

Dr MJJ & Dr SR Beckers

Quality Report

The Charmouth Medical Practice
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Date of inspection visit: 17 May 2016

Date of publication: 01/07/2016

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?

Outstanding



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr MJJ and Dr SR Beckers, known locally as The Charmouth Medical Practice, on 17 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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.
- Feedback from patients about their care was consistently positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments always available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

- The practice consistently achieved positive patient feedback. The most recent national GP survey results were consistently above local and national averages for patient satisfaction. Patient comments on CQC comment cards were also strongly positive about the practice. Patients we spoke to on the day of inspection spoke highly of the practice and of the high quality care they received.

Summary of findings

- The practice organised and ran a series of free health education events in the local community. At the time of our inspection, a GP was running sessions which focused upon healthy eating and cooking skills to promote good nutrition. The GP had gained an additional accredited qualification in nutritional medicine. The practice particularly publicised these sessions to patients with long-term conditions, however the sessions were available to all in the local community to attend.

However, the areas where the provider should make improvement are:

- Ensure that blank prescriptions held in clinical areas are kept securely at all times.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice 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, with the exception of the security of prescriptions in clinical areas during working hours.

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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?

The practice is rated as outstanding for providing caring services.

Outstanding



- Data from the national GP patient survey showed patients rated the practice higher than others for all aspects of care. For example, 96% 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% and Clinical Commissioning Group average of 89%.

Summary of findings

- Feedback from patients about their care and treatment was consistently positive.

We observed a strong patient-centred culture:

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, GPs regularly visited patients at home when they knew the family was undergoing a crisis without the patient requesting this.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on. For example, patients valued the 20 minute length of routine appointments and the time given to them by clinicians.
- 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.

Are services responsive to people's needs?

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.
- 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.
- The practice organised and ran health education sessions within the local community.
- The practice prepared a seasonal newsletter for patients, to keep them informed of developments at the practice.
- The practice offered a text reminder service for patients to help them to attend appointments.
- 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.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The practice leadership prioritised patient-centred care.
- Staff were clear about the vision and their responsibilities in relation to it.
- 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 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.

Summary of findings

The six population groups and what we found

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

Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- A GP had dedicated time every week to visit older patients and those with long-term conditions who couldn't attend the practice.

People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was acceptable, was 79%. This is similar to the Clinical Commissioning Group average of 80% and England average of 79%.
- 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.
- The practice ran and organised a series of free health education sessions for patients to promote better health.

Families, children and young people

Good



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

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 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.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years was comparable to national and Clinical Commissioning Group (CCG) averages. The practice achieved 81% compared to a CCG average of 84% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered a confidential health check and discussion to patients aged between 15 -19 years.
- One of the GPs had developed a health resource pack for primary schools, approximately five years ago which remains relevant and in use by schools.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered telephone appointments for patients who could not attend in person.

People whose circumstances may make them vulnerable

Good



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

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, patients who were also carers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- All patients with a learning disability were offered an annual physical health check. A total of 33% of these patients had accepted a health check.
- 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.
- 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)

Good



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

- A total of 89
- A total of 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented, in the preceding 12 months. This was comparable to the Clinical Commissioning Group average of 92% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- All patients with a mental health condition were offered an annual physical health check. A total of 47% of these patients had accepted a health check

Summary of findings

- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages. 226 survey forms were distributed and 138 were returned. This represented 6% of the practice's patient list.

- 100% of patients found it easy to get through to this practice.
- 98% 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%.
- 96% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 97% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all very positive about the standard of care received. Patients commented upon how caring, professional and helpful all staff at the practice were. Patients also commented that they didn't feel rushed during appointments and always felt listened to by staff, and that treatments were explained in a very clear manner.

We spoke with ten patients during the inspection. All patients said they were very satisfied with the care they received and thought all staff were approachable, committed and caring.

Dr MJJ & Dr SR Beckers

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr MJJ & Dr SR Beckers

Dr MJJ and Dr SR Beckers is located in Charmouth, a rural village on the coast of West Dorset. Dr MJJ and Dr SR Beckers is known locally as The Charmouth Medical Practice. The practice is part of NHS Dorset Clinical Commissioning Group (CCG).

The practice provides care to approximately 2,200 patients living in Charmouth and the surrounding villages under a General Medical Services contract. The practice is based in an area of low deprivation and low unemployment compared to the national average. A total of 41% of the practice population are over 65 years. This is higher than the CCG average of 24% and national average of 17%. Less than 1% of the practice population have an ethnic minority background.

The practice has two GP partners, one of whom is female and one is male. The practice also employs a male GP for six sessions a week on a short term contract basis. The GPs in total provide the equivalent of 2 full time GPs, over 20 sessions per week. Support is also provided by two practice nurses, who together provide the equivalent of one full time nurse. The practice is further supported by a small team of managerial, reception and administrative staff.

The practice is open Monday to Friday from 8am to 6.30pm. Extended hours appointments are available until 7pm

every Monday and Tuesday evening. The practice had an arrangement with a local practice to provide cover for urgent appointments every Thursday afternoon from 2pm. Phone lines were open and answered during this time, but no pre-bookable appointments were available to patients during this time.

The practice has opted out of providing out of hours services to their patients. When the practice is closed out of hours care and treatment is provided by South West Ambulance Service and can be accessed through the NHS 111 telephone number.

Dr MJJ and SR Beckers have not previously been inspected by the Care Quality Commission. We inspected the only location on this inspection, based at:

The Charmouth Medical Practice

Littlehurst Surgery

The Street

Charmouth

Dorset

DT6 6PE

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.

Detailed findings

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 17 May 2016.

During our visit we:

- Spoke with a range of staff, including GPs, Nurses, managerial and administration staff and 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 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.

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 and in the reception office. 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. For example, the practice had experienced threatening behaviour from a patient which put staff and other patients at risk. The practice developed and implemented a clear policy on aggressive behaviour from patients and publicised this to staff and patients. Staff were clear on the steps they needed to take if they experienced verbal abuse or aggressive behaviour from patients.

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, including:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended

safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, and nurses were trained to level 2.

- A notice in the waiting room and clinical areas 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 (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 nurses shared the responsibility for infection control and 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. For example, bins for clinical and other waste had been changed so that they were foot operated to reduce infection risk.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- There were systems in place to monitor the use of prescription pads. Blank prescription pads were removed from clinical areas and stored securely overnight. However, we observed that clinical rooms were not locked when left unattended. This presented a

Are services safe?

security risk in that blank prescriptions, kept in printers, were not kept safe. We alerted the practice to this risk, and the practice rectified this within 24 hours of our inspection.

- We reviewed two personnel files for staff employed since April 2013 and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of written 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 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).

- 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.

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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 97% of the total number of points available.

Data from 2014-15 showed:

- Performance for diabetes related indicators was similar to the national average. The percentage of patients with diabetes, on the register, in whom the last average blood sugar reading was acceptable in the preceding 12 months was 77% compared to a Clinical Commissioning Group (CCG) of 82% and national average of 78%.
- Performance for mental health related indicators was similar to the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94% compared to the national average of 88%.

In 2014-15, the practice was an outlier for QOF indicators relating to patients with high blood pressure. A total of 68% of patients with high blood pressure had an acceptable blood pressure recording compared to the CCG average of 85% and National average of 84%. Exception reporting for this indicator was lower than the CCG and national

averages at less than 0.1%. The practice had discussed this at practice meetings to improve upon the recoding management of patients with high blood pressure. Patients were now proactively invited for reviews and received up to three invites by letter or telephone. Alerts were also used on the practice computer system so that blood pressure readings could be taken opportunistically if the patient attended for another reason. Patients found to have a high blood pressure reading, were booked an appointment for a review with a GP before they left the practice. We were shown practice data for the 2015-16 QOF cycle, which had not been externally verified, that showed this had improved to 77%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both 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.
- Findings were used by the practice to improve services. For example, the practice conducted an audit of patients prescribed hormone replacement therapy to ensure they were being monitored appropriately. A total of 53 patients were identified; 27 patients had not had a blood pressure recorded in the last 12 months. A total of 32 patients did not have information on whether they had had a hysterectomy documented in their notes. A total of 47 patients' notes did not record whether there had been discussion around medicine changes. A total of 45 patients did not have any recording of side effects documented in their notes. The practice contacted all patients for a review of treatment, including giving general 'well woman' advice. At the second audit cycle three months later, the practice achieved 100% in all monitoring areas for the 32 patients reviewed to date. The learning was shared with the practice to ensure monitoring of these patients was consistently within recommended guidelines.

Information about patients' outcomes was used to make improvements. One of the GPs had undergone additional accredited training in psychotherapy techniques and had used these to promote positive outcomes for patients. For example, we saw evidence that a patient who had been

Are services effective?

(for example, treatment is effective)

prescribed very strong pain medicine for several years had managed to reduce the medicine dose following regular psychotherapy sessions from the GP. Another example we saw related to a patient who had managed to stop smoking following psychotherapy sessions with the GP.

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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice had a regular arrangement with a local practice to provide cover for urgent appointments to allow regular staff training to occur.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

Are services effective?

(for example, treatment is effective)

- Nutrition and dietary advice was available from one of the GPs who had an additional qualification in nutrition and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. Practice nurses offered cervical screening when patients attended for other appointments. The practice demonstrated how they encouraged uptake of the screening programme by ensuring 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 practice also encouraged its patients to attend national screening programmes for

bowel and breast cancer screening. Uptake for bowel cancer screening was 66% these which is similar to the CCG average of 64% and national average of 58%. Uptake for breast cancer screening was 75% these which is similar to the CCG average of 75% and national average of 72%.

Childhood immunisation rates for the vaccines given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 89% to 100% and five year olds from 82% 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.
- Patients were informed by staff when appointments were running late and offered an alternative appointment if more convenient for the patient.

Feedback from patients about their care was consistently positive. All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. We were told by members of the PPG and patients we spoke to that the practice had a very good reputation locally for the quality of care received at the practice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 98% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.

- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 96% 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% and CCG average of 89%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

The practice had a strong, visible, person centred caring ethos and a detailed understanding of the needs of their patient population. Staff are highly motivated and inspired to offer care that is kind and promotes dignity. Patients we spoke to gave us examples of where they thought staff had been particularly caring and gone above and beyond their expectations. Several patients told us how GPs had, on several occasions, visited their family unprompted; to check they had everything they needed when the family was experiencing a crisis. We were also told how a GP had written a letter for a patient for them to use as needed, explaining the patient's health condition and requesting that allowances were made for the patient due to this condition. The GP had not been asked by the patient to provide this letter. The patient told us the letter had improved their confidence and helped them to come to terms with their health condition.

Patients also told us that GPs and nurses took the time to understand them and that consultations never felt rushed. The practice routinely telephoned patients who were known to have short term memory problems prior to their appointments to help them to attend the practice.

Care planning and involvement in decisions about care and treatment

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



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 better than local and national averages. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 95% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% national average of 85%.

The practice told us that their positive results were linked to their aim to provide highly personalised care to patients and relationships with the patients were strong and supportive. For example, the practice had adjusted the way in which they delivered care. They routinely offered 20 minute appointments to give all patients more time during appointments and opportunity for more in depth discussion about treatments and care. Patient's emotional and social needs were as important as their physical needs. Comment cards and patients we spoke to also valued the additional time available to them for appointments. Referrals to secondary care services via the NHS 'choose and book system' were completed by the GPs with patients present so that patients could review and discuss with the GP the best option for them.

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's computer system alerted GPs if a patient was also a carer. The practice had identified 47 patients as carers, which was just over 2% of the practice list. The practice had a 'carers lead' whose role it was to update resources for carers, liaise with the clinical commissioning group about the needs of carers and to maintain the carers register in the practice. The practice also had a dedicated carer's board in the patient waiting area, which provided information on local services and support groups aimed at 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.

- The practice offered extended hours on a Monday and Tuesday evenings until 7pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.
- The practice ran a small lending library from the practice for patients, with a selection of books and DVDs on health information and general interest items.
- The practice wrote a seasonal newsletter for patients. This was aimed at keeping patients informed of the latest developments at the practice and also promoted the services offered to patients, such as annual health checks.

The practice actively tried to improve the health of patients in the local population. The practice voluntarily wrote a regular health information item for the local Charmouth newspaper. This focused upon items that were topical, such as flu vaccines, provided general health information or updated readers on developments at the practice. The practice organised and ran a series of free health education events in the local community. At the time of our inspection, a GP was running sessions which focused upon healthy eating and cooking skills to promote good nutrition. The GP had gained an additional accredited qualification in nutritional medicine. The practice particularly publicised these sessions to patients with long-term conditions, however the sessions were available to all in the local community to attend.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12.30pm every morning and from 2pm to 6pm daily. The practice had an arrangement with a local practice to provide cover for urgent appointments every Thursday afternoon. Phone lines were open and answered during this time, but no pre-bookable appointments were available to patients during this time. Extended hours appointments were offered every Monday and Tuesday evening until 7pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. At the time of our inspection, the wait for pre-bookable appointments at the practice was one week.

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.

- 93% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 100% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 83% of patients stated that they always or almost always see or speak to the GP they prefer compared to the national average of 47%.

Patients told us on the day of the inspection that they were always able to get appointments when they needed them. They told us that they didn't have to wait any longer than one week for a routine appointment. The practice did not use a triage system to assess the urgency of appointment requests by patients. Patients told us that they valued not being questioned on how urgent their appointment was.

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.

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

- We saw that information was available to help patients understand the complaints system on the practice website and in the waiting area. Patients we spoke to were aware of how to make a complaint if they need to. Information about how to get local support with making a complaint was also available for patients.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and with openness and transparency with dealing with the complaint. Lessons were learnt from

individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a complaint was received on behalf of a patient that a referral to a specialist had not been made. The practice reviewed the treatment plan for the patient and found this to be appropriate. The complainant was written to, to explain the decision and apologise for any confusion caused. A GP also visited the patient in person to explain the treatment plan.

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 leadership had successfully developed a culture at the practice which prioritised high quality patient centred care which met the needs of the population it served. There was a clear vision which supported this aspiration and which promoted 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.

Governance arrangements

Governance arrangements are proactively reviewed by the leadership and reflect best practice. The practice had an overarching governance framework which supported the delivery of the strategy to drive and improve the delivery of high quality person centred 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 clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They 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. Staff at all levels are actively encouraged to raise concerns and suggestions to improve patient care.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty, which encouraged learning from significant events and complaints. 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
- 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.
- 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.
- Staff spoke highly of the practice and felt proud of the services the practice offered to the local community. 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. Members of the PPG told us they had never had a reason to suggest improvements to the practice, and felt the practice always listened to feedback.

Are services well-led?

Good 

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

- 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. For example, reception staff requested a change of layout in the reception working area so they could be more forward facing to patients. The practice carried out this suggestion. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, they had joined a local Health Federation, along with six other practices to develop public health services, seven day appointments, and greater care in the community.