

# The Cranborne Practice

## Quality Report

The Surgery  
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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 The Cranborne Practice on Tuesday 29 November 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.
- This dispensing practice had safe and effective systems for the management and dispensing of medicines, which kept patients safe.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had a clear ethos which had quality and safety as its top priority. The ethos was to provide the highest standard of individualised healthcare in a safe, friendly and welcoming environment.
- The practice had an active Patient Participation Group (PPG) which met twice a year and carried out patient surveys annually. The PPG provided us with positive feedback about the practice.
- The provider was aware of and complied with the requirements of the duty of candour.

# Summary of findings

We saw one area of outstanding practice:

The practice was the first in Dorset to fund the “Tracker” system, which had been adopted across the Dorset Clinical Commissioning Group (CCG). Tracker monitors patients falling outside of health and social care and provides support via a health and social care co-ordinator who liaised between local support agencies, community

nurses and the practice team. Patients then receive personal care, meals on wheels, household maintenance or other relevant support according to need. Tracker currently supported 400 patients at this practice, which was 4% of the patient list.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice had an efficient system of maintaining a running log of safeguarding concerns for both children and vulnerable adults. This was updated and actioned on a regular basis.
- 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 were 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?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The practice had achieved 99% of its QOF target 2015-16 which was higher than the clinical commissioning group (CCG) average of 98%.
- 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.

# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as 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.
- The practice was the first in Dorset to fund the "Tracker" system, which had been adopted across the Dorset Clinical Commissioning Group (CCG). Tracker monitors patients falling outside of health and social care and provides support via a health and social care co-ordinator who liaised between local support agencies, community nurses and the practice team.

Good



## 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.
- In response to feedback regarding telephone phone lines, the practice had invested in and altered staff rotas to manage a new telephony system. This new system allowed the practice to vary the number of incoming lines at times of peak demand to assist in meeting patient needs more effectively.
- 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.
- The practice did not presently have a military veteran's policy in place to identify military veterans and ensure they received appropriate support to cope emotionally with their experience

Good



# Summary of findings

in the service of their country in line with the national Armed Forces Covenant 2014. The practice had addressed this by the end of the inspection and ensured that a policy was in place. The practice computer system had so far identified 17 military veterans.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice had an active Patient Participation Group (PPG) which met twice a year and carried out patient surveys annually. The PPG provided us with positive feedback about the practice.

**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

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.
- One GP specialised in patients aged over 75 years, providing specific surgery times which included the GP assisted by a pharmacist to help patients who used many different medicines (polypharmacy).
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice access system allowed flexibility, telephone advice and assessment by GPs and flagged up patients who were on the unplanned hospital admissions avoidance register for longer appointments.
- The practice had its own bereavement support group to help families of those who had died through that difficult time.

### People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood sugar reading was within normal limits in the preceding 12 months was 100%, which was better than the national average of 78%.
- Longer appointments and home visits were available when needed.
- All patients had a named GP to allow continuity of care. The practice nursing staff team knew their patients very well and ensured timely monitoring of all patients with long term conditions.
- 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 89%, which was better than the CCG average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice used online social media websites such as Facebook to engage with young adult patients, together with its own dedicated website.

## 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 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.
- Health promotion material was available on the practice Facebook page, on the practice website and on paper at the practice.
- The practice provided extended hours appointments on Monday, Wednesday and Friday evenings and on Saturday mornings, aimed at this population 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.

Good





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. There were 37 patients registered with learning disabilities, all of whom had either received an annual review or were scheduled to receive a review by February 2017.
- 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 was the first in Dorset to fund the “Tracker” system, which had been adopted across the Dorset Clinical Commissioning Group (CCG). Tracker monitors patients falling outside of health and social care and provides support via a health and social care co-ordinator who liaised between local support agencies, community nurses and the practice team.

## 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).

- 78% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was below the national average of 84%. The practice was in the process of carrying out its dementia reviews during the current winter period October 2016 to January 2017 which coincided with the time of our inspection.
- 97% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had had their alcohol consumption recorded in the preceding 12 months which was better than the national average of 90%.
- 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.

Good



# Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 240 survey forms were distributed and 124 were returned. This represented 1.1% of the practice's patient list.

- 87% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 87% 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%.
- 79% of patients described the overall experience of this GP practice as good compared to the national average of 73%.

- 92% 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 six comment cards which were all positive about the standard of care received. Patients described the friendly and approachable GPs and nurses and the clean, well-organised environment.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The Friends and Family survey results between August 2016 to November 2016 showed that 96% of the 1021 respondents would recommend the practice.

## Outstanding practice

The practice was the first in Dorset to fund the "Tracker" system, which had been adopted across the Dorset Clinical Commissioning Group (CCG). Tracker monitors patients falling outside of health and social care and provides support via a health and social care co-ordinator who liaised between local support agencies, community

nurses and the practice team. Patients then receive personal care, meals on wheels, household maintenance or other relevant support according to need. Tracker currently supported 400 patients at this practice, which was 4% of the patient list.

# The Cranborne Practice

## 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.

## Background to The Cranborne Practice

The Cranborne Practice was inspected on Tuesday 29 November 2016. This was a comprehensive inspection.

The main practice is situated in the village of Cranborne in Dorset. The deprivation decile rating for this area is nine (with one being the most deprived and 10 being the least deprived). This meant that this area was amongst the most affluent nationally. The practice provides a primary medical service to 9,990 patients of a diverse age group. The practice is a training practice for GP trainees. There is currently a GP registrar at the practice.

There is a team of three GPs partners and five salaried GPs. Four were female and four male. Some work part time and some full time. The whole time equivalent is six GPs. Partners hold managerial and financial responsibility for running the business. The team are supported by an executive practice manager, assistant practice manager, two nurse prescriber, five practice nurses, five health care assistants and additional administration staff. There is also a dispensary supervisor and dispensary team at this dispensing practice.

Patients using the practice also have access to community nurses, mental health teams, midwives, counsellors and health visitors. Other health care professionals visit the practice on a regular basis.

The practice is open between the NHS contracted opening hours of 8am and 6.30pm Monday to Friday. Appointments are offered anytime within these hours. Extended hours surgeries are offered at the following times, from 6.30pm to 7pm Monday to Wednesday, on Fridays between 6.30pm and 7pm and on Saturday mornings from 9am until 12 noon.

Outside of these times patients are directed to contact the out of hour's service by using the NHS 111 number.

The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

The practice has a Personal Medical Services (PMS) contract with NHS England.

The Cranborne Practice provides regulated activities from two locations. The main location is The Surgery, Pennys Lane, Cranborne, Wimborne, Dorset BH 21 5QE. We visited this location during our inspection. We did not visit the branch location at Lake Road Surgery, Lake Road, Verwood, Dorset BH31 6EH.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 29 November 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing and administrative staff and spoke with four patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed six 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident had occurred one evening where a patient had slipped down some steps at the front of the branch practice. It was found that external lights at the branch practice were not working properly during the hours of darkness. Staff provided first aid to the patient, who made a full recovery from their minor injury. The incident had been discussed at a weekly practice meeting. Shared learning had taken place. Measures were put in place to prevent reoccurrence. These included the checking of all external lights at 4pm during the dark evenings of the winter months.

### 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 three. The executive practice manager was also trained to level three. Nurses had been trained to level two. All other staff were trained to level one safeguarding.

- 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 lead 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 (November 2016) and we saw evidence that action was taken to address any improvements identified as a result. Regular hand wash audits had been undertaken as a result of the most recent infection control audit. One audit carried out in February 2016 had examined hand washing results of 36 staff using an ultra violet light to monitor and improve hand washing techniques.
- 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. Blank prescription forms and pads were securely stored and

## Are services safe?

there were systems in place to monitor their use. Two of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They 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. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

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

representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. This plan had been reviewed at a recent staff meeting in November 2016 with the onset of winter.



# 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 which was higher than the CCG average of 98% and the national average of 95%. The exception reporting rate was 15% which was higher than the clinical commissioning group average of 12% and the national average of 9%. Practice GPs told us this was due to the large proportion of patients aged over 75 years which was 11.1% compared to the national average of 7.8%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-16 showed:

- The percentage of patients with diabetes, on the register, in whom the last blood sugar reading was within normal limits in the preceding 12 months was 100% which was better than the national average of 78%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94% which was higher than the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit on Urinary Tract Infections (UTI) looked at medicines prescribing to see if guidelines had been followed. The audit found that practice GPs each used different methods; some patients were on inappropriate medicines, medicine dosages and types varied without clear reasoning. Positive outcomes of the audit included the implementation of consistent guidelines and safer and more appropriate treatment for patients.
- A contraceptive coil fittings audit had been carried out. Two GPs carried out these procedures, a male and a female GP. Findings from the audit included the fact that the female GP carried out most of the procedures, the male GP a smaller number of procedures. The audit also surveyed patient views and found that the vast majority of patients had no preference whether a male or a female GP carried out the procedure. Outcomes from the audit included the male GP taking on a larger number of these procedures in line with positive patient feedback. Chaperones had been offered and provided as required.

### 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



# Are services effective?

## (for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

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

### Consent to care and treatment

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

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

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

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service. For example, stop smoking clinics were provided by a trained specialist employed by the practice. There was a popular local walking group in the area which the practice was able to refer patients to, which currently had 10 members.

The practice's uptake for the cervical screening programme was 89%, which was 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 96% and five year olds from 96% to 99%. CCG averages were 93% to 97% and 92% to 97% respectively.

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

We spoke with two members of the patient participation group (PPG). They also told us they were 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:

- 91% 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%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 95% 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%.
- 85% 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%.

- 95% 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%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

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

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

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

- 84% 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%.
- 84% 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%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The practice had access to a telephone translation service. The practice website could also be changed to different world languages, such as Polish or Romanian.

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

## Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 222 patients as carers (2.2% of the practice list). The practice had a carers group with approximately eight regular members. The group met once a month for social functions such as informal meals, days out and for annual events such as St Valentine's Day and at Christmas. There were two carer's leads at the practice, one at each location. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

The practice did not presently have a military veteran's policy in place to identify military veterans and ensure they received appropriate support to cope emotionally with

their experience in the service of their country in line with the national Armed Forces Covenant 2014. The practice had addressed this by the end of the inspection and ensured that a policy was in place. The practice computer system had so far identified 17 military veterans.

The practice was the first in Dorset to fund the "Tracker" system, which had been adopted across the Dorset Clinical Commissioning Group (CCG). Tracker monitors patients falling outside of health and social care and provides support via a health and social care co-ordinator who liaised between local support agencies, community nurses and the practice team. Patients then received personal care, meals on wheels, household maintenance or other relevant support according to need. Any patient could be referred into Tracker, which operated from 8.30am to 5pm Monday to Friday. The practice Tracker staff organised support groups for carers, patients with dementia and bereavement. Tracker currently supported 400 patients at this practice, which was 4% of the patient list. A senior practice health care assistant completed the care plans and home visits for Tracker patients. Dorset CCG had adopted the scheme and now funded the Tracker for the whole of East Dorset.

# 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;

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. For example, the practice was a yellow fever centre and offered vaccinations for this disease.
- There were disabled facilities, a portable hearing aid induction loop and translation services available.
- The practice offered the staff room for patients to provide breastfeeding to their child if they wanted privacy.
- The practice offered counselling for patients who had undergone gender reassignment.

### Access to the service

The practice was open between the NHS contracted opening hours 8am to 6.30pm Monday to Friday. Appointments were offered anytime within these hours. Extended hours surgeries were offered at the following times from 6.30pm to 7pm Monday to Wednesday, on Fridays between 6.30pm to 7pm and on Saturday mornings from 9am until 12 noon.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent 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 comparable to local and national averages.

- 73% of patients were satisfied with the practice's opening hours compared to the national average of 78%. As a result of patient feedback the practice now opened on Saturday mornings, offering nurse and health care assistant (HCA) appointments from 9am until 12 noon.
- 88% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There were posters on display at reception and on the website explaining how to make a complaint should a patient wish to do so.

We looked at the 16 complaints received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a complaint had been made about results not being available to patients as quickly as a patient would have liked and alleged staff rudeness. The practice had investigated this. Shared learning had taken place which included improving the computer system to allow quicker access to results for patients and customer service skills of reception staff. The patient had been satisfied with the outcome.

# 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 staff knew and understood the values.
- The practice ethos emphasised friendly patient centred care, high standards of primary health care, the importance of maintaining and improving patient care, engaging the team and involving all stakeholders in developing a high quality service. GPs and managers worked at both the main location and the branch location every week to deliver these values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings. Weekly all staff meetings took place which included administration, nursing, reception and GP staff. Monthly meetings took place such as primary health care meetings which included representatives from occupational therapy, community nurses, health visitors, midwives, social services, community psychiatric nurses and palliative care nurses. A Tracker meeting was held each month to discuss the patients receiving support. A multi-disciplinary team meeting took place every two weeks which included a health and social care co coordinator who provided a virtual ward for approximately 18 of the practice's most frail patients at risk of unplanned hospital admissions.
- Reception staff held a quarterly meeting. The nursing team held monthly meetings which included HCAs and the Tracker team.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held annually. The most recent away day took place in Cranborne and included GP partners, executive practice manager, and salaried GPs. The team discussed business planning, recruitment and succession planning.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

# Are services well-led?

Good 

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

involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had reported that there were no hand rails up the ramp to the front entrance of the branch practice. The practice had responded by installing hand rails. Patients had also reported that the telephone system made it difficult to get through to the practice. The practice responded by installing a new telephone system and adjusting staff rotas to cope with peak demand times. The new telephone system allowed incoming calls to be answered by staff at either the main or the branch location. Patients reported that this made a positive difference.
- Both of the PPG members we spoke with told us that The Cranborne Practice provided a good service. The PPG carried out annual patient feedback surveys. The

most recent survey had been completed in February 2016. Of the 200 respondents, 90% had stated they were satisfied or very satisfied with the practice. The next PPG meeting was planned for January 2017.

- The practice had gathered feedback from staff through weekly all staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff had complained that their cars were continually being damaged in the car park by low speed collisions from patient's cars. The practice had responded by changing the layout of the car park and painting new parking bays, which provided separate patient and staff parking areas. Staff had been pleased with the outcome. 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 Cranborne Practice was a training practice with an accredited GP trainer, and one GP registrar at the time of the inspection. The practice was a member of a local federation of other practices and was involved in discussions about the introduction of a needle exchange scheme for local drug users.

Information received at training which GPs and nurses attended including regular GP update days, was fed back on a monthly basis to all practice staff to support continuous development at the practice.