Talbot Medical Centre

Quality Report

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Bournemouth
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Website: www.talbotmedicalcentre.co.uk

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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Talbot Medical Centre on 10 August 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.
- The practice had effective links with community matrons and district nurses to support the care management of patients with long term conditions. Patients were discussed at monthly Multi-Disciplinary Team (MDT) meetings where practitioners shared information to support improvements in health and wellbeing.
- The practice held monthly clinics with a diabetes nurse specialist from Royal Bournemouth Hospital to review selected patients with diabetes.
- 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.
- The GPs had signed up to run an 'Avoiding unplanned admission' programme and had managed to reduce the emergency admissions in the over 85's from 298 in 2014-2015 to 273 in 2015-2016.
- Staff at the practice held an in house smoke stop service providing help and support patients and those of neighbouring practices. As a result, the practice had identified a number of patients with previously undiagnosed chronic obstructive disease (COPD) and were able to address this and their smoking.
- The practice used the vaccination programmes to offer patients the opportunity for their pulse rate to be checked. Those with an irregular pulse had been

Summary of findings

invited for heart monitoring and had identified a number of patients with previously unrecognised heartbeat rhythms which was then appropriately managed.

- 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. The practice was clean, tidy and hygienic. We found that suitable arrangements were in place that ensured the cleanliness of the practice was maintained to a high standard.
- 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 were proactive in the care of patient's needs in the locality: For example:

- One of the GPs had been instrumental in setting up a polypharmacy project to practices in the locality and had been instrumental in its success. The review project had seen more than 100 patients having their medicines reviewed with an aim to reduce hospital admission from complications of taking multiple medicines. Data showed non-elective admissions to hospital had been reduced by 8.7% with a reduction of 8.4% at the practice.
- One of the GPs at the practice had been instrumental in setting up a community service for patients with chronic respiratory pulmonary disease, asthma, and bronchiectasis. This was in response to increased hospital admissions of these patients and following feedback from patients requesting them with an alternative to going to hospital when they became unwell. The Dorset Acute Integrated Respiratory Service (DAIRS) was started in 2014 and had resulted in a 13.3% reduction in hospital admissions, and an estimated cost saving £1,172,500 from bed days saved. This reduction was despite the national trend of admissions increasing by 8.5%. There had also been a reduction in hospital readmissions.

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?

Good

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.
- Recruitment procedures and checks were completed as required to ensure that staff were suitable and competent.
- There were appropriate arrangements for the efficient management of medicines.
- Health and safety risk assessments, for example, a fire risk assessment had been performed and was up to date.
- The practice was clean, tidy and hygienic. We found that suitable arrangements were in place that ensured the cleanliness of the practice was maintained to a high standard.

Are services effective?

Good

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.

Summary of findings

- The practice were committed to working collaboratively with patients who had complex needs to ensure they received coordinated care. For example, the GPs ran an 'avoiding unplanned admission' programme with seven other practices in the locality.

Are services caring?

Good

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.
- Patents were respected and valued as individuals and were empowered as partners in their care.
- Feedback from patients who used the service was positive about the way staff treated them.
- The practice proactively identified carers within the practice list and ran an in house carer support group. This provided information for carers and had allowed the development of a local support network.

Are services responsive to people's needs?

Good

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.
- One of the GPs at the practice had been instrumental in setting up a community service for patients with chronic respiratory pulmonary disease, asthma, and bronchiectasis. This was in response to increased hospital admissions of these patients and feedback from patients requesting an alternative to going to hospital when they became unwell. The Dorset Acute Integrated Respiratory Service (DAIRS) was started in 2014 and had resulted in a 13.3% reduction in hospital admissions, and an estimated cost saving £1,172,500 from bed days saved. This reduction was despite the national trend of admissions increasing by 8.5%.

Summary of findings

- 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.

Are services well-led?

Good

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.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older 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.
- A group of GPs in the locality employ an MDT coordinator. Monthly multidisciplinary team meetings were held to discuss patients identified at particular risk. GPs used a frailty index to highlight vulnerable older patients who were then placed on a 'Virtual Ward' to raise awareness and increase monitoring.
- The GPs had signed up to run an 'Avoiding unplanned admission' programme and had managed to reduce the emergency admissions in the over 85's from 298 in 2014-2015 to 273 in 2015-2016.

People with long term conditions

Outstanding

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

- The practice held long term condition registers for all those patients so that they were closely monitored. All patients had a lead clinician for each area of these conditions. These patients were invited regularly to attend for structured disease specific reviews with GP or practice nurses.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice was part of the North Bournemouth Poly-pharmacy review project which looked at patients who take more than 10 medicines. This had seen more than 100 patients having their medicines reviewed to ensure they were provided with the most effective treatment for their diagnosed conditions.
- There were local community specialist services for patients with specific breathing and lung diseases. Patients with a diagnosis of breathing conditions, including chronic obstructive

pulmonary disease (COPD), asthma, pulmonary fibrosis or bronchiectasis could access a community respiratory service called DAIRS (Dorset Acute Integrated Respiratory Service). This service had been set up by a GP within the practice and aimed to provide patients with alternatives to going to hospital when they became unwell. The GPs and consultant colleagues provided access to educational, exercise groups and self-management advice as well as urgent access to services and medicines for patients and clinicians managing these patients. The practice had monthly clinics with a respiratory nurse specialist to review patients with COPD.

- The practice held monthly clinics with a diabetes nurse specialist from Royal Bournemouth Hospital to review selected patients with diabetes.
- Staff at the practice held an in house smoke stop service providing help and support to patients and those of neighbouring practices. Patients over 45 years of age who smoked and had been prescribed medicines for respiratory problem in the previous 12 months were invited to attend for a breathing assessment and consultation with nurse. The practice had identified a number of patients with previously undiagnosed COPD and were able to address this and their smoking.
- During the last 2 years' influenza vaccination programmes the practice had checked pulse rates of all over 65 year olds. Those with an irregular pulse were then invited for heart monitoring. This had identified a number of patients with previously unrecognised atrial fibrillation which was then appropriately managed.

Families, children and young people

Good

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

- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice shared their computer system with the health visiting/community teams which demonstrated the practice were working towards integrated patient record systems, providing greater opportunity of monitoring and identification of risks.
- Practice staff met every six to eight weeks with the health visiting team to discuss identified families and children who were on the child protection, child in need, and looked after children registers. This provided an opportunity to discuss families where there were new concerns.
- The practice provided a full range of contraceptive services including long acting reversible contraception (LARC) and emergency contraception, cervical screening and chlamydia testing.
- The practice had a designated midwife. GPs could refer diabetic and patients with epilepsy for pre-pregnancy counselling with the midwife.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- There was a range of options to access services at the practice. Booked appointments, telephone contact and walk in appointments were available for urgent problems. These could be accessed via telephone, online booking or walking in and discussion with the receptionist. Extended opening was available on Tuesday and Thursday evenings from 6.30pm until 8.15pm.
- Text appointment reminders were used for patients who had signed up for this.
- The practice used an electronic prescribing allowing patients to order medicines online and then collect from the pharmacy of their choice.

Summary of findings

- The practice referred patients to the local public health schemes to promote lifestyle changes including access to local leisure centres, weight loss programmes, other stop smoking services as well as a full range of local voluntary and charitable organisations.

People whose circumstances may make them vulnerable

Good

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 people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had a safety net system to review and check the well being of vulnerable patients who had not requested medicines for 40 days.
- There was a system to identify the carers and offer them support. The practice ran an in-house carer support group. This provided information for carers and had allowed the development of a local support network.

People experiencing poor mental health (including people with dementia)

Good

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

- 83.56% 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.
- 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.

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Patients who did not attend the practice for their appointments were actively followed up to check on their well being.
- The practice had recently carried out an education session for all staff about dementia which was well received. As a result the practice had become a “dementia friendly” practice. Modifications had been made to the signage and toilets in the practice to help patients with dementia. The staff had access to memory cafes and a specialist memory team for diagnostic help and on-going support.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 365 survey forms were distributed and 108 were returned. This represented about 0.6% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85%).
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 55 comment cards which were all positive about the standard of care received. Patients referred to the efficient, caring service and described the GPs and nurses as excellent. Patients said staff were caring and helpful and described the care as thorough. We received five negative comments. Three of these related to getting appointments and one was regarding a clinical issue. The practice were aware of these issues and had action plans in place to monitor feedback.

We spoke with 10 patients during the inspection. Patients views mirrored those in the comment cards. Patients said the premises was always clean and tidy, and said they were satisfied with the care they received. Patients also commented positively about the staff and said they were approachable, committed and caring. Patients appreciated the onsite private pharmacy and said it speeded up processing the prescriptions.

The practice participated in the friends and family test. A summary of 2015/16 showed that of the 386 respondents 324 said they would be either likely or extremely likely to recommend the practice. 35 people were either extremely unlikely or unlikely to recommend their friends. The remaining people were neither likely or unlikely.

Outstanding practice

The practice were proactive in the care of patient's needs in the locality: For example:

- One of the GPs had been instrumental in setting up a polypharmacy project to practices in the locality and had been instrumental in its success. The review project had seen more than 100 patients who were taking more than 10 medicines having their medicines reviewed with an aim to reduce hospital admission from complications of taking multiple medicines. Data showed non-elective admissions to hospital had been reduced by 8.7% with a reduction of 8.4% at the practice.
- One of the GPs at the practice had been instrumental in setting up a community service for patients with chronic respiratory pulmonary disease, asthma, and bronchiectasis. This was in response to increased hospital admissions of these patients and following feedback from patients requesting them with an alternative to going to hospital when they became unwell. The Dorset Acute Integrated Respiratory Service (DAIRS) was started in 2014 and had resulted in a 13.3% reduction in hospital admissions, and an estimated cost saving £1,172,500 from bed days saved. This reduction was despite the national trend of admissions increasing by 8.5%. There had also been a reduction in hospital readmissions.

Talbot Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Talbot Medical Centre

Talbot Medical Centre is situated in the Wallisdown area of Bournemouth. It has a branch surgery located at Bournemouth University. This branch surgery was not inspected on this occasion.

The practice has an NHS general medical services contract to provide health services to approximately 17,949 patients. Approximately 7,900 of these were university students who mainly visit the branch surgery during term time.

The practice at Talbot Medical Centre is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered on Tuesday and Thursday evenings until 8.15pm. In addition to pre-bookable appointments that can be booked up to a month in advance, telephone appointments are available. Urgent appointments are also available for people that needed them. There is an 'emergencies surgery' held daily which is staffed by the GP on duty for the day. Patients can phone up to access this service or come directly to the practice.

Students at Bournemouth University are able to access the branch surgery on the university campus during term times. Opening times at the branch surgery are 8.45am - 5.30pm. Students can book appointments on line or call in to the branch surgery. Students can also visit Talbot Medical centre for their appointment if this is more convenient.

The practice has opted out of providing out-of-hours services to their own patients and refers them to South Western Ambulance Service via the NHS 111 service.

The mix of patient's gender (male/female) is almost half and half. There is a higher than average percentage of patients between the ages of 18 and 25 due to the university branch surgery. Information from Public Health England showed that 84.3% of patients were white British, 6.4% were Asian/Asian British, and 3.7% were multiple ethnic groups.

58.6% of the practice population had a long-standing health condition. This is higher than the local average of 57.3% and England average of 54%. The practice covered four geographical areas of Bournemouth which all have mixed social needs. Overall the practice area is rated as five on the deprivation score. One being very deprived and 10 having minimal deprivation.

The practice has an established team of 10 GPs. There are four male and six female GPs. Eight of the GPs are partners who hold managerial and financial responsibility for running the business. The GPs are supported by a practice manager, three senior managers, a nurse practitioner, four practice nurses, and three health care assistants. The team are supported by a team of administration staff who carry out reception, administration, scanning and secretarial duties.

We carried out our inspection at the practice's main location which is situated at:

63 Kinson Road

Wallisdown

Detailed findings

Bournemouth

Dorset

BH10 4BX

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 10 August 2016. During our visit we:

- Spoke with a range of 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.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of weekly meetings where these were a standing agenda item and discussed. We saw evidence that lessons were shared, external stakeholders were notified and action was taken to improve safety in the practice. For example, one of the GPs had become aware three patients showed signs of inflammation following joint injections. This was raised as a significant event and resulted in an investigation which showed that two of the three inflamed joints was not associated with the joint injection procedure. The GPs decided to continue and review the surgical process for effectiveness and risk factors. The review resulted in changes being made to the preparation, consent process, and hygiene procedures. The room was also adjusted to remove unnecessary equipment and furniture. There had been no incidents of infection following these changes.

Another significant event was raised following the collapse of a patient. Action included reviewing the emergency call system and location of emergency equipment and medicines. This learning was shared with staff at the branch surgery.

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 level two and were in the process of accessing level three training.
- 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 (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The last audit had been performed in July 2016 this checked that action from previous infection control audits had been made. These changes had included the replacement of a floor which was easily cleanable. The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG

pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice were aware of their prescribing trends and were able to explain anomalies. For example, a higher than average number of non-steroidal anti-inflammatory medicines for university students following sports injuries. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use and distribution. One room which could not be secured had a diversion to print prescription stationery in a more secure place within the practice. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. He/she received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had funded and encouraged three nurses, and the on site pharmacist, to become independent prescribers and were providing ongoing support to them.

- We reviewed five personnel files and found detailed records and robust appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception 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. The last test had been performed in June 2016. Clinical equipment had been 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. Administration staff worked in different roles on a rota basis to provide greater cover during periods of absence such as annual leave, sickness and training. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an emergency call system in all the consultation and treatment rooms which alerted staff to any emergency. There had been a review of the process of alerting staff to an emergency following a collapse of a patient. Staff were aware of the changes.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. Emergency equipment was available in the reception areas.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had comprehensive business continuity plans in place for each site for major incidents such as power failure or building damage. The plans included emergency contact numbers for staff.

Good

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. Any updates were discussed at the weekly team meetings or during training sessions.
- 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). Published data from Public Health England (2014-15) showed the practice had achieved 98% of the total number of points available. This was slightly higher than the national achievement of 95%. Data for this year had not been published yet but showed similar values.

There were no overall exception reporting rates available. (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). The practice was comparable to local and national reporting for all clinical indicators. For example, the percentage of patients with high blood pressure in whom the last blood pressure reading was within normal limits in the preceding 12 months was the same as the national exception rate of 4%. The GPs were able to explain exceptions and looked at data when it had been separated as the main practice and university branch to identify areas for improvement.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from Public Health England 2014-15 showed:

- Performance for mental health related indicators was similar to national and local averages. For example, 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 99% compared to the national average of 88%.
- Performance for diabetic related indicators were mostly similar to national and local averages. For example, between 2014 and 2015 the percentage of patients with diabetes, on the register, who had a cholesterol level within normal range was 87% compared to a CCG average of 82% and national average of 80%.

The practice used the QOF data to monitor clinical outcomes and had identified a small number of QOF points had been lost during 2014-15 for diabetes indicators for the percentage of patients with diabetes, who had a blood sugar within normal limits in the last 12 months. The GPs had undertaken a redesign of the diabetic management system, which included allocation of blood test management and screening to the nursing team, improvement in coding on the computer system and increased monitoring of patients.

There was evidence of quality improvement including clinical audit.

- We looked at six clinical audits completed in the last two years. All of these were completed audits where the improvements made were implemented and monitored. Nursing staff also participated in the audit process. We saw evidence of completed audit cycles for vaccine storage, hand washing, infection control and minor operations.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, following a teaching session on cardiac care the GPs chose to do an audit of patients who were taking three or more anti blood clotting agents (medicines) which increased the risk to patients. The audit in 2015 identified three patients who had their medicines reviewed. A repeat of the audit a year later saw there were no patients on three anti blood clotting agents.

The practice were proactive in improving outcomes for patients and had volunteered to be part of the North Bournemouth over 75's Poly-pharmacy review project.

Good

Are services effective?

(for example, treatment is effective)

Polypharmacy is where patients take a number of medicines (usually 10 or more). The aim of the project aimed to improve the quality of prescribing for patients over the age of 75 and had seen more than 100 patients having their medicines reviewed and reduced. Examination of data prepared by NHS Dorset CCG Business Intelligence showed that across Bournemouth North locality non elective admissions to hospital had been reduced by 8.7% with a reduction of 8.4% at the practice.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff added that there were no restrictions to the training and staff would cascade any learning to their team members. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Staff had also received training in current topics, including PREVENT (Personal Responsibility Values Education Training). This aimed to safeguard vulnerable people from being radicalised to supporting terrorism or becoming terrorists themselves.
- The practice was a training practice for GP registrars. Feedback from the registrars was positive and informed us that protected learning time was provided. Registrars also told us they received support, had sufficient tutorial time and said all staff were approachable. Registrars said the allocation of challenging work was given with an educational purpose and done with appropriate support.

Coordinating patient care and information sharing

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

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

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

The practice participated in the over 75's avoiding hospital admissions scheme with seven other practices in the locality. The scheme across all eight practices had seen non elective admissions reduced by 8.7%. Weekend admissions and A&E attendances had reduced in five out of the eight practices.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Templates were used to capture consent for procedures including ear syringing, immunisation and cervical smears. Written consent was obtained for minor surgery which was then scanned and stored in the patient's electronic record.

Good

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those over the age of 75, those taking multiple medicines, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

Data from 2014-15 showed that the practice's uptake for the cervical screening programme was 100%, which was significantly better than the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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. 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.

Data from Public Health England (2014-15) showed that childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100%. This was slightly higher than the CCG average of 94% to 97%. The rates for five year olds ranged from 94% to 99% which was comparable to the CCG average rates of 94% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for carers and those with long term conditions. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

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 55 patient Care Quality Commission comment cards we received were positive about the care experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. There were five negative comments, which related to accessing appointments.

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

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

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%).
- 97% 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%)
- 93% 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%).
- 91% 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%).
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%)

Care planning and involvement in decisions about care and treatment

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

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

- 91% 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%.
- 87% 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%.
- 92% 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.

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.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 191 patients as carers (1.9% of the Talbot Medical practice list). As a result the practice had appointed a carers lead who was beginning to identify carers more effectively. The practice had set up an in-house carers support group and had provided educational sessions. For example, a recent event included information on power of attorney. Written information was available to direct carers to the various avenues of support available to them. Health checks were offered and information events were organised.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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 spoke with two patients who told us they had received kind, caring and compassionate care for practice staff following the death of family members.

Good

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 appointments were available on Tuesday and Thursday evenings until 8.15pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients who needed additional time.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments, telephone appointments and an emergency clinic were available for 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/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Modifications had been made to the signage and toilets in the practice to help patients with dementia find their way around the building more easily.

One of the GPs at the practice had noted that patients with chronic respiratory diseases made up a significant proportion of the acute medical admissions to hospital. The practice had also received feedback from patients requesting an alternative to going to hospital when they became unwell. The GP and practice staff had started to work with local respiratory consultants, CCG, patient representatives and community nursing teams in 2011 to set up a community service for patients with chronic respiratory pulmonary disease, asthma, and bronchiectasis. As a result the Dorset Acute Integrated Respiratory Service (DAIRS) was started in 2014 and had expanded to provide a range of support and services for patients with chronic respiratory diseases across all of Dorset. These services included the ability for patients to self-refer to hospital, receive intravenous antibiotics at home, access specialist clinics, and access to educational and exercise groups. The practice had increased the number of patients with respiratory conditions through case finding and better diagnostic access. Between January 2014 and December 2015, 24 months in which DAIRS was established, the scheme had resulted in the admissions of patients with COPD reduced by 122, a 13.3% reduction in admissions, and an estimated cost saving £1,172,500 from bed days saved. Nationally during this period admissions of patients with admitted with COPD had increased by 8.5%. During the same period hospital readmissions within 30 days of admissions of patients with COPD had reduced by 21 admissions. This was a reduction of 9%. The estimated cost saving was £178,500 in bed days saved. During this period there had been a national increase in admissions for the same primary diagnosis codes of 9.6% and locally the average readmission rate for RBH in 2015 was 26.9% and the national average was 33.3%.

Access to the service

The practice at Talbot Medical Centre opens between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered on Tuesday and Thursday evenings until 8.15pm. In addition to pre-bookable appointments that could be booked up to a month in advance, telephone appointments were available. Urgent appointments were also available for people that needed them. There was an 'emergencies surgery' held daily which was staffed by the GP on duty for the day. Patients could phone up to access this service or come directly to the practice. Students at Bournemouth University were able to access the branch surgery on the university campus during term time. Opening times at the branch were 8.45am until 5.30pm. Students could book appointments on line or call in to the branch. Students could also visit Talbot Medical centre for their appointment if this was more convenient.

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

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 89% of patients said they could get through easily to the practice by phone compared to the national average of 73%).

Good

Are services responsive to people's needs?

(for example, to feedback?)

The majority of patients told us on the day of the inspection that they were able to get appointments when they needed them. For example, eight of the 10 patients we spoke with said they had never had a problem getting an appointment. The remaining two patients said they had sometimes experienced a problem. Five of the 55 comment cards we received commented about the problem accessing an appointment. The practice were aware of this and had increased the number of appointments and were keeping this under review.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, there were posters on display and information on the website. Students could access information on the university website or feedback to the student union as a way of raising concerns.

We looked at 36 complaints received in the last 12 months, Of these, 16 related to care and treatment, 14 related to administration issues and 6 others were mixed. The practice had found 23 were upheld. All complaints had been handled in a timely way. Trends related to attitude of staff which had been identified and were being monitored and managed. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, university students had complained about lack of appointments. The practice had acknowledged this with the student union and introduced a nurse practitioner who could treat students in addition to the appointments already provided.

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 and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The partners had consulted with staff and patients about a potential merger with another practice in the locality. Patients told us they appreciated this openness.

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. In addition staff had easy access to role specific procedure guidance.
- 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.

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. Staff explained how they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. Staff added that there was a mutual sense of respect and effective team approach. Staff told us they were supported by the management team and by their peers.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- There was a comprehensive structure of team meetings within the practice, which staff said were effective.
- Staff told us that morale was high and the practice was a good place to work. There was an open culture within the practice and staff had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the virtual patient participation group (PPG) and through surveys and complaints received. The PPG were consulted about information received from NHS Choices, patient surveys and the friends and family group to help the practice decide on priorities. Feedback was also gathered from the student union group at the university. This had resulted in the appointment of an additional member of staff at the university.

Are services well-led?

Good

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

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff explained this was easy to do because of the open management style and effective meeting structure in place. 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. For example, the North Bournemouth poly-pharmacy review project and the respiratory project. The GPs were also looking at the possibility of merging with a neighbourhood practice but were already part of COMPASS (a federation of GP practices in the area), where resources and ideas were shared.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.