by both patient and GP.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. The reception staff were friendly and discreet when conversing on the telephone or in person with the patient.

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

All but one of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Most also mentioned the dedication to patient wellbeing, particularly with regards to accessibility of appointments and the time taken with each patient. The only negative was that one patient stated that they felt rushed, although they still maintained that all the staff were polite.

We spoke with a member of the Patient Participation Group (PPG). They meet quarterly and have a full committee and minuted meetings with agenda and actions. A GP attends every meeting. The PPG are currently involved in promoting dementia awareness with a view to helping the surgery to be awarded dementia friendly status. The PPG have been involved in many fundraising schemes to buy equipment and furniture for the surgery, including an INR testing machine so that patients no longer have to travel to hospital, and are currently raising funds for a new orthopaedic chair for the waiting room. The PPG members also give of their time, for example by volunteers helping the older patients to how to use electronic prescribing. The practice staff work closely with the PPG and have also helped to raise funds for the practice through their own sponsored swim and raffle. The PPG hosts events in the

practice in the evening for patients, with qualified guest speakers, that can give advice on diets and information regarding other local voluntary organisations. They are currently setting up a charitable concern called 'Friends of Sandford Surgery' to enable more effective fundraising and sponsorship opportunities to be explored.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw or spoke to compared to the national average which is also 95%.
- 99% of patients said they had confidence and trust in the last nurse they saw or spoke to compared to the national average of 97%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful which is the same as the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Are services caring?

also positive and aligned with these views. We also saw that care plans were personalised and that 16% of all patients have a care plan in place with an emphasis on anticipatory care to be considered.

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 better than local and national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- There was information regarding opening hours and what to do out of hours.
- Staff gave advice for self help and health promotion activities that patients could be involved in.
- Patients told us that they were treated as individuals.
- All referral letters were normally dictated with the patient present in order to promote transparency of treatment and to encourage patient involvement in their ongoing clinical needs.
- There was advice on offer in the waiting room, and by the clinical staff themselves, regarding healthy lifestyles, managing diseases and disabilities, and help for carers. All patients are given a Dorset Live Well card (which gives telephone and email advice regarding common diseases or health promotion) and are offered, if needed, information on stopping smoking, weight reduction, physical activity and alcohol reduction.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. Staff told us these patients were well known to staff, as they are very proactive in this area. The practice had identified 95 patients as carers which is 4.2% of the practice list. A reception staff member is the care lead for the surgery and distributes care packs to new carers which contain helpful phone numbers and support group information. Each carer was supported by regular telephone contact by staff to ensure they do not feel isolated and are kept up to date with any relevant numbers or information. This was organised by the care lead member of staff, who also attends regular meetings with local organisations such as Dementia Care UK and promotes local initiatives such as dementia cafes within the practice.

Staff told us that if families had suffered bereavement, their usual GP contacted them, often in person or through a telephone call. 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. There was evidence that the GPs attend patients out of hours and routinely visited patients receiving end of life care, normally weekly. Patients told us that GPs had sat with patients in their last moments at their, or a relatives', wishes. Patients needing end of life care were given home and mobile numbers of the GP partners for them to have 24 hour access. One GP partner provided training (funded through the practice) for all GP registrars in Dorset for end of life care and stated that there was constant assessment with the aim of continuous improvement with colleagues, both in the practice and in the multi disciplinary teams. This was evidenced in minutes of both multi-disciplinary and practice meetings. The practice was also involved in promoting more uptake of enhanced care summary recording, Do Not Attempt Resuscitation (DNAR), special notes and anticipatory care with the other local practices.

Are services caring?

There is a philosophy that the practice stays open 'till the work is done' (as stated by all staff interviewed and patient feedback received) and sometimes meant a GP and some staff staying late till 8pm on weekday evenings to ensure patient's needs are met.

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 GP partner regularly attended meetings with these agencies and fed back to all staff at monthly meetings.

- The practice offered a late session on a Tuesday evening until 7.15pm for patients who could not attend during normal opening hours. There were longer appointments available for patients with a learning disability or by patient request.
- Home visits were available for older patients and patients who had clinical needs which meant they had difficulty attending the practice. These were accommodated by a GP contacting the patient to arrange a suitable time.
- An open surgery system operated three days a week so that all patients could access a GP that day without a prior appointment. In addition there were emergency appointments within booked sessions.
- There were disabled facilities, including a lowered reception desk for wheelchair access to staff, and braille on signs for the toilet and clinical rooms. The practice did not have automatic entrance doors, however there was a call bell at the front door if assistance was required but the bell was too high for patients who were wheelchair users.
- The reception area was uncluttered with anti-bacterial hand gel easily available for all staff and patients. Photographs of all staff were displayed to help patients familiarise themselves with staff. There was a notice of what to do in case of a fire and information about how to donate and fundraise for the practice.
- There was a friends and family test feedback point.
- Both GP partners have had enhanced training in managing drug and alcohol abuse and have links to the local drug clinic in Wareham with regards to treatment for substance misuse.

Access to the service

The practice was open between 8.am and 6.30pm Monday to Friday, with extended opening on Tuesday till 7.15pm.

Appointments were from 9am to 10.30am every Monday, Tuesday and Friday morning and from 9am to 11.30am on Wednesdays and Thursdays. In addition each day there were lunchtime and late afternoon sessions.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 87% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 92% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits, and the GP was alerted daily to those requesting emergency advice or home visits for the GP to then prioritise accordingly.

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 including a comprehensive leaflet detailing how to make a complaint to the surgery and how to take the complaint further to the ombudsman or the CQC.

We looked at three complaints (two written and one verbal) received in the last 12 months and found these were

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

answered in a timely way both verbally and in writing, and all documented. One final letter did not mention the ability to take the complaint further to the health ombudsman, although this information is clearly displayed in the waiting

area with leaflets giving detailed information on making a complaint. Lessons were learnt from individual concerns and complaints discussed where appropriate at the staff meetings.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which prioritised excellent care for all patients and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice encouraged healthcare resilience by welcoming collaboration with trusts or departments within the NHS, the voluntary sector and the community.
- The practice was exploring informal or formal arrangements with other local GP practices to implement more efficient and better working practices.
- The GP practice was continually striving to improve efficiencies utilising IT wherever possible. For example, electronic prescribing was used which most patients preferred to use now rather than conventional arrangements as they liked being able to get a prescription from the most convenient pharmacy for them.
- The practice were proactive in updating the fabric of the practice. For example, carpeted areas in clinical areas had been recently replaced with more appropriate smooth and cleanable flooring.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the capacity and capability to run the practice and ensure high quality care. A GP partner had recently taken on all practice manager duties following a year in which both deputy practice manager and practice manager left the practice to pursue other interests. Therefore, policies were being reviewed and updated by the GPs with the help of the new clinical staff, and the practice was proactively looking at ways to improve without a current practice manager in place. At the time of the inspection they were considering sharing management resources with other local practices and the practice had contracted out its human resources support to a specialist personnel agency.

The loss of both practice manager levels had meant that the current revision of safety in some areas had been overlooked. For example to review and document the legionella checks and cleaning routines. At the time of our inspection, the practice was undertaking an improvement of these areas.

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

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

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

Are services well-led?

Good 

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, or at any other suitable time, and felt confident and supported in doing so. Both partners were considered very approachable at all times.
- 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. Staff told us they felt part of a team.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and

through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.

- The practice had gathered feedback from staff through formal and informal meetings, and by encouraging an open and approachable working environment. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, for example local participation events or training that the staff would like to undertake. Staff told us they felt involved in how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking the GP partners were committed to continuous learning for all the staff. There was an emphasis on continuing training for all clinical staff and on sharing learning. For example, the foundation doctor training at the practice felt well supported, and a GP partner shared knowledge from working at an out of hours organisation.