

Tower House 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?		Outstanding	
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 Tower House Surgery on 9 March 2016. Overall the practice is rated as good. The practice has been rated as outstanding for the responsive domain.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice was working with the Wessex Academic Health Science Network to encourage all GP practices to become dementia friendly.
- One of the GPs at Tower House was the GP Isle of Wight clinical commissioning group lead for older persons and dementia.

We saw areas of outstanding practice:

- The practice had been innovative and proactive to support older people and also people with dementia. The practice had hosted, with Isle of Wight Age UK, an age friendly community steering group in November 2015 and as a result the practice was working to be the

Summary of findings

first age friendly practice on the Isle of Wight. Also the practice Patient Participation Group feedback was shaping the implementation of a collaborative project with two other Ryde practices. The project means the practice now offer seated strength and balance classes for older people with marked frailty.

- The practice was the first practice on the Isle of Wight to adopt a scheme known as ISPACE. Which is designed to improve the patient experience through delivery of a set of improvements in care planning, communications and awareness of dementia for staff in primary care settings.

The areas where the provider should make improvement are:

- Policies should be updated with details of the new practice manager.
- Seating in the patients waiting area should be repaired if damaged and ripped.

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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework 2014 to 2015 showed patient outcomes were at or above average for the locality and 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey January 2016 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.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as Outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice is part of Ryde dementia friendly project and is a safe haven for anyone found confused in Ryde.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Outstanding



Are services well-led?

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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had hosted with Isle of Wight Age UK an age friendly community steering group in November 2015. The practice was working to be the first age friendly (AF) practice on the Isle of Wight. The Patient Participation Group's (PPG) feedback was shaping implementation: an example being a collaborative project with two other Ryde practices offered seated strength and balance classes for older people with marked frailty.
- The practice hosted the first successful Care Navigator pilot now rolled out Island-wide. A Care Navigator works with identified patients who will benefit from support to manage their long term conditions and to avoid unplanned admission to hospital.

Outstanding



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 94% of patients, on the diabetes register, had a foot examination and risk classification recorded within the preceding 12 months, compared to a national average of 89%.
- 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.

Good



Families, children and young people

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

Good



Summary of findings

- 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 patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 80% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months compared to the national average of 76%.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 90% of women patients aged 25-64 had received a cervical screening test in the preceding five years compared to the national average of 82%.
- 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.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice was open from 7.00am on Mondays, and from 6.30pm to 8.00pm on Mondays, Tuesdays and Thursdays for pre-bookable appointments.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.

Good



Summary of findings

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

People experiencing poor mental health (including people with dementia)

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

- 87% of patients diagnosed with dementia that had had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 85%.
- 95% of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was above average in comparison to the national average of 90%.
- 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.
- The practice had become a dementia friendly practice and the diagnosis rate for dementia patients had risen from 57% to 67%.
- The practice had adopted the scheme for making primary care practices dementia friendly using iSPACE. The practice was the first practice on the Isle of Wight to adopt iSPACE which is a number of actions designed to improve the patient experience through delivery of a set of improvements in care planning, communications and awareness of dementia for staff in primary care settings.

Outstanding



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing in line with national averages. 246 survey forms were distributed and 109 were returned. This represented 3% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by phone compared to a national average of 74%.
- 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a national average of 74%.
- 89% of patients described the overall experience of their GP practice as fairly good or very good compared to a national average 86%.
- 80% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared to a national average 80%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all positive about the standard of care received. Key points commented on were that the practice was very caring and patients were always treated well and felt listened to. The environment was safe and hygienic and that reception staff were kind and helpful. There were some negative comments around waiting times for appointments, privacy at the reception desk and that the telephone message was too long.

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

Tower House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Tower House Surgery

Tower House Surgery is located in a purpose built detached property at Rink Road, Ryde, Isle of Wight, PO33 1LP.

Tower House Surgery has an NHS Personal Medical Services contract to provide health services to approximately 10500 patients in and around the Ryde area. The practice covers a mixed urban rural population and due to another GP practice closing in the Ryde area is expecting an increase in the patient list of about 1300. This practice was placed in the fourth more deprived decile. People living in more deprived areas tend to have greater need for health services. The lower the decile, the more deprived an area is. The practice had a higher than national average level of female patients over the age of 85.

The practice told us that to cope with this increase a new GP was joining the practice in April 2016 and an extra nurse would be recruited as well as the building being developed to provide more treatment rooms.

The practice has six GP partners, two male and four female. The practice has two nurse practitioners, four practice nurses and two healthcare assistants.

The clinical team are supported by a practice manager, and a team of 15 receptionists, typist and administration support staff.

The practice is open Monday to Friday 8.00am - 6.30pm. Routine appointments are at 10-minute intervals, and can be booked up to eight weeks in advance. If patients felt they needed a longer appointment they are asked to let the receptionist know when booking their appointment.

In addition, the practice is open from 7.00am on Mondays, and from 6.30pm to 8.00pm on Mondays, Tuesdays and Thursdays for pre-bookable appointments.

Appointments can be made by phone, on line or by visiting the practice. The practice offers online booking of appointments and requesting prescriptions.

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

The practice participates in the All Island training afternoons which are held on three Thursday afternoons during the year. On these occasions cover is provided by the Out of Hours service, called the Beacon service, which can be contacted via NHS 111 number.

The practice was inspected by the Care quality Commission in November 2013 and was found to be compliant with the regulations.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

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 9 March 2016. During our visit we:

- Spoke with a range of staff and recorded their views about the practice. We also spoke with 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 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 patient's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of patients 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 Care Quality Commission 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient told the practice that they were unhappy with parking. A letter of response was written to the patient. Island Roads were approached to request a disabled marked bay outside the surgery on the road particularly to be used as a designated drop off point for disabled patients. In addition, car parking allocation was reviewed between all the users of the building. Staff that did not need their cars in the course of their daily job were asked to park off site, this was discussed at a full team meeting. The impact on the patients was that they could park safely off road and patients with disabilities were able to park close to the practice entrance.

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

Overview of safety systems and processes.

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 relevant to their role. GPs were trained to Safeguarding level three for children and had received training for vulnerable adult safeguarding.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw that some of the seating in the waiting areas had small rips and the practice told us that they were aware and arranging repairs.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. 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 medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a GP or nurse were on the premises.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of

Are services safe?

identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- There were 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.

Monitoring risks to patients.

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment 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). We noted that some of the policies required updating with details of the new practice manager as they were still showing the previous practice managers details.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents.

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment.

The practice assessed needs and delivered care in line 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 patient's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people.

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. The Quality and Outcomes Framework includes indicators for a number of clinical areas. Practice achievement for many of these indicators is measured according to the percentage of relevant patients who are treated in a certain way, or who have certain outcomes resulting from care provided by the practice. The QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect. Data from 2014 to 2015 showed;

- Performance for diabetes related indicators was similar the national average. For example 78% of patients with diabetes, on the register, whose last measured total cholesterol measured with in the preceding 12 months was 5mmol/l or less, compared to the national average of 81%. The exception rate for this practice was 17% against a clinical commissioning group average of 13%.
- The percentage of patients with hypertension having regular blood pressure tests was better at 89% than the national average of 84%. The exception rate for this practice was 4% against a clinical commissioning group average of 5%.

- Performance for mental health related indicators was better than the national average. For example, 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in their record in the preceding 12 months, compared to the national average of 89%.

Clinical audits demonstrated quality improvement.

- There had been seven clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Information about patients' outcomes was used to make improvements such as; a time keeping audit looking at consultation times against time allocated and patient arrival time over a period of three months. Some time keeping measures were introduced and then a further review was undertaken looking at the above criteria, specific action required and learning outcomes. There was 20% reduction in waiting by patients. However, evaluation revealed that many of the appointments were for complex medical problems, long terms conditions, and other known reasons requiring longer consulting time. The audit also brought reassurance that patients chose to see a specific GP above others despite a wait before being seen.

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 staff reviewing patients with long-term conditions. 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.

Are services effective?

(for example, treatment is effective)

- 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 on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing.

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment.

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young patients, 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 records audits.

Supporting patients to live healthier lives.

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

- These included patients in the last months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 90%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice 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, as well as ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were comparable to CCG and/or national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 95% to 100% and five year olds from 84% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion.

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

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

All of the 42 patient Care Quality Commission (CQC) comment cards we received were positive about the service experienced. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. CQC comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey (January 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was similar to the average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92% and national average of 89%.
- 87% of patients said the GP gave them enough time CCG average 90%, national average 87%.
- 95% of patients said they had confidence and trust in the last GP they saw (CCG average 96%, national average 96%)
- 87% of patients said the last GP they spoke to was good at treating them with care and concern (national average 86%).
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern (national average 91%).

- 91% of patients said they found the receptionists at the practice helpful (CCG average 92%, national average 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 on the comment cards we received was also positive and aligned with these views.

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

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 89% and national average of 87%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care (national average 86%).

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.

Patient and carer support to cope emotionally with care and treatment.

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs.

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example working with Isle of Wight Age UK to work toward an age friendly Island.

- The practice offered a 'Commuter's Clinic', the practice was open from 7.00am on Mondays, and from 6.30pm to 8.00pm on Mondays, Tuesdays and Thursdays for pre-bookable appointments.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulties attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was the first practice on the Isle of Wight adopt iSPACE which is a number of actions designed to improve the patient experience through delivery of a set of improvements in care planning, communications and awareness of dementia for staff in primary care settings. Wessex Academic Health Science Network has funded a project to make GP surgeries dementia friendly. This was piloted in Hampshire, implemented on the Isle of Wight and then evaluated by the Wessex AHSN Centre for Implementation Science at the University of Southampton. This project has shown good outcomes for patients and is now being spread across Wessex. For example at Tower House practice they had a health care assistant who was the dementia champion and dressed in pink; they also had staff wearing red. The practice provided dementia training and the practice has created an environment that is dementia friendly with good lighting and bright colours and signage that was dementia friendly. The practice was part of Ryde dementia friendly project and was a safe haven for anyone found confused in Ryde.

Access to the service.

The practice was open Monday to Friday 8.30am - 6.30pm.

Routine appointments were at 10-minute intervals, and could be booked up to eight weeks in advance. If patients felt they needed a longer appointment they were asked to let the receptionist know when booking their appointment.

In addition, the practice was open from 7.00am on Mondays, and from 6.30pm to 8.00pm on Mondays, Tuesdays and Thursdays for pre-bookable appointments.

The practice participated in the All Island training afternoons which were held on three Thursday afternoons during the year. On these occasions cover was provided by the NHS 111 number.

Appointments could be made by phone, on line or by visiting the practice. The practice offered online booking of appointments and requesting prescriptions.

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

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.

- 86% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 76% of patients said they could get through easily to the practice by phone (national average 74%).
- 25% of patients said they always or almost always see or speak to the GP they prefer (national average 37%).

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

Although there were some negative comments cards around waiting times for appointments and the phone message being too long.

Listening and learning from concerns and complaints.

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

- The 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.



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

- We saw that information was available to help patients understand the complaints system.

We looked at eight complaints received in the last 12 months and found these were satisfactorily handled, dealt

with in a timely way, with openness and transparency in dealing with the complaint etc. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy.

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice in order to cope with the increase in patients told us that a new GP was joining the practice in April 2016 and an extra nurse would be recruited as well as the building being developed to provide more treatment rooms.

Governance arrangements.

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture.

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

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- 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 and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. The practice 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. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had taken part in a survey to becoming an age friendly practice. Their responses formed a set of actions to help towards Tower House becoming the first recognised Age Friendly Practice on the Isle of Wight. This provided positive outcomes for patients an example being, a collaborative project with two other Ryde practices offering seated strength and balance classes for older people with marked frailty.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Are services well-led?

Good 

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

Continuous improvement.

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Examples seen were the iSPACE dementia programme and becoming an age friendly practice programme.