

# Poundbury Doctor's Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Poundbury Doctor's Surgery on 11 January 2017. 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a 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.
- 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 team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When 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.

Good



### Are services effective?

The practice is rated as good for providing effective services.

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

Good



### Are services caring?

The practice is rated as good for providing caring services.

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

Good



# Summary of findings

- The practice had identified 163 patients as carers which was 2.5% of the practice list.

## 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. For example, the practice offered pre-bookable appointments during extended hours. The practice also had online services to book appointments and order medicines at any time. NHS Health Checks were offered with early and late appointments, as well as paediatric phlebotomy service and specialist diabetic nurse clinics.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day. However, some patients had said about their difficulty to get an appointment at times and about the waiting times at the practice.
- 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.

Good



## 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 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.

Good



# Summary of findings

- 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 focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients over the age of 75 had a named GP and the practice participated in a clinical commissioning group initiated project for the over 75s which aimed to reduce accident and emergency attendance.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice held monthly meetings to review hospital admissions avoidance care plans.
- Influenza vaccines were offered at clinics on Saturdays and atrial fibrillation check were also done during these clinics.
- The practice looked after patients who lived in residential or nursing homes. Each home had allocated GPs to ensure the continuity of care.
- Carers' afternoon tea meetings were held for carers within surgery and the practice also had a carers' lead who acted as a first point of contact for carers.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. There was a call and recall systems in place and the practice held disease/condition specific clinics.
- Performance for diabetes related indicators was similar to the local and the national average.
- Specialist diabetic nurse clinic sessions were held at the practice (30 min slots) once a month.
- 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 had a medicines management lead GP and regular medicines reviews were carried out.

# Summary of findings

## Families, children and young people

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

Good



- 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. Monthly safeguarding children meetings were held and attended by health visitors and school nurses.
- Childhood immunisation clinics were held each week. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the clinical commissioning group (CCG) average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked jointly with midwives, health visitors and school nurses. Regular contacts were made with health visiting team via email of new child registrations and address changes.
- Post-natal and 6-8 week baby checks were offered.
- The practice provided a paediatric phlebotomy service.

## Working age people (including those recently retired and students)

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

Good



- 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. Extended opening hours were provided between 6.30pm to 7.30 pm every Wednesday.
- 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. Online service to book appointments and to order medicines online was available 24/7. Patients were also able to access their care records online.
- Telephone access and dispensary was open 8am to 6:30pm every day except 1pm to 2pm on Wednesdays when the practice was closed for staff training.
- Wide collection of self-help patient info leaflets could be found in waiting rooms and on the practice's website.
- NHS Health Checks were offered with early and late appointments (8am or 6:30pm).

# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had various monthly meetings to discuss vulnerable patients and to plan their care.
- Chaperones were offered to patients which was promoted by way of posters within the practice.
- The practice offered longer appointments for patients with complex needs and/or with a learning disability.
- 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)

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

Good



- Performance for mental health related indicators was better than the local and national average.
- 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. For example, patients who overdosed medicines or self-harmed.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Two reception staff were dementia champions and the practice was "Dementia Friendly".
- Daily or weekly prescription arrangements were used for monitoring purposes where necessary and also to reduce the risk of misuse.



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 217 survey forms were distributed and 118 were returned. This represented 1.8% of the practice's patient list.

- 91% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 85% and to the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and to the national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the CCG average of 90% and to the national average of 85%.
- 90% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 83% and to the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards which were all positive about the standard of care received. Patients commented that they felt well looked after and were treated with dignity and respect. They also said care was either good or exceptional. However, some patients had said about their difficulty to get an appointment at times and about the waiting times at the practice.

We spoke with 10 patients during the inspection. All of them said they were satisfied with the care they received and thought staff were helpful and caring. Patients said they were treated with dignity and respect and felt involved in the decision making regarding their care and treatment. Patients said they had enough time during the consultation and felt the GPs listened to them.

The practice had 251 Friends and Family Test responses between December 2015 and December 2016. 236 of the comments were positive, which meant that 94% of the respondents would recommend the practice to their friends and family.

# Poundbury Doctor's Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Poundbury Doctor's Surgery

Poundbury Doctor's Surgery moved into its current premises on St John Way, Frederick Treves House, in 2007. The practice is on the western side of Dorchester located on the edge of Poundbury, Dorset. The deprivation score for the practice population is nine on a scale of one to ten where ten is the least deprived decile. The practice has a higher over 50s population and lower younger population compared to the England average. The practice provides its services under a Personal Medical Services (PMS) contract.

The practice has a large parking area that includes spaces allocated for those with disability next to the front entrance. The building is designed to assist those with disability, has a lift and assisted toilet facilities. All patient areas, including the toilets, are wheelchair accessible.

At the time of our inspection the practice had five GP Partners (three males, two females), two GP registrars, three nurses and four dispensers. The practice manager and the assistant practice manager manage a team of nine non-clinical staff.

The practice is open between 8am and 6:30pm from Monday to Friday. Extended hours for pre-booked appointments are offered between 6:30pm and 7:30pm on

every Wednesday. Out of hours services are accessible via NHS 111. Information about how patients can access these services is available on the practice's website and at the practice's entrance. Appointments are available to pre-book with registered GPs on-line and by telephone. Phone calls were triaged by a duty GP every morning and 'same day' and 'urgent' appointments are offered. The practice is closed for staff training every Wednesday between 1pm and 2pm.

The practice provides pharmaceutical services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy premises. It is also a research and GP training practice.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal 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 11 January 2017. During our visit we:

# Detailed findings

- Spoke with a range of staff (five GPs, two practice nurses, three dispensary staff and three non-clinical staff) and spoke with 10 patients who used the service.
- Received written feedback from 11 non-clinical staff on the day of our inspection.
- 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. 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, issues picked up with the dispensary were reported, investigated and discussed at dispensary meetings to help prevent them re-occurring. Records of significant events showed that discussions took place and learning points were identified, for example that clinicians should be suspicious of cases where patients, particularly if over the age of 65, present with what they think are a return of migraines they had in youth as it could be something much more serious as it turned out in one case.

### Overview of safety systems and processes

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

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

member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. We saw minutes of meetings where vulnerable patients were discussed and information was shared within the multi-disciplinary team. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three, all other staff to level two except two new receptionists who were trained to level one.

- Notices in the waiting room and in the consultation rooms 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. A 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.
- 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 medicines optimisation team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing

# Are services safe?

medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process.

Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire alarm tests and 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. Records showed that the practice had audited its GP appointment availability between January and July 2016 and found that it was more appointments were provided than the national average over this period. Some staff told us that more clinical and administration staff were needed and we noted that the practice had already recruited new reception staff and was in the process of recruiting more clinical staff.

## 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.
- 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 showed the practice had achieved 98% of the total number of points. The overall exception rate was 6.5% which was comparable to the clinical commissioning group (CCG) average of 7.1% and the national average of 5.7%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was similar to the national average.
- 80% of patients on the diabetes register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less, which was similar to the CCG average of 80% and the national average of 78%.
- 79% of patients on the diabetes register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less, which was comparable to the clinical commissioning group (CCG) average of 82% and the national average of 80%.

- Performance for mental health related indicators was better than the national average.
- 98% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had had their care reviewed in a face to face meeting in the last 12 months, which was better than the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 94% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 87% and to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been various clinical audits completed in the last two years. Details of nine audits were shown to us, seven of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, peer review and research. For example, the practice participated a study project to investigate the effect of a new non-surgical device on type 2 diabetes and weight loss over a two year period.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the invitation of patients in the 'at-risk' group and patients with a history of gestational diabetes to come in for blood sugar testing.
- An audit regarding patients who were taking high dose proton pump inhibitors (PPIs) medicines resulted in the reduction of the dosage in all patients except those who had specific health problems.

Information about patients' outcomes was used to make improvements such as writing a new template to invite patient for blood sugar tests with the aim to make it clear why patients were invited for the particular test.

### 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.



# Are services effective?

## (for example, treatment is effective)

- 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. Nursing staff completed role-specific training such as diabetes, end of life and ear care training. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- 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, 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 children and adults, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Staff said they felt well-supported and that they were given the opportunity to learn and complete training courses.

### 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. For example, to 'Live Well Dorset' which offered information and support for stop smoking, weight management, physical activity and alcohol reduction. Patients were also referred to 'My Health My Way' where health coaches provided personal support regarding health and well-being.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to send a final reminder letter to patients who did not attend for their cervical screening test. The final reminder letter included a leaflet about the benefits of the screening. 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. 79% of female patients aged between 50 and 70 years of age were screened for breast cancer in the previous 36 months compared to the CCG average of 76% and the national average of 72%. 69% of patients aged between 60 and 69 years of age were screened for bowel cancer in the previous 30 months compared to the CCG average of 64% and the national average of 58%.

## Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to five year olds from 95% to 100% compared to the CCG range from 92% to 95%.

Patients with learning disabilities received annual health checks and were offered longer appointments. All patients with learning disabilities were on the adult safeguarding register and therefore their records were reviewed on a monthly basis for any updates.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 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 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.

All of the 41 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. However, some patients had said about their difficulty to get an appointment at times and about the waiting times at the practice.

We spoke with five 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. 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 at or above 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 the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 92%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and to the national average of 85%.

- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and to the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 81% 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 to the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- There was a hearing loop available at the reception.
- The practice's information leaflet was available in easy read format.

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

## Are services caring?

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 163 patients as carers (2.5% of the practice list). The practice had a 'carers lead' who contacted carers to provide advice and

information and also to identify the needs of carers. Written information was available to direct carers to the various avenues of support available to them. The practice also held meetings for all carers twice a year where representatives of support organisation were also invited.

Staff told us that if families had suffered bereavement, their GP usually contacted them and offered their support or gave 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.

- Extended hours for pre-booked appointments were offered between 6:30pm and 7:30pm on every Wednesday.
- Online service to book appointments and order medicines online was available at any time. Patients were also able to access their care records online.
- NHS Health Checks were offered with early and late appointments (8am or 6:30pm).
- The practice provided a paediatric phlebotomy service.
- Specialist diabetic nurse clinic sessions were held at the practice (30 min slots) once a month.
- Carers' afternoon tea meetings were held for carers within surgery and the practice also had a carers' lead who acted as a first point of contact for carers.
- Patients over the age of 75 had a named GP and the practice participated in a clinical commissioning group initiated project for the over 75s which aimed to reduce accident and emergency attendance.
- There were longer appointments available for patients with complex needs and/or 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 vaccinations available on the NHS as well as those only available privately with the exception of yellow fever.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8am and 6:30pm from Monday to Friday. Extended hours for pre-booked appointments were offered between 6:30pm and 7:30pm on every Wednesday. Out of hours services were accessible via NHS 111. Information about how patients could access

these services was available on the practice's website and at the practice's entrance. Appointments were available to pre-book with registered GPs on-line and by telephone. Phone calls were triaged by a duty GP every morning and 'same day' and 'urgent' appointments were offered. The practice was closed for staff training every Wednesday between 1pm and 2pm.

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.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and to the national average of 76%.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 85% and to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. However, some patients had said about their difficulty to get an appointment at times and about the waiting times at the practice.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example on the practice's website and leaflets about the complaint procedure was on available in the waiting area.

We found the practice had recorded 15 complaints in 2016. We looked at two complaints in detail and found these were satisfactorily handled and dealt with in a timely way. Openness and transparency were demonstrated when dealing with complaints and lessons were learnt from individual concerns and complaints. Actions were taken to as a result to improve the quality of care. For example, where a patient was unhappy about their consultation with one of the GPs, the GP reflected on it and sent a letter of apology.

# 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 and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. We also found that the practice's statement of purpose was subject of regular reviews.

### 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 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

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. The feedback from staff also indicated that the practice had a supportive, open and transparent management team.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected 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. For example, non-clinical staff had weekly meetings and there was full practice meeting held on a monthly basis.
- 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. We noted away days for GP partners were held every twice a year and social events for every member of staff were also organised twice a year.
- 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. The practice had a virtual PPG and also formulated a group of patients who started to meet regularly not long before our inspection. We also found that the practice created an action plan in response to the results of the Improving Practice Questionnaire (IPQ) Report that was published in 2016. The actions included the introduction of a reminder service for patients to attend appointments and book certain appointments which was set up in July 2016.

# 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 generally through staff meetings, appraisals and discussions. 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. For example, changes were made to the practice's registration form and new uniforms were provided to the dispensary staff.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice participated in a clinical commissioning group initiated project for the over 75s which aimed to reduce accident and emergency attendance. We also noted that the practice participated in a project that aimed to create anticipatory care plans for patients with long-term conditions by using a common approach and template for the care plans.