

# Cross Road Surgery

## Quality Report

Cross Road  
Weymouth

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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 Cross Road Surgery on 10 March 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 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.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

The practice is part of the Weymouth Elderly Care Service (WECS) which supports patients who are resident in nursing homes plus any other housebound patients. The practice funds this service along with four other local GP practices. WECS consists of a dedicated GP and nurse practitioner who ensure that every patient has a weekly review plus a care plan in place. Feedback collated from the nursing homes involved shows an improvement in the quality of care since WECS started in April 2015. 88% of nursing homes find it significantly easier to get queries answered and patients reviewed compared to 37% prior to WECS. 88% of nursing homes feel their patient receive significantly better care, compared to 69% prior to WECS.

The areas where the provider should make improvement are:

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- Ensure that procedures for the storage of emergency medicines are consistent and well publicised to staff.
- Review the process for involving the whole staff in meetings and decisions about the practice.
- Review the procedure for proactively offering health checks to vulnerable groups, such as carers, people with learning disabilities and patients with mental health problems.

The practice should review its processes for proactively identifying patients who may also be carers and ensure they receive appropriate support.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed, with the exception of emergency medicines.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

# Summary of findings

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

## Are services responsive to people's needs?

The practice is rated as 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.

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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice is part of the Weymouth Elderly Care Service (WECS) which supports patients who are resident in nursing homes plus other housebound patients. WECS provides weekly ward rounds for patients who are housebound or resident in nursing homes.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older patients were similar or better than the national average. For example, the percentage of patients with atrial fibrillation (an irregular heart beat) who were treated with an appropriate medication was 100%, which is better than the national average of 98%.

### 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.
- The percentage of patients with diabetes with an acceptable average blood sugar reading was 81% which is similar to the national average of 78%.
- The practice regularly met with specialist diabetes and heart failure nurses to ensure patients with these conditions had the most appropriate care.
- 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.

# 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 accident and emergency attendances. Immunisation rates were high for all standard childhood immunisations.
- Nationally reported data showed that outcomes for patients for conditions commonly found in children were better than average. For example, 82% of patients with asthma had an asthma review in the preceding 12 months which is better than the national average of 75%
- 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.
- 83% of eligible women attended for a cervical screen examination compared to a national average of 74% and a CCG average of 77%.
- The practice offered free in-house chlamydia testing kits to patients. They had also provided a link on their website to enable patients to access kits without having to come into the surgery.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Patients told us they could always get same day appointments for children.
- 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).

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.
- The practice offered extended hours on Tuesday mornings and Friday evenings aimed at people unable to attend in usual hours.
- The practice offered telephone advice for patients unable to attend the surgery in the usual opening hours.

# Summary of findings

- 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.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients and those with a learning disability.
- The practice offered longer appointments and annual health checks for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams 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.

Good



## 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).

- A total of 83% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in the preceding 12 months. This was better than the national average of 88%.
- 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.
- 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 on 07 January 2016. The results showed the practice was performing in line with local and national averages. 234 survey forms were distributed and 108 were returned. This represented approximately 2% of the practice's patient list.

- 98% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 97% were able to get an appointment to see or speak to someone the last time they tried compared to a national average of 76%.
- 97% described the overall experience of their GP surgery as fairly good or very good compared to a national average of 85%.

- 98% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a 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 six comment cards which were all positive about the standard of care received. Comments related to the friendliness and helpfulness of staff and the caring approach of the GPs.

We spoke with 11 patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients told us that they could always get appointments when they needed them and how they felt privileged to be registered at the practice.

# Cross Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Cross Road Surgery

Cross Road Surgery is located at Cross Road, Weymouth, Dorset, DT4 9QX. The practice is based in an urban area of Weymouth, in West Dorset. The practice provides services under a NHS General Medical Services contract and is part of NHS Dorset Clinical Commissioning Group (CCG). The practice has approximately 4700 registered patients. The practice population has a higher proportion of older patients compared to the average for England. A total of 26% of the practice population are over 65 years of age compared to the national average of 17%. The practice population also has a higher number of patients with a long-standing health condition compared to the national average. A total of 65% of patients registered at the practice have a long-standing health condition compared to the national average of 54%.

The practice has four GP partners and one salaried GP, two of whom were male and three female. Together the GPs provided care equivalent to just over three full time GPs over 28 sessions per week. The GPs are supported by two practice nurses, who together are equivalent to just over one full time nurse. The practice also employs a phlebotomist. Cross Road Surgery also provides additional services for its patients such as health visiting, community nursing, midwifery, physiotherapy, chiropody, an INR

service, an alcohol and drug advisory service and counselling. The clinical team are supported by a management team including secretarial and administrative staff.

The practice reception and phone lines are open between 8.30am and 6.30pm Monday to Thursday, and on Fridays from 8.30am to 12.30 and 2pm to 6.30pm. Extended hours appointments are offered every Tuesday morning from 7.30am and Friday evening between 6.30pm and 7pm. Morning appointments with a GP are available between 8.30 am and 11am daily. Afternoon appointments with a GP are available from 4pm to 6.30pm on Mondays and from 3pm to 6.30pm Tuesday to Friday. Cross Road Surgery has opted out of providing out-of-hours services to their own patients and refers them to the Weymouth walk-in service or local Minor Injuries Units via the NHS 111 service.

The practice offers online facilities for booking of appointments and for requesting prescriptions. Cross Road Surgery has not previously been inspected by the Care Quality Commission.

## Why we carried out this inspection

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

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 March 2016. During our visit we:

- Spoke with a range of staff, including GPs, practice nurses, practice manager, administration and support staff and professionals who work with the practice. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice could not access a patient's notes when needed. This incident led to a change in the practice policies and procedures for the remote accessing of notes.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All staff received regular safeguarding training. GPs were trained to safeguarding level 3 and nurses to safeguarding level 2.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS

check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A 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 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, the flooring had been replaced in the treatment rooms.
- The arrangements for managing medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice had systems in place to monitor patients on high risk medicines and repeat prescription medicines.
- 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 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety

## Are services safe?

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 that enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements in place to respond to major incidents. However, arrangements to respond to emergencies were not consistently robust.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

• All staff received annual basic life support training and there were emergency medicines available in the practice.

• The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We saw that emergency equipment was checked regularly and were fit for use. A first aid kit and accident book were available.

- The arrangements for managing emergency medicines were not consistently safe. Not all staff we asked were aware of the location where emergency medicines were kept. The practice policy stated that emergency medicines were kept in the treatment room; we found that emergency medicines were kept elsewhere along with emergency equipment. Emergency medicines were checked every six months by the practice nurses; stock was replaced and reordered appropriately. All emergency medicines we checked were in date and fit for use.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available, with exception reporting of 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 2014-15 showed;

- Performance for diabetes related indicators was better than the national average. For example, 96% of patients with diabetes had a foot examination and risk classification within the preceding 12 months, compared to a national average of 88%. 86% of patients with diabetes had an acceptable level of blood cholesterol compared to a national average of 81%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average. The practice achieved 88% compared to a national average of 84%.
- Performance for mental health related indicators was similar to the national average. For example, 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care

plan in the preceding 12 months. This was better than the national average of 88%. Eighty three percent of patients with dementia had a care plan review in the previous 12 months compared to a national average of 84%.

Clinical audits demonstrated quality improvement.

- There had been nine clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit of patients prescribed spironolactone (a medicine used for patients with heart failure and high blood pressure) showed that of 29 patients prescribed the medicine, six had slightly raised blood potassium levels (high or low levels of potassium can affect the way muscles and the heart work). A further review of these six patients showed that although potassium levels were high the level was stable and spironolactone was felt to be an appropriate medication. To ensure continued patient safety, an alert was added to the notes of patients prescribed spironolactone to monitor patient's potassium levels every six months.

Information about patients' outcomes was used to make improvements such as; the use of tools to help assess older patients and patients with long-term conditions. The practice had introduced a frailty scoring tool. This was used to identify patients who were at risk of deterioration, including at risk of a hospital admission. These patients were discussed at multidisciplinary meetings to ensure all possible support was available to them.

### 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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking



# Are services effective?

## (for example, treatment is effective)

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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice closed once a quarter for the afternoon to enable staff to undertake whole practice mandatory and role specific training. This was communicated to patients well in advance of the closure. When the practice closed, calls were handled by South West Ambulance service trust.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that

multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. Professionals external to the practice told us that the practice was well organised and communicated well with them to ensure the best outcomes for patients.

### 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 records audits.

### Supporting patients to live healthier lives

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

- These included patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and young people requiring sexual health advice. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from a local support group. Weekly support from the community alcohol and drug advisory service was available in house.

The practice's uptake for the cervical screening programme was 83%, which was better than the Clinical Commissioning Group (CCG) average of 77% and the national average of 74%. There was a policy to offer repeated telephone or letter reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by offering cervical screening opportunistically and ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and

## Are services effective?

(for example, treatment is effective)

breast cancer screening. 82% of eligible patients attended breast cancer screening and 70% of eligible patients attended bowel cancer screening. Both were higher than the CCG averages of 75% for breast screening and 64% for bowel cancer screening.

Childhood immunisation rates were comparable to Clinical Commissioning Group (CCG) averages. For example, childhood immunisation rates given to under two year olds ranged from 95% to 98% compared to a CCG range of 94% to 97%. Childhood immunisation rates for five year olds ranged from 94% to 100% compared to a CCG range of 92% to 97%.

Flu vaccine rates in 2015 for the over 65s were 74%, and at risk groups 96%. These were better than CCG and national averages.

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed that 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.
- It was possible to overhear conversations at the reception desk. To improve this, the practice had rearranged the waiting room and installed a television to divert patient attention away from the reception area.

All of the six patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the Patient Participation Group. 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 96% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 94% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.

- 96% said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 90%.
- 96% said they found the receptionists at the practice helpful compared to the CCG average of 90% and 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 on the comment cards we received was also positive and aligned with these views.

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:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 88% said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 91%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.

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

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. There was a dedicated information board aimed at carers.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified approximately 2%

## Are services caring?

of the practice list as carers. We were told that the list was largely made up of carers that the practice were already aware of. The practice was not actively exploring which other patients on its list could be considered to be carers. Written information was available to direct carers to the various avenues of support available to them. 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. Annual health checks for carers were not routinely offered by the practice. Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. We also saw that bereaved families were discussed at multidisciplinary team meetings to ensure all support was in place for them.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had engaged with the Clinical Commissioning Group to discuss areas where improvements for elderly people could be made. The practice along with four other local practices had set up the Weymouth Elderly Care Service (WECS) for people over 75 years of age. This involves a dedicated GP and nurse practitioner who together visit all elderly patients who are housebound or resident in nursing homes on a weekly basis. Feedback collated from the nursing homes involved shows an improvement in the quality of care since WECS started in April 2015. 88% of nursing homes find it easier to get queries answered and patients reviewed compared to 37% prior to the WECS. 88% of nursing homes feel their patient receive good care, compared to 69% prior to the WECS.

- The practice offered extended hours on a Friday evening until 7pm and early appointments from 7.30am on a Tuesday morning. These appointments are aimed at patients who could not attend during normal opening hours.
- A GP partner together with the practice manager reviewed the appointments available on a daily basis and adjusted the appointments offered to patients accordingly so that patient demand was met.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.
- Annual health checks were offered to patients with a learning disability. 54% of these patients took up the

offer of a routine health check. People with learning disabilities were discussed regularly in multi-disciplinary meetings to ensure the practice was meeting all of their needs.

### Access to the service

The practice reception and phone lines are open between 8.30am and 6.30pm Monday to Thursday, and on Fridays from 8.30am to 12.30 and 2pm to 6.30pm. Morning appointments with a GP are available between 8.30 am and 11am daily. Afternoon appointments with a GP are available from 4pm to 6.30pm on Mondays and from 3pm to 6.30pm Tuesday to Friday. Extended surgery hours were offered at the following times on Tuesday mornings from 7.30am and on Fridays from 6.30 to 7pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent on the day appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than local and national averages.

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 96% patients said they could get through easily to the surgery by phone compared to the national average of 73%.
- 76% of patients said they almost always see or speak to the GP they prefer compared to a national average of 36%

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

### Listening and learning from concerns and complaints

The practice had a 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 as part of the practice leaflet and on the practice website.

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

- Only written complaints and concerns were recorded and investigated. This means that the practice may be missing opportunities to improve patient care.

We looked at one written complaint received in the last 12 months and found this was satisfactorily handled, dealt with in a timely way, and with openness and transparency.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice undertook additional training in assessing the mental capacity of patients in response to a complaint which related to a patient's capacity to decide treatment.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and on the practice website. Staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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 staff were aware of their own roles and responsibilities.
- Staff routinely covered each other's annual leave and study leave to minimise the use of locum staff. The practice valued continuity of care for patients.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Weekly meetings took place with the practice manager and the doctors. However, minutes of these meetings were not routinely circulated to staff. Staff told us they were kept informed of developments in the practice by the practice manager.

### Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- They kept written records of written correspondence; however no records of verbal interactions were kept.

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

- Staff told us the practice held weekly partners meetings. There were no regular whole staff meetings. However, staff told us that information was quickly shared with them verbally as appropriate. The practice told us that in future, they planned to run whole staff meetings twice a year.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported by the leadership in the practice. 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 set up a virtual PPG in April 2014. The PPG communicated regularly and submitted proposals for improvements to the practice management team. For example, the practice used to handle requests for repeat prescriptions by telephone. The practice decided to stop this because of potential risks to

# Are services well-led?

Good 

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

safety; however some patients were unhappy this had stopped. The PPG suggested that the reasons behind the changes were clearly communicated to patients via the newsletter. The practice did so.

- The practice acted upon feedback received generally from patients. For example in response to comments from patients, the patient toilet had been recently refurbished to provide better access and space for patients who were disabled.

- The practice had gathered feedback from staff through weekly staff meetings, annual appraisals and general 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 nurses had previously requested new automatic treatment couches for their rooms. This was quickly provided by the practice. 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 team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was part of a local federation consisting of five practices which together had successfully bid to provide enhanced sexual health services for the local population.