Burton and Bransgore Medical Centre

Quality Report

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

Summary of findings

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Summary of findings

Overall summary

Burton Medical Centre,123 Salisbury Road, Burton, Christchurch, Dorset, and Bransgore Medical Centre, Ringwood Road, Bransgore, Nr Christchurch, Dorset are registered with the Care Quality Commission to provide regulated activities of maternity and midwifery services, family planning services, treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures. Dr Richard Jenkinson is the registered manager for these services at this location.

Burton Medical Centre in the village of Burton is the practice "hub" and the Bransgore Medical Centre is a branch situated a few miles away in the village of Bransgore. Both medical centres provide general practice (GP) services under the NHS to approximately 9000 patients living in the surrounding areas. The GP's do provide some services that are not covered by the NHS; these included health insurance reports, employment medicals, private medical certificates and pilot medicals. Pilot medicals were conducted in the converted stable surgery at the rear of the premises.

This inspection was conducted at the Burton medical centre as the "hub" of administration and location of the registered manager. We were told that both centres worked together as one with regards to policies and procedures, and were interactive.

The practice operated from a large converted house 'The Grange' on two floors. All the surgeries and waiting areas were on the ground floor and the premises afforded good disabled access. The building had recently been extended. The practice also had an independent Pharmacy attached to it.

The practice opening times were Monday to Friday 8.30am to 6.30pm. For the convenience of the patients pre-booked appointments were available in early morning surgeries held between 7:30am to 08:00am on weekday mornings (the exact mornings vary from week to week), 6:30pm to 8:00pm alternating between Monday and Wednesdays and Saturdays 8:30 am onwards, usually once a month. Out of hours patients are directed to the National Health Service 111 service.

All the patients we talked with were very happy with the care they received. We received five comment cards and all had positive comments about the care and service provided by the surgery.

We found that Burton Medical Centre was a well led service which in our judgement was safe, effective, caring and responsive to the needs of its patients. The senior partners showed us that they provided visible leadership. The patients, clinical and managerial staff we spoke with told us that the doctors were all very approachable. The ethos of the practice was to provide comprehensive and high quality medical care with the emphasis on personal service in an informal, friendly and respectful environment.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Overall the practice was safe.

Staff we spoke with were trained in and aware of their responsibilities for safeguarding of vulnerable adults and children. There were systems and processes in place to raise concerns and there was a culture of reporting and learning from incidents within the organisation.

The equipment and the environment were maintained appropriately and staff followed suitable infection control practices.

The premises were clean and well-maintained. Entry and exit to and from the reception and waiting areas was all on one level; safe and clean. There was wheelchair access throughout the ground floor of the practice and disabled toilet facilities had recently been upgraded. The layout of the reception area ensured that patients were able to speak with the receptionist with privacy.

Vaccines, medicines and prescriptions kept on the premises were stored suitably and securely. There were suitable systems for the receipt, storage, record and administration of vaccines.

The practice had suitable arrangements in place for dealing with emergency situations and there was a continuity and recovery plan in place. This meant that the service was able to react to any interruption to the service provided.

Are services effective?

Overall the practice was effective.

The practice had systems and processes in place to ensure that standards of care were effectively monitored and maintained.

The practice worked with other health care professionals and organisations to ensure that their patients received the most effective support and treatment.

There were systems in place to ensure there were sufficient staff to meet patients needs. Patients needs were suitably assessed and care and treatment was delivered in line with current legislation and best practice. There were sufficient staff who received regular training and on-going support through an effective appraisal system.

Information was shared with relevant stakeholders such as the Clinical Commissioning Group (CCG) and NHS England.

Summary of findings

Are services caring?

Overall the service was caring.

All the patients we spoke with, and the comments we received were complimentary of the care and service that staff provided. We observed people being treated with dignity and respect. Staff provided privacy during all consultations and reception staff maintained patient privacy, dignity and confidentiality when registering or booking in patients. Patients we spoke with told us that they were well informed about their care and treatment.

Are services responsive to people's needs?

Overall the practice was responsive to patients needs.

The practice obtained and acted on patients feedback. Patients needs were suitably assessed and the provider learned from patients experiences, concerns and complaints to improve the quality of care.

The practice understood the needs of their practice population and this was reflected in the setup of the practice building and systems used to meet some of the needs of their patients.

Patients told us they could always get an emergency appointment and waiting time for routine appointments was satisfactory.

Are services well-led?

Overall the practice was well led.

The registered manager assisted by the practice management staff with clinical leadership from the GP partners worked as a team to ensure that patients received a high standard of care. Staff were supported by the registered manager and practice management and a culture of openness and honesty was encouraged. Risks to the safe and effective delivery of service were assessed and addressed in a timely manner.

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
Overall the practice was safe, effective, caring, responsive and well led for people in the practice population who were aged 75 and over.

Older people were cared for with dignity and respect. The practice was well-led and responsive to older patients' needs, followed national guidance and worked with other health and social care providers to provide safe care.

The practice had developed links with local nursing homes and treated patients who lived there. They had met with nursing home staff to discuss and advise on the care and support needs of the residents.

People with long-term conditions
Overall the practice was safe, effective, caring, responsive and well led for people with long-term conditions.

People in this population group received a safe, effective care which was based on national guidance. Care was tailored to people's needs, had a multi-disciplinary input and was reviewed regularly.

The practice had a lead nurse practitioner who ran their own clinics and saw patients for a variety of medical needs including the assessment and treatment of minor illnesses. Nursing staff had specific training to help them understand the needs of these patients. For example, practice nurses held clinics to help with asthma, diabetic and hypertension checks.

Mothers, babies, children and young people
Overall the service was safe, effective, caring, responsive and well led for mothers, babies, children and young people.

The practice followed national protocols and staff were aware of their responsibilities and the various legal requirements in the delivery of care to people in this population group. They worked with other health and social care providers to provide safe care.

The working-age population and those recently retired
Overall the practice was safe, effective, caring, responsive and well led for working age people.

Summary of findings

The practice was well led, had an effective structure and governance arrangements. There was an appropriate system of receiving and responding to concerns and feedback from patients in this group who had found difficulty in getting appointments.

We were unable to speak with many patients in this population group, possibly due to the time of day we were visiting.

People in vulnerable circumstances who may have poor access to primary care

Overall the practice was safe, effective, caring, responsive and well led for people in vulnerable circumstances who may have poor access to primary care.

There was evidence of multidisciplinary working with involvement of other health and social care workers. The practice was well led and staff had been provided training on safeguarding vulnerable adults and child protection.

People experiencing poor mental health

Overall the practice was safe, effective, caring, responsive and well led for people experiencing poor mental health.

The practice ensured that high quality care was provided for patients with mental health illnesses. The practice had a nominated lead for linking with other professionals and community teams to ensure safe, effective and co-ordinated care. This meant that the practice was responsive to patients' needs.

Summary of findings

What people who use the service say

We spoke with seven patients during our visit and were able to review five comments cards. Many patients had been coming to both practices for many years. All the patients we spoke with, and the comments we received were complimentary of the care and service that staff provided. One patient told us that the medical centre had got it right and another told us that they always liked the practice. They were treated with dignity and respect and all staff there were compassionate.

A CQC comments box was well displayed in the reception area, and had prompted five response cards, all of which were very complimentary, apart from some small comments about some appointments taking longer than patients wished.

The practice had a Patients Representative Group (PRG). Patients Representatives are patients of the practice who have agreed to act as advocates on behalf of those requiring advice and support. The practice supplied us with the latest 2013-14 reports and results of the 2013 general practice assessment questionnaire (GPAC V3). This was a survey tool to help practices improve their services to patients. The number of responses to this survey was 196 and showed high satisfaction ratings across the questions asked. For example 95% of patients found the receptionists helpful, 39% described their experience of the service as 'excellent' and 38% as 'good'. The appointments system produced the lowest results of satisfaction and an action plan has been developed to address this matter. The practice had established an on-line appointment booking system and were investigating a rolling release of appointments, at least four weeks ahead, rather than the current system of booking two weeks ahead.

Areas for improvement

Action the service COULD take to improve

The practice provided information for staff and patients. In some areas the information had not been regularly reviewed and updated.

Patients informed us that appointments were sometimes difficult to book at times convenient to them.

Good practice

Our inspection team highlighted the following areas of good practice:

The practice was awarded the gold standard framework for palliative care. This showed that the practice promotes good team work to improve patient experience through the increased knowledge of all clinical members of the team.

The practice follows up where patients have not attended appointments about their long term condition.

Chronic Disease Management clinics had been set up on Saturdays to coincide with improved access for working adults.

Burton and Bransgore Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection team was made up of a CQC inspector, a GP and an expert by experience. Experts by Experience are members of the inspection team who have received care and experienced treatments from a similar service.

Background to Burton and Bransgore Medical Centre

Burton Medical Centre,123 Salisbury Road, Burton, Christchurch, Dorset, and Bransgore Medical Centre, Ringwood Road, Bransgore, Nr Christchurch, Dorset are registered with the Care Quality Commission to provide regulated activities of maternity and midwifery services, family planning services, treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures. Dr Richard Jenkinson is the registered manager for these services at this location.

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Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

Before we carried out the inspection we analysed data gathered from our Intelligent Monitoring system. We asked other organisations including the local Healthwatch, NHS England and Clinical Commissioning Group (CCG) to share what they knew about the service.

Detailed findings

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problem.

Before visiting, we reviewed a range of information about the service and asked other organisations to share their information about the service.

We carried out an announced visit on 4 June 2014 between 9:00am and 5:00pm.

During our visit we spoke with a range of staff, including GP partners, practice manager, clinical nurses, receptionists and administrative staff.

We also spoke with patients who used the service. We observed how people were being cared for and reviewed personal care or treatment records of patients.

Are services safe?

Summary of findings

Overall the practice was safe.

Staff we spoke with were trained in and aware of their responsibilities for safeguarding of vulnerable adults and children. There were systems and processes in place to raise concerns and there was a culture of reporting and learning from incidents within the organisation.

The equipment and the environment were maintained appropriately and staff followed suitable infection control practices.

The premises were clean and well-maintained. Entry and exit to and from the reception and waiting areas was all on one level; safe and clean. There was wheelchair access throughout the ground floor of the practice and disabled toilet facilities had recently been upgraded. The layout of the reception area ensured that patients were able to speak with the receptionist with privacy.

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The practice had suitable arrangements in place for dealing with emergency situations and there was a continuity and recovery plan in place. This meant that the service was able to react to any interruption to the service provided.

Our findings

Safe patient care

The registered manager GP is the lead on governance at the practice and, assisted by the practice manager, monitored incidents, near misses and significant events in order to ensure that patients received safe care. Practices received patient safety alerts from organisations alerting them to safety issues around medication and equipment. The GP told us how these were dealt with in the practice to ensure the information was received and acknowledged by clinical staff. The practice GPs meet on a monthly basis to discuss safety of patients and safe care of patients.

GPs at the practice offered patients the services of a chaperone during examinations. We saw that details of this service were displayed around the practice building. The practice nurse and a trained receptionist were used for this service and the consent of the patient was always sought.

Patients we spoke with told us that they felt safe when receiving care at the practice. We were given five positive examples of people stating they felt safe with staff on both the comment cards and during conversations we held with patients. Patients told us they received prompt treatment and diagnosis. Patients also talked of the on-going treatment, screening and health promotion.

Staff we spoke with were aware of their responsibilities to identify and report incidents and were able to correctly explain how they would report any incidents or concerns that they may have.

Learning from incidents

There were arrangements in place for reporting significant events. We saw the reports of these events and were able to discuss the process for recording incidents with the practice manager and the GPs. All serious events were discussed at GP partners meetings and practice meetings. This provided senior staff with the opportunity to discuss the incident and to record any learning points. The practice manager showed us a significant event summary and flow chart with letters that had been sent to resolve any matters. This meant that the significant event policy in place was being followed and was robust.

Safeguarding

Patients who used the practice were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse

Are services safe?

from happening. Staff at the practice had taken part in training in safeguarding children and vulnerable adults at an appropriate level for their role. One of the GP partners who took the lead in safeguarding had taken part in specific high level training in the subject and there was also a deputy safeguarding lead in place.

Staff we spoke with were clear about their responsibilities to report any concerns they may have. Contact telephone numbers for reporting any safeguarding concerns were displayed in a number of places throughout the practice. There was also a computer based information system easily available to all staff with well presented flowcharts of procedures and contact numbers for local safeguarding.

The GPs we spoke with told us that they had made contact with social services when they identified concerns about patients in their care. Representatives from social services were invited to the practice's multi-disciplinary meetings when it was felt appropriate.

Monitoring safety and responding to risk

The practice had appropriate equipment, emergency drugs and oxygen to enable them to respond to an emergency should it arise. These were checked regularly by the practice nurses to ensure the equipment was working and drugs in date so that they would be safe to use in the event of an emergency. The practice had an Automated External Defibrillator (AED) an AED is used in the emergency treatment of a person having a cardiac arrest.

Emergency life support training had recently been given to 22 members of staff. Reception staff were able to describe their training and felt confident that they could respond appropriately to an emergency in the waiting room.

Effective systems were in place to ensure the safety and welfare of people using the service. There was evidence of identifying and reporting significant events. Learning from incidents took place and appropriate changes were implemented.

Medicines management

Appropriate arrangements were in place in relation to the management of medicines at the practice. These included safe storage, records and disposal. We checked the emergency drug kit and found that all drugs were in date. There was a log maintained with the expiry dates of all the drugs available in the kit. The vaccinations were stored in suitable fridges at the practice; the practice had recently purchased a purpose built fridge for the storage of medical items. All the drugs and vaccines that we checked were within their expiry date. The practice maintained a log of temperature checks on the fridge. The records we checked showed all instances of the temperature being within the correct range. Staff were aware of protocols to follow if the fridge temperature was not maintained suitably. We saw that the medicines cupboard and the vaccines refrigerator in the treatment room used by nurses were securely locked.

There was a GP lead for prescribing medicines. Regular audits and reviews of the prescriptions for people with long term conditions was undertaken using the data collection tools on the practice computer systems.

We were told that alerts relating to medicines were cascaded to clinical staff by the GP lead and copies of the alert were discussed and given to the clinicians. This meant that the service identified and acted on potential risks to patient safety.

An example was seen were activities undertaken to reduce antibiotic prescribing, audit data was being analysed. An out of hours medicines audit, looked at how the practice patients had requested items of repeat medication from the out of hours service, when these could more appropriately have been supplied from the practice during normal hours. The practice had found a very small number of instances of patients making these requests, however a protocol was being developed to minimise the likelihood of patients needing to use out of hours services for this purpose. This demonstrated that the practice was actively conducting medicines management.

Cleanliness and infection control

A lead nurse was responsible for infection control procedures at the practice. There were appropriate policies and procedures in place to reduce the risk and spread of infection. An infection control audit took place on the day we visited the practice.

Risk assessments were in place for control of substances hazardous to health (COSHH) and we saw a cleaning plan that had been updated in May 2014. This plan detailed all the cleaning process's that took place. The cleaning records were not fully completed this meant that the practice could not be sure that the cleaning plan had always been

Are services safe?

completed. We did see evidence that the waiting area seating and carpets had recently been deep cleaned and replacement of the carpet had been placed on the forward maintenance.

Hand washing guides were available above all sinks both in clinical and patient areas. There was a supply of bacterial soap pump dispensers and hand towels in all areas. Personal protective equipment (PPE) such as gloves and aprons were available for staff and they were aware of when PPE should be used. There was segregation of waste. This meant that clinical waste was disposed of appropriately and after being removed from the practice was kept in locked waste bins to await collection.

Patients we spoke with commented positively on the standard of cleanliness at the practice. The premises and especially the treatment room appeared very clean and well maintained. Work surfaces were clutter free and had easy to clean surfaces. The room was well organised with clean privacy curtains, sanitizer sharps box and foot operated waste bins. We spoke with one of the nurses who clearly described the procedures in place to maintain a clean and safe working environment. We saw that cleaning checklists for this room were complete and up to date.

Staffing and recruitment

The practice manager and GPs we spoke with told us that they felt the stable work force provided a safe environment for their patients. There were enough qualified, skilled and experienced staff to meet people's needs.

We looked at the recruitment and personnel records for three staff. The provider had a suitable process for the recruitment of all clinical and non-clinical staff. The staff files we looked at had records of pre-employment checks which included appropriate references, and where required criminal record checks using the Disclosure and Barring Service (DBS). Staff had been provided with a job description and a contract of employment. Newly appointed staff received an induction which included an explanation of their roles and responsibilities and access to relevant information about the practice including relevant policies and procedures.

The staff we spoke with told us that the majority of the staff had worked at the practice for a number of years. They told us that they had received a staff appraisal within the last year and there was an effective induction process.

Dealing with Emergencies

The practice had appropriate equipment, emergency drugs and oxygen to enable them to respond to an emergency should it arise. The practice had a business continuity plan. This is a plan that records what the service will do in an emergency to ensure that their patients are still able to receive a service. This practice had two centres that were interactive and this meant that in the event of one of the buildings being unable to continue with service the other practice could take over.

Equipment

Staff we spoke with did not raise any concerns about the safety, suitability or availability of equipment. We saw that medical equipment such as medicines fridges and AED had been recently tested for safety and performance. Fire extinguishers, smoke detectors, heat detectors, call points and emergency lighting around the building had been regularly serviced and the relevant test had been performed.

During staff meetings new equipment purchasing was discussed, relevant to the needs of the care given to patients. This meant that there was suitable and safe equipment in the practice.

Are services effective?

(for example, treatment is effective)

Summary of findings

Overall the practice was effective.

The practice had systems and processes in place to ensure that standards of care were effectively monitored and maintained.

The practice worked with other health care professionals and organisations to ensure that their patients received the most effective support and treatment.

There were systems in place to ensure there were sufficient staff to meet patients needs. Patients needs were suitably assessed and care and treatment was delivered in line with current legislation and best practice. There were sufficient staff who received regular training and on-going support through an effective appraisal system.

Information was shared with relevant stakeholders such as the Clinical Commissioning Group (CCG) and NHS England.

Our findings

Promoting best practice

The practice took into account national guidelines such as those issued by the National Institute for Health and Care Excellence (NICE). The practice had regular meetings where clinical and business issues relevant to patient care, and significant events and complaints were discussed. There were periodic multi-disciplinary meetings attended by GPs and nursing staff to discuss the care of people. The meetings covered various clinical issues. An example being a gold standard framework for palliative care. This showed that the practice promotes good team work to improve patient experience through the increased knowledge of all clinical members of the team.

The practice follows up where patients have not attended appointments about their long term condition

Management, monitoring and improving outcomes for people

The practice had systems and processes in place to ensure that standards of care were effectively monitored and maintained. The practice carried out clinical audits to ensure the treatment they offered people was in line with relevant guidance. There was evidence of learning from the audit process. An example being Chronic Disease Management clinics had been set up on Saturdays to coincide with improved access for working adults.

Staffing

Staff received appropriate support and professional development. The provider had identified training modules to be completed by staff which included amongst others safeguarding of children and vulnerable adults, infection control and health and safety. Staff were aware of and had received information about safeguarding and training in infection control and basic life support skills.

Staff received supervision and an annual appraisal of their performance. The staff told us they had received this training and how much they enjoyed their variety of work. Staff we spoke with all told us that they felt well supported by their colleagues and the practice manager who encouraged them to take on additional responsibilities. They said they had been supported to attend training

Are services effective?

(for example, treatment is effective)

courses to help them in their professional development and that there was a culture of openness and communication at the practice and they felt comfortable to raise concerns or discuss ideas.

Working with other services

Staff told us they felt they worked well as a multidisciplinary team (MDT) and that there was good involvement of other social and healthcare professionals especially in the care of the elderly, and district nurses. The practice also had a Self management in Local Environment (SMILE) team that served patients of both Burton and Bransgore Medical Centres. The team cared for the vulnerable elderly in their homes in order to reduce emergency admissions to hospital. This meant that patients were cared for in an environment that they were happy with and encouraged quicker recovery.

Other healthcare professionals that visited the practice were community midwives, physiotherapists, councillors, chiropodists and a psychologist.

Health, promotion and prevention

The practice ensured that where applicable people received appropriate support and advice for health promotion. Information available to patients was effective.

Health promotion was considered as one of the core services provided by the practice. There were a number of clinics advertised including, well woman clinics and well man checks, respiratory clinic, diabetic clinics, hypertension clinics along with antenatal clinics, baby/child health surveillance clinic and family planning clinic.

Additional services offered were cervical screening, contraception, vaccinations and immunisations.

Are services caring?

Summary of findings

Overall the practice was caring.

All the patients we spoke with, and the comments we received were complimentary of the care and service that staff provided. We observed people being treated with dignity and respect. Staff provided privacy during all consultations and reception staff maintained patient privacy, dignity and confidentiality when registering or booking in patients. Patients we spoke with told us that they were well informed about their care and treatment.

Our findings

Respect, dignity, compassion and empathy

We spoke with seven patients during our visit. The patients told us they had been coming to both surgeries for many years. They all said that they had been dealt with courteously by all staff. We observed staff interacting with patients and we saw that patients were treated with dignity and respect.

Staff told us how they respected patients' confidentiality and privacy. The receptionist we spoke with was calm, efficient, kind and discreet. Although the receptionist took phone calls at the desk, at no time did they mention any name or diagnosis or treatment. This demonstrated to us that the patients confidentiality and privacy had been respected.

This practice had a Caldicott Guardian in place.

The Caldicott Committee, chaired by Dame Fiona Caldicott, was set up by the Chief Medical Officer for Health following increasing concerns regarding the way information flowed, not only within NHS organisations, but also to and from non-NHS organisations. The resulting report, 'The Caldicott Committee: Report on the Review of Patient-identifiable Information', was published in December 1997.

The report made sixteen recommendations. One of the key recommendations was the appointment of a Caldicott Guardian, who should be either a senior health professional or an existing member of the management board, for each organisation. Among the Guardians roles was responsibility for agreeing and reviewing protocols for governing the disclosure of personal-identifiable information across organisational boundaries.

Bereaved families were offered support and were given contact details for local services which could support them. The practice endeavoured to visit every family who had bereavement.

GPs told us that they involved families and carers in end of life care. They ensured that the out of hours service was aware of any information regarding their patients end of life needs. This meant that patients at all stages of their health care were treated with dignity, privacy and compassion.

Involvement in decisions and consent

Patients told us that they felt listened to and involved in the decisions about their care and treatment. Patients who

Are services caring?

used the practice were given appropriate information and support regarding their care or treatment. Patients told us that the doctors took time to explain things to them. Patients said they had the opportunity to ask additional questions if they needed to and felt their concerns were listened to. The general practice assessment questionnaire (GPAC) showed that over 70% of patients felt that the GP was very good or good at listening to them, very good or good at explaining and involving them in decisions about their care. When asked if they had confidence and trust in the GP they saw or spoke to 89% rated yes, definitely or yes to some extent. 2% said no not at all.

Staff we spoke with were aware of the requirements under the Mental Capacity Act 2005 and the needs for ensuring that decisions were always taken in the best interests of the patient. They were aware of seeking multi-disciplinary input and opinion from other health and social care professionals especially when care involved vulnerable patients who could not provide consent.

Most of the patients at this practice did not have any difficulties with language. However staff could access language support for a number of nationalities. Staff told us that they had a small population of Turkish patients who visited the practice. They told us they had been able to communicate with the patients using interpreters.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Overall the practice was responsive to patients needs.

The practice obtained and acted on patients feedback. Patients needs were suitably assessed and the provider learned from patients experiences, concerns and complaints to improve the quality of care.

The practice understood the needs of their practice population and this was reflected in the setup of the practice building and systems used to meet some of the needs of their patients.

Patients told us they could always get an emergency appointment and waiting time for routine appointments was satisfactory.

Our findings

Responding to and meeting people's needs

The practice had worked with the Patients Reference Group (PRG) to produce a practice survey for the wider practice population. A general practice assessment questionnaire (GPAC) had been analysed and the findings given to the PRG in February 2014. The survey, undertaken earlier in the year, showed that patients were happy with the service and that it met their needs. We also found this to be the case in our discussion with patients and from the comment cards submitted by patients attending the surgery on the day of our visit.

Access to the service

Patients were mostly happy with the way their calls and booking of appointments were dealt with, although some patients commented that the system could be improved. As a result of the survey an action plan had been agreed with the PRG, this was summarised as follows: To investigate a rolling release of appointments at least four weeks ahead rather than two weeks ahead. Retain current system of asking callers to hold the line if reception is unable to deal with the enquiry there and then, the receptionist could message if urgent clinical concern to an on day team to prioritise. Further educate patients that other doctors are available should their preferred GP be unavailable.

The practice also looked at telephone access and felt that the results of the survey showed that patients were overall happy with the response times and the practice felt this to be satisfactory. This demonstrated that the practice was actively addressing the needs of their patients.

Concerns and complaints

The practice had a complaints policy and a patient information leaflet was also available which provided the procedure and timescales for the handling of complaints. The provider maintained a log of complaints and the complaints procedure was available upon request. We saw that a record of the date complaints were received and responded to was kept and was available at the time of our inspection. Complaints and concerns were reviewed and we also saw that they had been responded to in a timely manner.

Are services well-led?

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

Summary of findings

Overall the practice was well led.

The registered manager assisted by the practice management staff with clinical leadership from the GP partners worked as a team to ensure that patients received a high standard of care. Staff were supported by the registered manager and practice management and a culture of openness and honesty was encouraged. Risks to the safe and effective delivery of service were assessed and addressed in a timely manner.

Our findings

Leadership and culture

The staff told us they felt well supported by the practice manager. There was an open culture at the practice and the staff we spoke with felt able to go to the practice manager with any problems or concerns. All staff were clear about their roles and responsibilities, and that they were provided with opportunities for development and training. Appraisals were carried out annually and training was supported by the GP partners and practice management.

Governance arrangements

The registered manager GP at the practice was also the lead on governance. Partner GPs had areas of responsibility, such as, prescribing or safeguarding it was therefore clear who had responsibility for making specific decisions and monitoring the effectiveness of specific areas of clinical practice. It appeared that the GPs relied heavily on the management skills of the practice manager who was responsible for the day to day running of the service and assessing, monitoring and developing non clinical staff. We saw effective working relationships amongst staff and an ethos of team working. Line management arrangements were clear and staff received regular supervision and performance reviews. The practice had stable arrangements of administrative and receptionist staff.

Systems to monitor and improve quality and improvement

The practice undertook and participated in a number of regular audits. We saw that incidents were reported promptly and analysed. We noted examples of learning from incidents and audits, and noted that where applicable practices and protocols had been amended accordingly.

Patient experience and involvement

All the patients we spoke with and the comment cards patients had completed were complimentary of the staff at the practice and the service received. Patients told us that they felt listened to and involved in the decisions about their care and treatment.

Staff engagement and involvement ,Learning and improvement

Staff we spoke with all told us that they felt well supported by their colleagues and the practice manager. They said they had been supported to take part in on-going training

Are services well-led?

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

to help them in their professional development and that there was a culture of openness and communication at the practice and they felt comfortable to raise concerns or discuss ideas.

Identification and management of risk

The practice, having a second centre was able to ensure care to patients would continue to be provided if there was an event affecting the operation of the service. Risks to the business continuity resulting from events such as IT equipment breakdown, inability of staff to reach work, flooding, snow and flu pandemic had been identified and assessed and plans had been put in place.

Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

Summary of findings

Overall the practice was safe, effective, caring, responsive and well led for people in the practice population who were aged 75 and over.

Older people were cared for with dignity and respect. The practice was well led and responsive to older patients needs, followed national guidance and worked with other health and social care providers to provide safe care.

The practice had developed links with local nursing homes and treated patients who lived there. They had met with nursing home staff to discuss and advise on the care and support needs of the residents.

Our findings

All the patients we spoke with said the practice was responsive to their needs, and the comments we received were complementary of the care and service that staff provided, though some patients did mention about some difficulty in getting quick access to their GP of choice. The practice manager and GP told us that they were currently working towards the requirement of providing a named accountable GP for patients 75 years old and over.

Entry and exit to and from the reception and waiting areas was all on one level; safe, clean, well cared for.

Seating was upholstered bench-style, and of a good height for young and old; sturdy with no visible tears. The seating and carpet had been recently deep cleaned.

The demographics for the local area showed that the population was older than the United Kingdom average. The practice also had a Self management in Local Environment (SMILE) team that served patients of both Burton and Bransgore Medical Centres. The team cared for the vulnerable elderly in their homes in order to reduce emergency admissions to hospital. This team using local intelligence will prepare anticipatory care plans to treat the elderly with multiple long term conditions.

The practice ran special flu vaccination clinics in October for patients over 65 who suffer from chronic heart disease, chronic respiratory disease, chronic renal disease or disease or treatment causing lowered immunity.

People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

Summary of findings

Overall the practice was safe, effective, caring, responsive and well led for people with long-term conditions.

People in this population group received a safe, effective care which was based on national guidance. Care was tailored to people's needs, had a multi-disciplinary input and was reviewed regularly.

The practice had a lead nurse practitioner who ran their own clinics and saw patients for a variety of medical needs including the assessment and treatment of minor illnesses. Nursing staff had specific training to help them understand the needs of these patients. For example, practice nurses held clinics to help with asthma, diabetic and hypertension checks.

Our findings

Nursing staff had specific training to help them understand the needs of these patients. The practice has a lead nurse practitioner who worked with the GP's to undertake triaging of urgent appointments. Nurses with specialist knowledge also advised on the management of patient's long term conditions and signposted patients to relevant support organisations.

An example being Chronic Disease Management clinics had been set up on Saturdays to coincide with improved access for working adults.

Overall the practice was safe, effective, caring, responsive and well led for people with long-term conditions.

Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

Summary of findings

Overall the practice was safe, effective, caring, responsive and well led for mothers, babies, children and young people.

The practice followed national protocols and staff were aware of their responsibilities and the various legal requirements in the delivery of care to people in this population group. They worked with other health and social care providers to provide safe care.

Our findings

Health Visitors were practice-based and had a room in the building. The Health Visitors specialised in child and family health and were also trained to give advice on many social and emotional issues affecting patients of all ages. There was evidence of good multidisciplinary working with involvement of other health and social care workers.

Clinics and groups offered by the team included antenatal sessions, post-natal groups, parenting courses and Child Health Clinics held in conjunction with the GPs. One patient we spoke with told us that the service they received during their pregnancy was superb. They told us the midwife was absolutely lovely, treated them with dignity and respect, listened carefully to them about any concerns and explained their care plan in great detail. The patient told us there was a delay in the first appointment to see the midwife, but this did not overly concern the patient or cause any distress.

Staff we spoke with were aware of and had received training on safeguarding vulnerable adults and child protection. They understood the policies and processes and knew what action to take if they needed to raise an alert. There was a lead GP who had level 3 training and was the link on safeguarding issues.

Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

Summary of findings

Overall the practice was safe, effective, caring, responsive and well led for working age people.

The practice was well led, had an effective structure and governance arrangements. There was an appropriate system of receiving and responding to concerns and feedback from patients in this group who had found difficulty in getting appointments.

We were unable to speak with many patients in this population group, possibly due to the time of day we were visiting.

Our findings

The practice provided Well woman clinics. These clinics are open to all women. Women aged between 25 and 49 were invited every three years and those between 50 and 64, every five years, for a cervical smear. Included in the checks were height, weight and blood pressure measurements. Also advice on healthy living was given.

Well man checks were also available for patients. Practice nurses made routine checks of blood pressure, urine, height and weight and gave advice on healthy living.

For the convenience of the patients pre-booked appointments were available in early morning surgeries held 7:30am to 08:00am on weekday mornings (the exact mornings vary from week to week), 6:30pm to 8:00pm alternating between Monday and Wednesdays and Saturdays 8:30 am onwards, usually once a month. Out of hours patients were directed to the National Health Service 111 service.

However the demographic figures do show that the largest groups seen here were the elderly and young mums and children under-16.

People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

Summary of findings

Overall the practice was safe, effective, caring, responsive and well led for people in vulnerable circumstances who may have poor access to primary care.

There was evidence of multidisciplinary working with involvement of other health and social care workers. The practice was well led and staff had been provided training on safeguarding vulnerable adults and child protection.

Our findings

Staff we spoke with understood the safeguarding policies and processes and knew what action to take if they needed to raise an alert.

The registered manager GP told us that there was a settled Traveller Community in the Bransgore area, the practice worked closely with health visitors to try and reach out to this population group. The practice had a system of booking mutually agreeable appointments on a clinical basis to ensure a regular service and a GP then visited the site to see patients.

The practice tried to ensure that where a patient had language difficulties that more time was allocated for appointments. The practice also had close links with a local learning disability centre. A nurse from the Bransgore Medical Centre was the link between the practice and the centre in order that the patients saw the same person and built trust. We also saw that the practice when offering vaccinations to patients at this centre and prepared easy to read consent forms for the patients.

People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

Summary of findings

Overall the practice was safe, effective, caring, responsive and well led for people experiencing poor mental health.

The practice ensured that high quality care was provided for patients with mental health illnesses. The practice had a nominated lead for linking with other professionals and community teams to ensure safe, effective and co-ordinated care. This meant that the practice was responsive to patients needs.

Our findings

The practice ensured that high quality care was provided for patients with mental health illnesses. Staff told us that they worked with other professionals and community teams to ensure co-ordinated care. There were clear structures and responsibilities and the GP told us that there were effective working relationships with other local providers to ensure effective and safe care for people in this population group. The practice no longer had an attached community psychiatric nurse (CPN) but was able to arrange for a CPN to attend the practice when required.

Staff we spoke with were aware of the requirements under the Mental Capacity Act 2005 and the needs for ensuring that decisions were always taken in the best interests of patient. They were aware of seeking multi-disciplinary input and opinion from other health and social care professionals especially when care involved vulnerable patients who could not provide consent.