Penny's Hill Practice

Quality Report

Ferndown Medical Centre
St Mary's Road
Ferndown
Dorset
BH22 9HB
Tel: 01202 897200
Website: www.pennyshillpractice.co.uk

Date of inspection visit: 19 October 2016
Date of publication: 13/03/2017

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Penny's Hill Practice on 19 October 2016. Overall the practice is rated as good.

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

- There was a strong commitment to providing co-ordinated, responsive and compassionate care for patients, particularly patients with long term conditions and older people who are frail and at risk of social isolation. Examples included a celebratory party with all patients who reached their 90th birthday in 2016.
- Patients experienced flexible services that aimed to provide choice and continuity of care.The practice had three times the national average of patients over 75 years and had developed services to meet their needs. Examples included individualised approach to triage by the patients own GP. Named secretaries liaising with patients for continuity of communication. Fast track and longer appointments for carers and patients receiving care.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- There was a holistic approach to assessing, planning and delivering care and treatment to people using services. Examples included: risks to patients were assessed and well managed by a tracker nursing team who worked closely with GPs.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- All of the 47 patients, who used the service, family members and carers, and stakeholders who gave feedback at the inspection were continuously positive about the way staff treated them and other patients. Patient's told us that it was easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.

Summary of findings

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Penny's Hill Practice was proactive in identifying carers and had a comprehensive overview of their needs and created ways to provide timely support for them.
- The practice had adapted facilities that were dementia friendly. The practice and was well equipped to treat patients and meet their needs.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

The provider was aware of and complied with the requirements of the duty of candour.

We saw two areas of outstanding practice:

The practice was innovative in trialling the use of encrypted hand held devices for accessing realtime patient information during home visits. GPs reported this facilitated diagnosis, treatment and immediate recording of the outcome of the consultation with patients ensuring more detailed patient records were maintained.

A proactive approach to managing vulnerable patients and had reduced the number of unplanned hospital admissions for vulnerable patients with chronic health conditions. Data from the provider showed the practice had exceeded the target of 3.5% reduction set by the Clinical Commissioning Group with a 5.4% reduction, which equated to 31 fewer unplanned patient admissions in 2015/16 compared with the previous year.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- 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.
- 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.

Summary of findings

- We observed a strong patient-centred culture, illustrated by events during the year to celebrate the birthdays of all patients reaching 90 years and a party to launch the dementia friendly services.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice focussed on providing resilient, proactive and responsive services for patients registered with it. The services were developed taking account of the much higher percentage of frail and vulnerable older people. Examples included: tracker nurses (carrying out home visits) working closely with GPs to support vulnerable patients resulting in a reduction of unplanned hospital admissions.
- The individual needs and preferences of patients were central to the planning and delivery of tailored services. All 8320 patients had a named GP. The practice introduced a GP buddy system to promote patient continuity of care. There was an individualised approach to appointment triage, where the patient's GP or GP buddy telephoned the patient and/or their carer where appropriate to discuss their needs.
- Innovative approaches to providing person centred care involving other providers were evident. Examples included: collaboration and support from the friends of the practice, the GP partnership worked closely with the volunteers to ensure vulnerable patients received additional support, which was risk assessed such as befriending and transport help to appointments.
- The practice had achieved Dementia Friendly status with adaptions made throughout the building. All staff and patient participation group members having been trained in this area. Appropriate signage had been fitted throughout the building to enable patients to find their way around it easily.
- 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff said they felt supported by management. For example, The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- Penny's Hill practice provided a positive experience for GP registrars and medical students. Through a good reputation of support with trainees and an approachable and dynamic leadership team. This then had a positive impact on attracting new staff when staff retired or left.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. Penny's Hill practice is a training practice providing placements for GP registrars.

Summary of findings

The six population groups and what we found

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

Older people

Outstanding ☆

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

- Penny's Hill practice had three times more patients over 75 years (28.4% of the practice list) compared with the national average of 10.1%.There was a higher prevalence of chronic disease and life limiting illness for patients, with associated risks of isolation and vulnerability in old age.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.This was illustrated by proactive searches of patient lists to identify unmet needs and risk, particularly for the most vulnerable 2% of patients over 65 years and 75 years.
- All of the patients had a named GP and their health needs closely monitored.
- The practice was responsive to the needs of older people. They had a well resourced team with two dedicated nurses (tracker nurses) providing anticipatory care support for vulnerable people. Patients had comprehensive care plans, which the tracker team monitored. The team provided home visits and proactive monitoring to avoid unplanned hospital admissions.
- The practice had a named member of staff as the carer lead who was proactive in identifying any carers, signposting and providing support to them were needed.
- Weekly virtual ward rounds were undertaken to monitor the care and support needs of patients living in 12 adult social care homes.
- All GPs provided twice daily over 75 years clinics for patients with longer appointments, which enabled them to carry out a thorough assessment of needs including support for carers.
- Patients were able to access an emergency telephone line for priority assistance.
- The practice demonstrated high regard and valuing older people, illustrated by events during the year to celebrate the birthdays of all patients reaching 90 years.

People with long term conditions

Good ●

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

Summary of findings

- There was a high prevalence of complex health needs amongst the patient population registered with the practice. The practice had a co-ordinated system for recalling patients for reviews and provided single longer appointments for reviews of multiple conditions.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was above the national average. For example, 94.7% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (national average 88.5%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Data for 2014/15 showed the practice uptake for the cervical screening programme was 80.6%, which was comparable to the CCG average of 83.7% and the national average of 81.8%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. For example, the practice co-ordinated post-natal mother and baby checks with first immunisation appointments for babies.
- Family planning services were available for women including the fitting of contraceptive devices.

Summary of findings

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care including. Patients were able to access appointments on-line and have telephone consultations every weekday. Patients could receive SMS text prompts for appointments if they registered for this service.
- Extended opening hours made appointments more accessible for working people and were available: Monday and Tuesday mornings from 7am to 8am and evenings on Tuesdays and Thursdays from 6.30pm to 7.30pm.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. Examples included repeat prescription requests, advance booking of routine appointments up to three months ahead.

People whose circumstances may make them vulnerable

Good

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

- The practice had a proactive approach to managing vulnerable patients and had reduced the number of unplanned hospital admissions for vulnerable patients with chronic health conditions. Data showed that the practice had exceeded the target of 3.5% reduction set by the Clinical Commissioning Group with a 5.4% reduction, which equated to 31 fewer unplanned patient admissions in 2015/16 compared with the previous year.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Patients who had no fixed abode were able to receive health correspondence through the practice address.
- The practice offered longer appointments for patients with a learning disability. Annual health checks were undertaken in conjunction with the learning disability nurse specialist.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- 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 was proactive in identifying patients who were cared for and those who were carers. There was a named carers champion who maintained network links with services supporting patients and their carers. Information and support was readily available for carers and adjustments made so that they were able to access appointments to suit their needs.

People experiencing poor mental health (including people with dementia)

Good

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

- Data for 2015/16 showed 78.3% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- Performance for mental health related indicators was above the national average. For example, in 2015/16, 97.9% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (national average 88.8%)
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. All staff and patient participation group members were trained in dementia care. Appropriate signage had been fitted throughout the building to enable patients to find their way around it easily. Events promoting dementia services involved patients, carers and community members to raise awareness of these.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and thirty five survey forms were distributed and 136 were returned. This represented approximately 1.6% of the practice's patient list. Results from the survey showed;

- 77% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 90% 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%.
- 90% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who had 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 36 comment cards which were all positive about the standard of care received. Staff were described as being efficient, friendly and caring. Patients had confidence in the treatment and care they were receiving.

We spoke with seven patients prior to and during the inspection. All seven patients and comments from four paitents in emails said they were very satisfied with the care they received. They described staff as knowledgeable and said they were treated as individuals. In some cases their family was also registered at the practice and patients described the compassionate care they and their relatives had received from staff at the end of their lives. Between August 2015 and August 2016, 211 patients completed surveys as part of the Friends and Family test. During this period on average 184 out of 211 patients were extremely likely to recommend Penny's Hill practice to their friends or family.

Penny's Hill Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Penny's Hill Practice

Penny's Hill Practice provides general medical services in Ferndown, Dorset. The area covered attracts people retiring to the area and temporary residents on holiday during the Summer months. At the time of the inspection, there were 8320 patients on the practice list and the majority of patients are of white British background. Penny's Hill practice has nearly three times the number of patients over 65 years (68.4% of the practice list) compared with the national average of 27.2%. There is a higher prevalence of chronic disease and life limiting illness for patients, with associated risks of isolation and vulnerability in old age. There is low social deprivation in the area. All of the patients have a named GP.

The practice has five GP partners and one salaried GP (three male and three female). The practice uses the same GP locums for continuity where ever possible. The nursing team consists of five permanent female nurses, three of whom are qualified nurses. One of the nurses holds prescribing qualifications so is able to treat patients with minor illness. All the practice nurses specialise in certain areas of chronic disease and long term conditions management.

Penny's Hill Practice is an approved training practice. One GP partner is approved as a trainer. The practice normally provides placements for trainee GPs and F2 trainees (qualified doctors in the second year of their foundation training). There was a GP registrar working at the practice when we inspected. Teaching placements are provided for medical students. No students were at the practice at the time of the inspection.

The practice is open 8.30am to 6.30pm Monday to Friday. Phone lines are open from 8.30am to 6.30pm. The practice has a contractual arrangement for the out of hours service to pick up phone calls outside of these times. GP appointment times are available morning and afternoon every weekday. Extended opening hours make appointments more accessible for working people and are available: Monday and Tuesday mornings from 7am to 8am and evenings on Tuesdays and Thursdays from 6.30pm to 7.30pm. Telephone appointments are available Monday to Friday by arrangement. Patients are able to book routine appointments on line up to three months in advance. Information about opening times and appointments is listed on the practice website and patient information leaflet.

Opening hours of the practice are contracted and in line with local agreements with the clinical commissioning group. Patients requiring a GP outside of normal working hours are advised to contact the out of hours service via 111 provided by the out of hours service in Dorset. The practice closes for two afternoons a year for staff training and information about this is posted on the practice website.

The practice has a General Medical Service (GMS) contract.

The following regulated activities are carried out at the practice: Treatment of disease, disorder or injury; Surgical procedures; Family planning; Diagnostic and screening procedures; Maternity and midwifery services.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 October 2016.

During our visit we:

- Spoke with a range of 17 staff (GPs, strategic business manager, practice nurses, practice manager, reception administrative staff) and spoke with seven patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 36 comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed four emails from patients who were members of the patient participation group.

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 with dementia).

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. They told us there was a 'no blame' culture at the practice and were actively encouraged to report and learn from any incidents or near misses. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. The practice had identified several areas of training needs resulting from staff turnover during the last 24 months. The induction and training programme had been reviewed and reviews of new staff were taking place. Some in-house training was provided and the practice had named experienced senior staff delivering certain aspects of this. For example, reception staff had received training to ensure that any patient complaining of chest pain, where they had declined to call 999, was prioritised for an appointment and GPs informed immediately.

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.GPs monitored all children and adults at risk every week and provided examples demonstrating proactive and appropriate referrals had been made to safeguard patients.
- A staff training log sent before the inspection showed that staff had completed child safeguarding training, for example all GPs were trained to child protection or child safeguarding level three. Nursing staff were trained to child safeguarding level two. A GP partner was the safeguarding lead at the practice. Minutes of meetings and discussion with staff demonstrated that staff had completed training with the GP Safeguarding lead and were appropriately following procedures.
- A notice in the waiting room advised patients that chaperones were available if required. Information sent by the practice prior to the inspection had no dates when chaperone training had been provided for staff who might be expected to undertake the role. The chaperone policy had recently been updated and stated that only staff who were trained and had a DBS check would undertake this role (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Reception staff verified that they had not been asked to undertake this role. Two nursing staff verified that they could be asked to undertake chaperone duties and both had a DBS check. The nursing staff were able to describe how they would fulfil this role and had access to online training, which they were doing and were able to demonstrate.
- 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. Annual infection control audits were undertaken, including handwashing audits. We saw evidence that other action

was taken to address any improvements identified by audits. For example, staff were required to undertake additional training and their competency with hand washing technique was reassessed. In 2016, all clinical staff were assessed as having passed the required standards.

- 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. Only GP partners were able to monitor and reissue any high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicines optimisation team, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, an audit looked at prescribing decisions in relation to a specific high risk medicine. The practice found one instance where prescribing was not aligned with recommended guidance and had reviewed this with the patient to ensure the most effective treatment was being provided.
- Blank prescription forms and pads were securely stored and systems had been reviewed with increased vigilance of their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the GPs for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We saw records demonstrating that practice was in regular contact with the medicines optimisation team at the Clinical Commissioning Group (Dorset CCG).
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had an up to date fire risk assessment with clear evacuation information throughout the building for staff to follow.
- 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).
- All electrical equipment was checked throughout the site. Certificates seen demonstrated that clinical equipment was checked to ensure it was working properly. The practice had a system in place to record when new clinical staff were issued with equipment such as a blood pressure machine and demonstrated this had been calibrated in 2016.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Every GP had a GP buddy who covered their work during annual leave or absence. This included reviewing patient investigation results and taking action where necessary. No two GP buddies could take leave at the same time to avoid patient needs not being met.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

Good

Are services safe?

- 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.
- Safety systems were in place to ensure that results and urgent referrals were monitored and followed up promptly.For example, a secretary had responsibility for monitoring when urgent requests for hospital investigations were made for patients.They ensured patients were receiving hospital appointments within two weeks of referral and demonstrated actions taken when this had not happened.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. For example, the practice had completed an audit of patients with type two diabetes with consideration of the latest guidance on Diabetes Management. These guidelines highlight changes in monitoring and the early identification of risks associated with treatments used to lower blood glucose levels to improve patient safety. The results of this audit were being collated when we inspected.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. We looked at the exception reporting for the diabetes and mental health registers of patients. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice QOF exception reporting was similar compared to the national average of 10% and lower than the CCG average of 13%. However, the percentage of exceptions being reported for face to face reviews for patients with dementia was double the Clinical Commissioning Group average (Practice 18% versus CCG 10% versus National 8%). This was explained because the practice had a high number of registered patients living in 12 adult social care homes.

These patients were reviewed at the care home instead of attending the practice, had comprehensive care plans in place and monitored weekly on a virtual ward. We saw records demonstrating patients were monitored through close working with the multidisciplinary team in the community.

The practice had a clinical led decision making system regarding exception reporting. The protocol outlined that patients would only be exempted from the review appointment, if all other avenues had been explored including being sent three prompt letters and being phoned by their GP to discuss this. The practice proactively managed any exception reporting.

Data from 2014/15 showed:

- Performance for diabetes related indicators was above the national average. For example, 90.6% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (national average 88.3%).
- Performance for mental health related indicators was above the national average. For example, 95.6% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (national average 88.5%)
- There was evidence of quality improvement including clinical audit. There had been eight clinical audits in the last year, one of these was a completed audit where the improvements made were implemented and monitored. For example, the practice had audited GP prescribing practise with Non-steroidal anti-inflammatory drugs (NSAIDs are medicines widely used to relieve pain, reduce inflammation, and bring down a high temperature). One of the outcomes from the audit was that record keeping had improved showing rationale to support any decision to prescribe NSAIDs to a patient. GPs were able to justify why data showed higher levels of prescribing NSAIDs. The practice had three times more patients over 75 years (28.4% of the practice list) compared with the national average of 10.1%. GPs highlighted there was higher prevalence of chronic disease and complex needs, with patients

Good

Are services effective?

(for example, treatment is effective)

requiring treatment with NSAIDs. The practice had a medicines formulary so that all medicines choices for this group were followed consistently by all prescribers including training GPs and locum GPs.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. The practice acted on the latest guidelines, evidence based practice and learning to develop in-house templates for staff to use. These templates promoted consistency and ensured that all issues were covered with patients during consultations.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- The practice provided us with information about staff training prior to the inspection.All staff had received basic life support training, fire safety and the Mental Capacity Act 2005. Arrangements had been set up for staff to access and make use of e-learning training modules, which when interviewed staff confirmed they were using. For example, two nursing staff were competing an online training module about chaperoning patients during examinations.
- 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; for example, ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. There was a rolling schedule of appraisals taking place and all staff had received an appraisal in the last 12 months.
- A GP partner had been an approved appraiser for the Wessex Deanery for eight years. As an appraiser, the GP conducted medical appraisals for revalidation for primary care clinicians.

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.

The practice was co-located in a shared building with community nursing staff, which facilitated closer working. Over 200 elderly and frail patients registered at the practice were supported by this team. Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice had a proactive approach to managing patients who were over 75 year old. It had significantly reduced the number of unplanned hospital admissions for vulnerable patients with chronic health conditions. Data showed that the practice had exceeded the target of 3.5% reduction set by the Clinical Commissioning Group with a 5.4% reduction, which equated to 31 fewer unplanned patient admissions in 2015/16 compared with the previous year.

Consent to care and treatment

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

Good

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. For example, they shared examples of where they had taken decisions in the best interests of patients. GPs demonstrated they had appropriately involved the local social services department to ensure that patient rights were met. We saw templates which had been developed and prompted staff to assess a patient's capacity. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.Patients were signposted to the relevant service.
- Practice nurses told us that they worked closely with a learning disability nurse specialist to support patients with learning disabilities to lead healthier lives.A rolling programme of annual health checks was underway and patients had written health plans.
- Smoking cessation advice was available from practice nurses and information provided about a local support group.

The practice's uptake for the cervical screening programme showed practice's uptake for the cervical screening programme was 80.6%, which was comparable to the CCG average of 83.7% and the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and in easy read format for those with a learning disability. Female patients who were eligible for screening told us that their GP had reminded them each time when their next cervical screening was due and had explained what they should do if they did not receive a letter to arrange an appointment from the centrally administered programme. They ensured a female sample taker was available. 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 nursing team audited the effectiveness of the cervical screening carried out at the practice. This enabled the team to identify if any additional training was required.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The percentage of patients in the eligible age range screened for breast cancer was 78.4%, which was comparable with the CCG average of 77% and the national average of 74.3%. We spoke with two male patients who told us they were eligible for aortic aneurysm screening and had this recently.

Childhood immunisation rates for the vaccinations given were in line with CCG averages (under two year olds ranged from 48.2% to 97.2% and five year olds from 92.8% to 97.5%. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 41.4% to 100% and five year olds from 93.8% to 100%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We saw 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 practice had a confidentiality agreement, which staff followed and had been developed across all three practices at the medical centre.

All of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced. We spoke with seven patients who all said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Of the seven patients we spoke with, two were members of the patient participation group (PPG) at the practice. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us that staff responded compassionately when they needed help and provided support when required.

The practice was compassionate about supporting vulnerable patients and their carers. We saw several examples of this, including:

- The practice valued their elderly patients and held a birthday party for all patients, and their carers, who had reached their 90th birthday around the time of the Queen's Birthday.Fifty eight patients attended the party at the practice and we saw the report from the local newspaper and photographs taken on the day.
- A launch party was held for patients to celebrate the practice becoming an accredited Dementia Friendly service.Patients and their carers were invited for tea and cake and were joined by the Ferndown Dementia Friendly Community steering group.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91.6% and the national average of 88.6%.
- 89.2% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 86.6%.
- 96.8% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96.8% and the national average of 95%
- 84.6% 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%.
- 91.4% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 90.6%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90.4% and the national average of 87%

Care planning and involvement in decisions about care and treatment

In total, all seven patients we spoke with 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 36 comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Good

Are services caring?

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 above national averages. For example:

- 90.7% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.4% and the national average of 86%.
- 84.2% 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%.
- 91.4% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice was proactive in screening patients who could be a carer or were being cared for. GPs had developed several templates to use to record patient outcomes onto during consultations. This included an over 75 years check template, which had been adapted and included a number of areas to cover pertinent to carers or patients who were cared for. The practice's computer system had been set to automatically add a code if the person was identified as a carer so prompted all staff when they logged into a patient record that the person may need specific support and advice. Systems were in place to offer flexible appointments for carers at a time to suit them and the person they were caring for.

At the point of inspection, the practice had identified 215 patients as carers (approximately 3% of the practice list). Penny's Hill Practice had a carers pack which it gave to anyone identifying themselves in this role. The practice had a named member of staff who was the carer lead. The carers lead role included identification of carers, signpost and provide support to them were needed. In addition to this, the practice had a 'tracker nurse' who worked with the most vulnerable patients who facilitated advanced planning to cover eventualities such as emergency respite should a carer need hospital or additional care themselves. Written information was displayed in the waiting room and on the practice website 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. 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. We spoke with three patients who had experienced a bereavement. They told us that the staff at the practice were proactive in ensuring that they were well supported both as a carer and patient experiencing grief. For example, one patient said that staff had enabled them to access counselling services when they themselves had not recognised it could help them. The patient told us they were supported throughout this period and continued to have regular contact with their GP following their bereavement.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Situated in Ferndown, the area covered by the practice attracts people retiring to the area and temporary residents on holiday during the summer months. We saw several examples demonstrating patients experienced flexibility, choice and continuity of care. This was illustrated by:

- Penny's Hill practice had three times more patients over 75 years (28.4% of the practice list) compared with the national average of 10.1%.There is a higher prevalence of chronic disease and life limiting illness for patients, with associated risks of isolation and vulnerability in old age. Anticipatory care plans were in place for all these patients.
- The practice offered proactive, personalised care to meet the needs of the vulnerable and older patients in its population. This was delivered by GPs supported by two specialist 'tracker' nurses employed by the practice.The tracker team supported vulnerable patients, provided home visits and proactive monitoring to avoid unplanned hospital admissions where ever possible. Data showed that the practice had exceeded the target set by the Clinical Commissioning Group with 31 fewer unplanned patient admissions in 2015/16 compared with the previous year.
- The individual needs and preferences were central to the planning and delivery of tailored services. All 8320 patients had a named GP. The practice introduced a GP buddy system to promote patient continuity of care.There was an individualised approach to triage, where the patient's GP or GP buddy telephoned the patient and/or their carer where appropriate to discuss their needs. Every GP had a named secretary who liaised with patients about any referrals made to secondary services so that these were followed up in a timely way.
- The involvement of other organisations and the local community was integral to how patients needs were met.Examples included: GPs were proactive in identifying patients who were vulnerable and at risk of social isolation through a standardised assessment process. Templates prompted staff to links such as the Dorset initiative 'Active for Health' to promote exercise and reduce the risk of falls for patients.Penny's Hill had a 'Friends of the Practice, with vetted volunteers who provided befriending, transport and help at social events run by the practice.
- There were longer appointments available for patients with a learning disability or mental health needs. A named member of staff working was responsible for recalling patients for their annual appointments.
- Flexible appointments were available for carers to suit their needs and the people they were caring for.
- Vulnerable people and their carers were given an emergency telephone line so that their calls were prioritised.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients with long term conditions could access tailored appointments of at least 20-30 minutes for a review covering all of their health needs.
- The practice had several online services: Routine appointments could be booked up to three months in advance. Repeat prescriptions could be ordered and patients were able to access their summary care records on line.
- Extended opening hours were accessible for working patients.These were on Monday and Tuesday mornings from 7am to 8am and evenings on Tuesdays and Thursdays from 6.30pm to 7.30pm.
- The practice provided minor surgery for patients needing joint injections, incisions and excision of non-suspicious lumps and cryotherapy (used for the treatment for various skin conditions including skin tags and viral warts as well as some forms of sun related damage).
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.Patients told us that nursing staff had signposted them to the current guidance available on the internet and advised them about vaccines they would need for the destination they were travelling to.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- In line with locally agreed arrangements, routine blood taking is carried out at the local hospital phlebotomy department. However, five patients told us that the practice made adjustments for vulnerable people and provided appointments for them at the practice so that they were able to avoid having to travel to the hospital for this.
- There were disabled facilities, a hearing loop and translation services available.
- There was a proactive approach to understanding the needs of different groups of people, which delivered care in a way that met needs and promoted equality. For example, staff were dementia friends and current best practice was being disseminated across the practice to make services more accessible for people with dementia. Penny's Hill practice had achieved status as a dementia friendly service. The practice had high visibility signage, toilet seats and sensory lighting to improve patient experience and facilitate ease of movement whilst visiting the practice. A member of staff took the lead as the dementia champion ensuring that patients had access, information and were signposted to other avenues of support. The practice had developed an information leaflet explaining what to look for if a patient was concerned they might have dementia, how to ask for an assessment and the support available to them.

Access to the service

The practice was open 8.30am to 6.30pm Monday to Friday. Phone lines were open from 8.30am to 6.30pm, with the out of hours service picking up phone calls after this time. GP appointment times were available morning and afternoon every weekday. Extended opening hours made appointments more accessible for working people and were available: Monday and Tuesday mornings from 7am to 8am and evenings on Tuesdays and Thursdays from 6.30pm to 7.30pm. Telephone appointments are available Monday to Friday by arrangement. Patients are able to book routine appointments on line up to three months in advance. Telephone appointments were available Monday to Friday by arrangement.

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.

- 74.9% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 77.1% of patients said they could get through easily to the practice by phone compared to the national average of 73%).

We spoke with seven patients who all told us that they were able to get appointments when they needed them. A patient told us that the practice had listened to feedback from working patients and had reviewed the extended opening hours to make it easier for them to access appointments after work hours.

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.

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.Posters were displayed and a summary leaflet was available in the waiting room.

We looked at two out of 21 complaints received between April 2015 and April 2016 and found these were satisfactorily handled, dealt with in a timely way and handled with openness and transparency when dealing with the complaint. Lessons were learnt from individual concerns and complaints, which were regularly discussed at meetings. For example, the practice had reviewed the care of a female patient following a significant event. GPs considered the clinical aspects of the care the patient had received as a team. We saw correspondence with the

Good

Are services responsive to people's needs?

(for example, to feedback?)

patient that demonstrated openness of learning and actions taken to prevent such an event occurring again. The correspondence also demonstrated that the patient was given an apology for what had happened.

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 practice charter which was displayed in the waiting areas and in the leaflet for patients. Staff knew and understood the charter values which highlighted that patients had a right to expect a high standard of medical care and treatment. The practice stated aim was to provide the best care for patients and continue to foster an excellent team spirit to help us achieve this.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.The demographic of the patient population was predominantly older people, with three times the number of patients over 75 years compared to the national average.The practice demonstrated that the business plans were regularly reviewed to ensure that developments were in line and served patients registered at the practice. For example, the practice had undertaken a survey to assess the suitability of the environment for people with dementia.Expertise had been sought from the dementia alliance group so that the facilities and access to information for patients and their carers was improved.
- As a training practice, Penny's Hill practice had attracted interest from previous trainee GPs interested in positions at the practice. For example, a salaried GP had been appointed who had trained at the practice and was nominated as registrar of the year for innovation in 2015.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. For example, all of the GP partners had lead clinical roles and supported nursing staff specialising in these areas.These roles provided the practice with assurance that risks were mitigated through proactive management such as responding to complaints and dissemination of learning from significant events. GP partners met every month to discuss any issues arising from the business, agreed actions and monitored whether these had been completed. For example, in September 2016 GP partners had discussed the provision of appointments, meeting patient demand and agreed changes to the system to accommodate this better. Additional time was built into the appointment system every morning and afternoon to meet the needs of patients who were over 75 years to address their complex needs.
- Systems were in place, demonstrating that a rolling programme of development and review of practice specific policies took place.Staff told us they were involved in reviewing policies and procedures and these were made accessible to all staff via the practice intranet.
- A comprehensive understanding of the performance of the practice was maintained. The practice had a lead GP partner with responsibility for monitoring quality, including patient outcomes through the Quality Outcome Framework (QOF). The practice had achieved 100% for its QOF scores for 2015/16, with similar exception reporting rates compared to the national average of 10% and lower than the CCG average of 13%.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. All of the clinical staff, GPs and nurses had carried out quality audits and demonstrated that learning was disseminated and improving outcomes for patients.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the premises were shared with two other organisations and the practice had an improvement plan in place to develop the premises.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

Are services well-led?

Good

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

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.In examples seen, we found responses to patients were compassionate and honest.Staff keenly reflected on the learning from these and had implemented changes that would benefit patients.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings. There was a rolling schedule of meetings held weekly, monthly and every quarter.These included patient care such as hospital admission avoidance for vulnerable patients and end of life care.GP partners met regularly as a team with the practice manager and practice discuss all business matters, including finance. Minutes were kept and important information was disseminated through other team meetings for administrative and reception staff and the nursing team.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. In line with other practices in the locality, Penny's Hill Practice closed for a few hours twice a year to facilitate staff training. Patients were informed in advance of these closures.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. Two members of the PPG told us that the group met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. All five patients we spoke with told us they felt their views were valued by the practice and they felt that they were in partnership to improve the services for all patients. For example, the practice looked into ways to improve patient experience of phoning the practice.The telephone system was upgraded and patients were also able to use a full range of services via SMS texting, which had reduced the pressures on the telephone lines into the practice.
- The practice also had volunteers involved in the 'Friends of Penny's Hill practice'. The volunteers were actively involved in health promotion, for example, during the winter months members helped with the flu clinic management.Members attended local patient forums and disseminated information from these to the practice to drive improvement.The group assisted the practice in driving initiatives with events bringing the community together to reduce the risk of social isolation for vulnerable patients.
- The practice had gathered feedback from staff through meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff were consulted on the development of standardised templates used throughout the practice during consultations with patients.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was trialling the use of encrypted hand held devices for accessing patient records during home visits. These required GPs to log into a secure server and enabled

Are services well-led?

Good

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

them to access and update current patient medical records. GPs told us that this enabled them to be more responsive in diagnosis and ongoing treatment and support. Access to less familiar patients records meant patients received the most appropriate treatment based on their medical history.

Penny's Hill Practice was working with other practices in the locality as a federation to increase collaboration and creation of shared policies and procedures.

Penny's Hill practice had close links with the universities providing teaching placements for medical students. The practice was also an approved training practice with the Wessex Deanery. One GP was an approved GP trainer. There was a regular intake of GP registrars at the practice. Educational meetings were held monthly which any member of staff could attend. These drew learning from practice data, national guidance and research papers which were then discussed and led to projects at the practice. The aim of this was to enhance patient care and treatment.