

# The Village Surgery

## Quality Report

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Date of inspection visit: 13 December 2016

Date of publication: 16/01/2017

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 Village Surgery on 13 December 2016. Overall the practice is rated as good.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 had an active online forum through the year. The PPG provided us with positive feedback about the practice.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

**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.
- Risks to patients were assessed and well managed.
- 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 staff were suitable and competent.
- There were appropriate arrangements for the efficient management of medicines.
- Health and safety risk assessments had been performed and were up to date. For example, recent fire risk assessments.
- The practice was clean, tidy and hygienic. We found suitable arrangements were in place which 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.
- Audits demonstrated performance was being monitored and continuously improved.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

# Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a carer's lead who provided signposting to support services relevant to carers.
- The practice had recently introduced systems in place to identify military veterans and ensured 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 identified one military veteran so far.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.
- In response to patient feedback regarding their appointment system, the practice had invested in an online appointment system. The practice also offered an electronic prescribing service.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

# Summary of findings

## Are services well-led?

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

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

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The Practice participated in the Bournemouth North Locality's 'Over 75 Nurse' project which referred eligible patients to a specialist nurse assessment which provided health checks, care plans, admission avoidance, long term conditions, mental health, dementia, general well-being and social care needs. The nurse also looked at safety in the home, falls risks, problems with isolation and lack of support from family or carers. The nurse could make referrals to other agencies, signpost patients to services like the voluntary sector and feedback to GPs on any clinical concerns. This scheme had only recently been established with a single nurse. 17 patients had been referred to date.
- Recent locality data from the clinical commissioning group (CCG) showed the practice had reduced the number of patients aged over 75 attending hospital as an unplanned emergency admission by 7.1% over the last 12 months.
- The practice hosted an Abdominal Aortic Aneurysm Service which screened male patients aged over 65 for abdominal aneurysms.

### People with long term conditions

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

Good



- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice maintained disease registers for all patients with a diagnosed chronic disease. There was a lead clinician for each area of chronic disease. These patients were invited regularly to attend for structured disease specific reviews with GPs or practice nurses.

# Summary of findings

- The percentage of patients with diabetes, on the register, whose blood sugar tests were within average ranges in the last 12 months, was 88% which was better than the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- GPs met monthly at a multi-disciplinary (MDT) meeting with the health visiting team and other health professionals to discuss any safeguarding or domestic violence issues, including looked after children, children 'at risk' or on child protection plans.
- The practice's uptake for the cervical screening programme was 90%, which was higher 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.

Good



## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Good



# Summary of findings

- The practice was about to start having a lunchtime GP surgery so patients who worked could attend appointments at a more convenient time. The practice held early morning and evening surgeries and tried to keep these appointments for working people. This included an evening practice nurse surgery which had proved very popular.
- On-line access was available for medical appointments, repeat prescriptions and medical records for all of its patients. Text reminder messages were sent to all patients on the booking of an appointment, further reminder sent nearer the time. The practice had started using the MJOG text messaging service in order to text patients with reminders. Patients could respond back with a text message and this could be automatically added to the patient's clinical record and read coded for audit purposes.
- 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 through the practice and on the website.
- The practice had a high student population (3,500 of its 9,503 patients which was 36%) from the neighbouring Arts University Bournemouth. The practice had established good links with the University and held a weekly GP and Nurse Practitioner clinic at the Student Services Centre. Students were sent a practice "Welcome Pack" together with information informing them how to access medical services when in Bournemouth. The practice also promoted meningitis booster vaccinations relevant to student populations.
- The practice was looking at easier ways to engage with students such as creating a Village Surgery app for smartphones and having the practice booklet put into a computerised format so it could be scanned by smartphones.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good





# Summary of findings

- Monthly multi-disciplinary team meetings were held with all relevant health professionals to discuss all patients on the Practices 'at risk' or 'End of Life Care' register. This included liaison with health and social care co-ordinators.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had a carer's lead who liaised with and offered advice to people who were caring for vulnerable patients.

## 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).

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the clinical commissioning group (CCG) average of 85% and the national average of 84%.
- 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 96% which was higher than the CCG average of 92% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.
- The practice was working with national dementia support charities to achieve official "dementia friendly" status. Two members of staff at the practice were dementia champions and

Good



## Summary of findings

were actively working towards changes to help their dementia patients, such as introducing dementia friendly signage throughout the practice. All staff had attended training on recognising the signs of dementia and how to support patients.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. Results showed the practice was performing in line with local and national averages. 303 survey forms were distributed and 116 were returned. This represented 1.2% of the practice's patient list (9503).

- 92% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 77% 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%.
- 87% of patients described the overall experience of this GP practice as good compared to the national average of 73%.
- 93% 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 22 comment cards which were all positive about the standard of care received. Patients described the friendly reception team, the caring and professional GPs and nurses and the excellent service they had received over many years from this practice.

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.

Results from the friends and family survey October 2016 showed that of the 350 responses received, 322 were extremely likely or likely to recommend the practice (92%).

# The Village Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Village Surgery

The Village Surgery was inspected on Tuesday 13 December 2016. This was a comprehensive inspection.

The main practice is situated next to the Arts University Bournemouth, in the coastal town of Poole, Dorset. The deprivation decile rating for this area is six (with one being the most deprived and 10 being the least deprived). The 2011 census data showed that 97% of the local population identified themselves as being white British. The practice provides a primary medical service to 9,503 patients with 36% of those being students. The practice is a teaching practice for medical students and is also a training practice for GPs. The practice has supported two GP registrars in the last 12 months and two more were due to arrive at the practice in early 2017.

There is a team of three GPs partners and one salaried GP. Two are female and two male. Some worked part time and some full time. The whole time equivalent was 3.75. Partners hold managerial and financial responsibility for running the business. The team are supported by a practice manager, nurse practitioner, two practice nurses, one health care assistants, one phlebotomist and additional administration staff.

Patients using the practice also have access to community nurses, mental health teams 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 on Tuesdays, Thursdays and Fridays from 7.30am to 8am. Evening clinics are offered once a week on a different day each week from 6.30pm to 8.30pm.

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 practice provides regulated activities from a single location at The Village Surgery, Gillett Road, Talbot Village, Poole, Dorset BH12 5BF. We visited this location during our inspection.

## 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 13 December 2016. During our visit we:

- Spoke with a range of staff including three GPs, three nursing and three 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 22 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, a significant event occurred where two patients had very similar names and identical birth dates. One of these patients registered at the practice after leaving their previous practice. Practice administration staff confused one patient for the other patient and obtained the incorrect patient notes. Further patient notes were then made incorrectly on this patient's record. A member of staff spotted that an error had been made. The practice took immediate action. Shared learning took place with the practice team. Actions also included reporting it to the clinical commissioning group (CCG) and to the patient's previous practice. The practice complied with the duty of candour by informing the patient and explaining the error. The CCG had written a letter which commended the practice for its comprehensive investigation into this matter.

### 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 practice nurses had been trained to level two, together with the practice manager. Administration staff had been trained to safeguarding level one.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The 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 there were systems in place to monitor their use. One of

## Are services safe?

the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They had received mentorship and support from the GP partners 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.

- 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). The practice had recently had a comprehensive water quality legionella risk assessment completed by a professional contractor.

- 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.

# 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 comparable with the CCG average of 13% and higher than the national average of 9%.

The practice had a lead GP and a lead QOF and IT manager. They told us that approximately 7% of the practice's 3,500 student population were registered with asthma or diabetes. A substantial number of these failed to respond to the three reminders which the practice sent them for their regular long term condition checks. The practice was following QOF guidelines in relation to exception reporting, which stated that two reminders should be sent.

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, whose blood sugar tests were within average ranges in the last 12 months was 88% 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 96% which was better than the CCG average of 92% and the national average of 88%.

There was evidence of quality improvement including clinical audit.

- Clinical audits demonstrated quality improvement. 25 clinical audits. Of these, six were completed cycle audits where the improvements made were implemented and monitored. The first cycle of a minor surgery audit had been completed in 2013-14. The audit had found that 91 excisions had been undertaken. Of these, seven had been unexpected malignancies (these were not removed, in line with NICE guidance). The second cycle of the audit had been undertaken in 2015-16. This audit found that 118 excisions had been completed, finding two unexpected malignancies. The outcome of this audit reduced patient's complications and reduced inappropriate excisions, to the patient's benefit.
- Audits of joint injections in 2015 and repeated in 2016 assessed how successful these had been and to enable GPs to advise patients on how effective a joint injection would be. 50 patients were involved. All injection sites (shoulder, knee, carpal tunnel etc.) were audited and patient's reported significant improvement or the issue had been resolved. Joint injections to the knee were mostly effective but the findings recommended that patients be advised that although the injection would probably be successful but there was a possibility that the complaint would continue afterwards. The audit found that written consent had been obtained for all minor surgery operations.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of the June 2016 infection control audit had resulted in the removal of carpeting from all clinical rooms and the installation of tough impermeable vinyl flooring in these rooms in line with NICE guidance.

### Effective staffing

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



# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. 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. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 90%, which was higher 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 national averages. For example,

## Are services effective?

(for example, treatment is effective)

childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 95% and five year olds from 87% to 100%. This was comparable with national averages of 73% to 95% and 75% 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 of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (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:

- 93% 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 87%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 96% 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%.
- 94% 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%.

- 97% 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%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the 22 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 85% and the national average of 86%.
- 85% 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%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

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

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

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 149 patients as carers (1.5% of the practice list). There was a carer's lead who supported them by liaising with them frequently, gave advice on support services. Written information was available to direct carers to the various avenues of support available to them. The practice also had a dementia champion, and was a dementia friendly practice, signage, toilet seats.

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 had recently introduced systems 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 identified one military veteran so far.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice provided weekly clinics at nearby Arts University Bournemouth (AUB) by a GP and a nurse practitioner.
- 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 and were referred to other clinics for vaccines available privately.
- There were power assisted entrance doors, disabled facilities, a hearing aid induction loop and telephone translation services available. The practice staff spoke a range of different languages including Mandarin Chinese, Arabic, Spanish and Farsi which could be used to more effectively communicate with patients arriving at the practice.
- The practice staff told us they would make a room available for breastfeeding, prayer or other valid reasons including a weekly counselling service for mental health issues.
- The practice provided a room for specialist staff from Salisbury hospital to bring in ultrasound equipment and carry out aortic aneurism tests bi-monthly. This was a way of detecting dangerous swelling of the aorta.

### Access to the service

The practice was open between the NHS contracted opening hours of 8am and 6.30pm Monday to Friday. Appointments were offered anytime within these hours. Extended hours surgeries were offered at the following times on Tuesdays, Thursdays and Fridays from 7.30am to 8am. Evening clinics are offered once a week on a different day each week from 6.30pm to 8.30pm.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people 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.

- 85% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 92% 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 and leaflets at reception and displayed on the website which explained how to make a complaint should a patient wish to do so.

We looked at the five complaints received in the last 12 months and found these had been satisfactorily handled, dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a complaint had been made by a patient about the care they had received from the GP registrar. A senior partner had investigated the matter with the practice manager. It was found that the practice had not followed the recorded advice of the GP registrar. Shared learning had taken place which included ensuring the following through of medical advice. The practice had made a comprehensive written response to the patient. The patient was 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 mission statement stated their aim was to “Provide personalised, high quality, primary care to our patient population through consultations, examinations, investigations/referrals and treatment of medical conditions and to treat all our patients with respect and dignity.”
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

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

### 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 including weekly GP partner meetings, monthly heads of department meetings, monthly nurses meetings. Protected learning meetings for all staff once a quarter. Most recently the protected learning had covered CQC inspections, mental capacity and safeguarding.
- 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 every six months.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the 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

# Are services well-led?

Good 

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

management team. For example, the PPG had suggested that the practice introduce an online appointment booking system. The practice had implemented this.

- The practice had gathered feedback from staff through staff away days and through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff had suggested fire safety door guards which automatically closed room doors once the fire alarm was activated. The practice had implemented this. 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.

As a teaching and a training practice, two of the GPs were accredited trainers. The practice had supported two GP registrars in the last 12 months.

Future planned projects included participation in the Dorset & Wiltshire Fire & Rescue Service's 'Safe & Well' scheme. With this scheme, GP practices worked collaboratively with the Fire Service and other agencies providing a list of vulnerable patients. As the Fire Service had a neutral reputation, it frequently gained access to people's homes and carried out a health and wellbeing review. Any health or social needs could then be followed up. Once operational, the practice would be the first in Dorset to participate in this scheme.