

Carlisle House

Quality Report

53 Lagland Street
Poole
Dorset
BH15 1QD
Tel: 01202 680111
Website: www.carlislehousesurgery.gpsurgery.net

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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 Carlisle House on 14 June 2016 and 17 June 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.
- 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 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.
- 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 prioritised safety in the practice. There was a lead GP for safety who promoted a culture of openness with regard to reporting safety incidents. As well as discussing significant events with staff, they were discussed with people outside the practice so that ideas for improvement could be shared.

The practice actively sought feedback from carers about the practice by encouraging them to join the patient participation group (PPG). Approximately 10% of the PPG were carers.

Summary of findings

The areas where the provider should make improvement are:

- Consider the process for the review of pathology results so they are actioned in a timely way.

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

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.
- 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.
- 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.

Good



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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice employed a dedicated nurse to support the health needs of patients aged over 75 years of age.

The practice performed in line with the Clinical Commissioning Group (CCG) and national averages for conditions commonly found in older people. For example, the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 84%, which is comparable to the CCG average of 85% and national average of 84%.

Good



People with long term conditions

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 whose last average blood glucose reading was acceptable was 96%, which is better than the Clinical Commissioning Group (CCG) average of 83% and national average of 78%. Exception reporting for diabetes indicators was 19%, compared to the CCG average of 15% and national average of 11%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young 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 practice performed in line with clinical commissioning group (CCG) and national averages for conditions commonly found in children. For example, 79% of patients with asthma had an asthma review in the preceding 12 months that includes an assessment of asthma control, compared to a CCG average of 78% and national average of 75%.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age 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 and text messaging 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.
- The practice engaged with residents in local student accommodation to ensure that students are aware of the services available to them at the practice.

Good



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



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- All patients with a learning disability were offered an annual physical health check. 72% of these patients accepted the 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)

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

- 85% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 100%. This was better than the national average of 90% and the clinical commissioning group average of 91%.
- 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 is a designated 'dementia friendly' practice.
- 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.

Good



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 in line with local and better than national averages. 252 survey forms were distributed and 114 were returned. This represented 2% of the practice's patient list.

- 86% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 85% and national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and 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 national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 85% and 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 nine comment cards which were all positive about the standard of care received. Patients commented upon the friendliness and helpfulness of staff and that they felt treated as individuals by the practice.

We spoke with ten patients and one carer during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients told us they felt staff gave them adequate time to discuss treatment and medication and understood their individual circumstances well. The practice promoted feedback via the Friends and Family test. The last results showed that 90% of people who responded were extremely likely or likely to recommend the practice to others.

Carlisle House

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 an Expert by Experience.

Background to Carlisle House

Carlisle House, also known as Carlisle House surgery, is located in a Victorian aged building at 53 Lagland Street, Poole, Dorset, BH15 1QD. The GP partners lease the building from a private landlord. The practice is based in the town centre of Poole and has approximately 5800 registered patients.

The practice provides services under a NHS General Medical Services contract and is part of NHS Dorset Clinical Commissioning Group (CCG). The practice is based in an area of high deprivation compared to the national average for England. The practice patient population have greater health needs compared to national averages.

Approximately 8% of patients registered at the practice are unemployed, which is higher than the Dorset CCG average of 4% and national average of 5%. A total of 63% of patients registered at the practice have a long-standing health condition compared to the national average of 54% and Dorset CCG average of 57%. The practice estimate that approximately 25% of patients do not have English as a first language.

The practice has five GPs, three female, and two male, who are all GP partners. The practice rarely uses locum doctors to provide additional GP support. Together the GPs provide care equivalent to approximately 3.5 whole time equivalent GPs over 31 sessions per week. The GPs are supported by two practice nurses and one health care assistant who

provide a range of treatments and are equivalent to just over one and a half whole time equivalent nurses. The practice also employs a specialist nurse for patients aged over 75 years of age. The clinical team are supported by a management team with secretarial and administrative staff. The practice is a training practice for medical students training to be doctors.

Carlisle House is open between 8am and 6.30pm Monday to Friday. Appointments are available daily between 8.30am and 6pm. Extended hours surgeries are available every Monday evening until 8pm. Appointments with a GP are available from 8.30am until 11.30am and again from 2.30pm until 5.50pm daily. The GPs also offer home visits to patients who need them.

Care to patients is provided over two floors of the building. One GP room is based on the first floor; the other GP rooms are all located on the ground floor. The practice has a treatment room which is also used for minor operations, based on the ground floor. There is a waiting area for patients based on the ground floor of the practice, and another waiting area upstairs. The first floor of the building also has offices for practice support and management staff.

The practice operates a branch surgery located at Poole NHS Healthcare Centre, Boots, The Dolphin Shopping Centre, 190-196 High Street, Poole, Dorset BH15 1SX. Poole NHS Healthcare centre is operated and managed by Dorset Foundation University Hospital NHS Trust. A range of community health facilities are provided, such as phlebotomy, chiropody and heart scans. Reception staff at the Healthcare centre are employed by Dorset Foundation University Hospital NHS Trust and are not able to access the records of patients registered at Carlisle House. The GP is able to access records held at Carlisle House. Carlisle house rents a clinical room in the Healthcare centre in order to offer additional appointments to patients. Only pre-bookable GP consultations are offered at this location.

Detailed findings

Any subsequent investigations or appointments that might be required following an appointment with the GP are organised by the GP at the time. Appointments are offered to patients on weekday mornings from 9am until 11.30am. We visited the branch surgery as part of this inspection on 17 June 2016.

The practice has opted out of providing out-of-hours services to their own patients and refers them to the Dorset Urgent Care service via the NHS 111 service and local Minor Injuries Units. The practice offers online facilities for booking of appointments and for requesting prescriptions.

We visited Carlisle House and the branch surgery as part of this inspection. Both locations have not previously been inspected by the Care Quality Commission.

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 14 June 2016. We returned on the 17 June 2016 to make additional checks on the branch surgery. During our visit we:

- Spoke with a range of staff including GPs, nursing staff, the practice manager and non-clinical support 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 and lead GP for safety of any incidents. The lead GP was responsible for supporting the open reporting of any safety concerns, reviewing safety incidents and driving improvements to safety across the practice. 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.
- Significant events were reviewed by the practice manager and lead GP for safety prior to detailed discussion at practice meetings. 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 registered a child under five from another country. The Health Visiting team were not notified about the child and so could not provide health visiting services to the family. The practice investigated how this happened and discussed measures to prevent a similar recurrence at practice meetings. The practice created an alert via the computer system to ensure relevant professionals and services are informed of new registrations as appropriate. The practice submitted a report to the clinical commissioning group, who shared the learning as an example of good practice with other practices in the locality.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses were trained to child safeguarding level 2.
- Processes for safeguarding children in the practice were robust. Safeguarding was a regular standing item at weekly practice meetings and monthly multi-disciplinary meetings. The practice cared for a greater than average number of families who would be considered vulnerable[EJB1][MF2].[IHF3] The practice liaised closely with the health visiting team, including regular formal meetings as well as an open-door policy for any concerns. Discussions were held between clinical staff and the health visiting team on a daily basis. Members of the health visiting team told us that GPs were very approachable, supported them and valued them as professionals and always acted in a timely way. Examples of the exemplary practice of the GPs in relation to safeguarding were shared with us.
- A notice in the waiting room and clinical areas advised patients that chaperones were available if required. Patients attending the branch surgery were asked to re-book at Carlisle House if a procedure requiring a chaperone was required. All staff who acted as chaperones were trained for the role. The practice had conducted a risk assessment to determine that non-clinical staff performing chaperone duties did not require 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).

Are services safe?

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises at both locations to be clean and tidy. The practice nurse was the infection control clinical lead 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 all 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, a damaged toilet seat and bin were replaced.
- 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). Robust processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice separated repeat prescription requests for high risk medications from repeat requests from more routine medications, to ensure that the necessary checks were carried out before issuing a prescription.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The practice had a prescribing lead who liaised with the CCG. We were shown practice data that showed that the practice had acted on recommendations to significantly improve the prescribing of medications for people with mental health and for people with reflux (heartburn).
- Blank prescription forms and pads were securely stored at both sites and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four 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.
- 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. The practice rarely used locum staff and preferred to cover each other's absences internally, so that care continuity was maintained for patients.

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 clinical staff received annual basic life support training and there were emergency medicines available in the treatment room. Emergency medicines were available at the branch surgery and were stored securely.
- 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. Equipment at Carlisle House was checked on a weekly basis and at the branch site every three months, by nursing staff.
- 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 checked emergency medicines at Carlisle House on a weekly basis. There

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

was no record to show what should be contained in the emergency medicines box. The practice were informed and immediately created a list of contents during our inspection, so the practice could be reassured that contents were complete at each check.

- 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.
- The practice regularly liaised with specialist doctors to ensure care provided was in-line with best practice recommendations and to review the latest updates for the locality. Specialist doctors were regularly invited to practice educational meetings.

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. Exception reporting for the practice was 14%. This is comparable to the average for the Clinical Commissioning Group (12%). 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 2014-15 showed:

- Performance for diabetes related indicators was similar to the national and clinical commissioning group (CCG) averages. The practice achieved 87% of patients with diabetes had a last blood pressure reading which was acceptable compared to a CCG average of 80% and national average of 78%. The practice's exception reporting for this indicator was 7% (national average 9%, CCG average 13%).

- Performance for mental health related indicators was better than 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 100%, compared to a CCG average of 92% and national average of 88%. The practice's exception reporting for this indicator was 12% compared to a CCG average of 15% and national average of 13%.
- 89% of patients with a diagnosis of heart failure were treated with appropriate medication. This was higher than the CCG average of 83% and comparable to the national average of 86%. The practice's exception reporting for this indicator was 11% compared to a CCG average of 17% and national average of 13%.

The practice regularly reviewed the information that was recorded from examinations and consultations with patients. The practice updated the templates used to collect this information as part of this review, to ensure they could monitor that the care they were providing was in line with best practice recommendations.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, all 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, recent action taken as a result included improvements to the prescribing and monitoring of patients taking Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). NSAIDs are a type of medication used to treat pain. The practice reviewed the patients taking these drugs. The practice discussed how improvements could be made to ensure patient safety. For example, of 29 patients, 90% had a clear reason for the medicine being prescribed. This improved to 100% at the second audit cycle. 72% of patients had their kidney function checked six months after being prescribed the medication. This increased to 86% at the second audit cycle.

Information about patients' outcomes was used to make improvements. The practice had been told by the CCG that the attendance of patients at the practice to A&E was high for the locality. The practice monitored patients who had

Are services effective?

(for example, treatment is effective)

attended A&E. These patients were routinely discussed in practice meetings to review if anything could have been done differently to prevent attendance and to ensure patients received appropriate follow-up care from the practice. The practice promoted the use of NHS 111 and out of hour's services to patients if the practice was closed.

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. Nurses who were leading on the management of long-term conditions were appropriately qualified and experienced.
- 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. The practice closed every three months for an afternoon to enable staff to receive training relevant to their role. During this time, calls to the practice were handed over to the Out of Hours service. Practice closures were publicised well in advance to patients.
- Staff received mandatory training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- GPs reviewed the results of tests they had requested on a daily basis. GPs provided cover for each other when on annual leave or absent to ensure test results were reviewed regularly. However, we found that arrangements were not in place to review the results of GPs who were part-time and unable to access and action results regularly. We found an abnormal result had not been reviewed for significance for over 72 hours[EJB1]. We raised this with the practice who told us they would immediately review this process[MF2][IHF3][CO4].
- 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.

Are services effective?

(for example, treatment is effective)

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 and homeless people. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group and from the practice.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 84% and the national average of 82%. The practice carried out a monthly review of the number of inadequate smears taken. Data showed that in the previous 12 months, the number of inadequate cervical smears taken was 2%, which is less than the national average of 4%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they

ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, a total of 73% of females aged 50-70 years were screened for breast cancer within six months of invitation, compared to the a CCG average of 76%. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 50% to 96% and five year olds from 93% to 100%. Nursing staff contacted families who did not attend for vaccinations to discuss any concerns they might have with attending.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the nine 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 three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected and that the practice listened to and acted upon feedback. 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 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%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 94% 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%.
- 89% 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%.

- 96% 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%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% 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:

- 85% 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%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 96% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The practice were working towards conforming to the NHS England Accessible Information Standard. The standard tells organisations how they should make sure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Are services caring?

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 122 patients as carers, which is approximately 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. Written information was available to direct carers to the various avenues of support available to them. The practice actively sought feedback from carers about the practice by encouraging them to join the patient participation group (PPG). Approximately 10% of the PPG were carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them and provided them with advice on local support services. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs. We also saw that bereaved families were discussed at practice meetings to ensure their health needs were being met.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on a Monday evening until 8pm aimed at 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 vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available. Staff at the practice could also speak additional languages.
- The practice had investigated installing a lift to improve access for patients who were unable to manage stairs, however, due to the constraints of the building this was not possible. Staff moved to ground floor rooms to accommodate patients who required a ground floor appointment or booked an appointment for patients at the branch site.
- The practice routinely registered patients who were homeless as permanent patients. This meant the practice was able to build a relationship with these patients to ensure their health needs could be met.
- A system was in place to ensure that patients at the practice with hearing impairments were contacted via text messaging or letter and not by telephone.
- The practice offered a number of services to patients that prevented them from having to attend hospital to receive these tests. For example, the practice offered 24 hour ECG (electrocardiogram), a test used to identify heart problems, Doppler examinations, which is a test to look at blood flow, and 24 hour blood pressure monitoring.

The practice employed a dedicated specialist nurse with enhanced assessment and examination skills to provide care to patients who were over 75 years of age. The nurse proactively managed the care needs of these patients through holistic assessment, discussion with other health professionals and liaison with other services. The practice home visit requests were reviewed daily by a GP and the nurse so that home visits could be allocated appropriately between them. The nurse conducted routine home visits to review the care of these patients as well as unscheduled urgent early morning home visits to patients who requested support who required assessment, treatment or reassurance. Patient feedback we received on inspection referred to the excellence of care received for older people. Clinical Commissioning Group data showed that the practice had reduced hospital admissions for this age group by just over 13% in the year April 2015- March 2016.

Patients told us that staff were responsive to their needs. For example, a patient at the practice attended with a relative who had a booked appointment. The relative asked the nurse if they could also examine them while they were there, as they had a concern. The nurse had time to do so and treated the patient.

Staff told us that some of their patients were particularly vulnerable due to being homeless or having substance misuse or mental health problems. These patients would often attend the practice without an appointment and every effort was made by staff to ensure these patients' health needs were met when they attended. The practice had installed a machine in the waiting area for patients to self-check height, weight, blood pressure and pulse which was then recorded by the practice. The practice publicised this facility to their more vulnerable patients who did not always want face to face appointments, but could still choose to be monitored by the practice. The practice liaised regularly with the local support centre for homeless people to ensure their health needs were being met. The practice registered all homeless patients as permanent patients to build relationships with them and encourage them to attend to their health needs.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30 every morning and 2.30pm to 5.50pm daily. Extended hours appointments were offered with the nurse and a GP every Monday until 8pm. In addition to pre-bookable

Are services responsive to people's needs?

(for example, to feedback?)

appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice used a daily telephone triage system whereby a GP would make a telephone assessment of patients requesting urgent appointments. The GP would then either book the patient for an on the day appointment, or for an appointment in two days' time, or provide telephone advice and reassurance.

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.

- 85% of patients were satisfied with the practice's opening hours compared to the national average of 78% and clinical commissioning group average of 82%.
- 86% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 83% of patients describe their experience of making an appointment as good compared 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.

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. Information was available in both waiting rooms, on the practice website and via a summary leaflet for patients.

We looked at four 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 patient complained about the consultation style of one of the GPs. This was investigated by the practice. The patient received an apology letter and a detailed explanation relating to the treatment recommendations.

We also noted that the practice received a number of thank you letters from patients. These were shared with staff.

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 the high quality primary care treatment in a safe, supportive and inclusive environment, which placed clinical excellence at the centre. The vision was developed through practice management and partners' meetings and by seeking the staff's views on what the vision should be. The practice also sought the views of patients in developing the vision.

- The practice had a mission statement which was displayed in the waiting areas and all staff we spoke with 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

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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

The practice had a statement of purpose document, which described the activities of the practice and the aims of services provided to patients. However, the document did not make reference to activities carried out at the branch surgery. It is a legal requirement to state the location of where healthcare and treatment activities are provided. We informed the practice of this. They immediately amended their statement of purpose and submitted this to us within 24 hours.

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 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 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. For example, the administration team felt they wanted to meet more regularly to improve communication and develop ideas within the team. The practice supported this and as a result the administration team redesigned a template to better manage recall appointments for patients.
- 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.
- The practice supported the training and development of staff. For example, the practice were supporting a health care assistant to complete an enhanced qualification in Health and Social Care. Staff told us that the practice always supported any requests for additional training and development.

Are services well-led?

Good 

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

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 encouraged patient feedback by promoting a patient suggestion box in the waiting areas. The PPG met every two to three months and submitted proposals for improvements to the practice management team. For example, the PPG requested improved seating in the waiting area which the practice acted upon. The PPG also requested more appointments to be available later in the afternoon. The practice changed its appointments to ensure more were available to patients.
- We noted that the practice responded appropriately to feedback left by members of the public via the NHS Choices website.
- 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, the practice always

replaced equipment when requested, such as new examination couches and a vaccine fridge. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice wanted to host GP registrars (doctors training to become GPs) and offer more services and clinics to patients but felt constrained by the limitation of the practice building. The practice had been proactive at addressing this and had rented a clinical room at the branch location nearby to offer additional morning clinics to patients and more provision for patients who could not manage stairs at Carlisle House. The practice had also put in a bid to the transformation fund to secure new premises. The practice hoped to have an outcome from this bid by Autumn 2016.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice is part of the Healthstone Federation along with 22 other practices. The federation serves a patient population of approximately 190,000 and seeks to improve the quality and provision of service in the Poole area. The federation has worked to share the same computer system so that services such as offering increased extended hours are more streamlined. The federation is currently bidding to provide sexual health services in the area.