

# The Blackmore Vale Partnership

## Quality Report

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Date of inspection visit: 27 September 2016  
Date of publication: 28/11/2016

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?

Outstanding 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Outstanding practice	12

### Detailed findings from this inspection

Our inspection team	13
Background to The Blackmore Vale Partnership	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Blackmore Vale Partnership on 27 September 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. The practice held monthly all staff meetings where discussion and shared learning on these events took place.
- Risks to patients were assessed and well managed throughout the practice.
- Responsive, innovative approaches to providing integrated person-centred pathways of care were evidenced by the practice employing a pharmacist and a pharmacy technician in order to reduce poly pharmacy in its large elderly population (polypharmacy is when patients are taking 10 or more medicines), in order to reduce the side effects of multiple medicines being used, reduce waste and

support the management of multiple conditions. 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. Staff training needs analysis had been undertaken and the results implemented.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. All of the feedback from patients and the patient participation group (PPG) was positive.
- Information about services and how to complain was available and easy to understand. The practice carried out an annual complaint audit, the findings of which influenced shared learning events and 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.

# Summary of findings

- The practice had good facilities which were spacious and well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had a large active patient participation group which carried out numerous health promotion events and activities in support of the work of the practice.
- The provider was aware of and complied with the requirements of the duty of candour.

We identified an area of outstanding practice:

- There was a range of easy to read communication leaflets and booklets at the practice. Practice staff had devised a series of 12 photographic images which explained the process of visiting the practice to receive a health check and blood test. This was aimed at the 100 patients registered with learning disabilities and had attracted positive feedback from these patients in providing reassurance and reducing anxiety prior to and during such visits.

**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.

- There was an effective system in place for reporting and recording significant events and these were discussed at monthly all staff meetings.
- Lessons were shared to make sure action was taken to improve safety in the practice. There was a strong reporting culture. Prescription security and physical security was in place at 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. These included a wide range of risk assessments including those for legionella and other health and safety issues.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- A wide range of complete cycle clinical audits demonstrated quality improvement. There had been 28 clinical audits in the past two years.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Management had undertaken a staff training needs analysis and provided appropriate training for staff.
- There was evidence of appraisals and personal development plans for all staff. Staff told us they felt supported and listened to by the leadership team.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had three members of staff across their four locations in a carer's champion lead role. These members of staff provided support, advice and guidance to patients who had also identified themselves as carers of other patients at the practice.
- The practice had systems in place to identify military veterans and ensure their priority access to secondary care in line with the national Armed Forces Covenant. The policy had been reviewed in September 2016. The practice had identified 27 military veterans to date.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice had recently successfully undertaken a merger with a nearby practice in order to be able to deliver high quality services into the future.
- 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, which were spacious and 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. The practice undertook an annual complaints audit the findings of which were included in shared learning sessions with all staff.
- The practice was responsive to people's individual needs and preferences, which were central to the planning and delivery of

Good



# Summary of findings

tailored services. For example, the practice had been awarded the Going for Gold standard for being amongst the first in Dorset to provide Gold Standard Framework (GSF) end of life care. This was in line with current practice and NICE guidance.

- Responsive, innovative approaches to providing integrated person-centred pathways of care were evidenced by the practice employing a pharmacist and a pharmacy technician in order to reduce poly pharmacy in its large elderly population (polypharmacy is when patients are taking 10 or more medicines), in order to reduce the side effects of multiple medicines being used, reduce waste and support the management of multiple conditions.
- The practice had a responsive and proactive approach to understanding the needs of different groups of people and delivering care in a way that meets these needs and promotes equality. For example, the practice had approximately 100 patients registered with a learning disability and had appropriate support systems in place such as easy to read communication leaflets, diagrams and photographs to support these patient

## Are services well-led?

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

- The leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care. 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.

Outstanding



# Summary of findings

- The practice patient participation group (PPG) had 200 virtual online members, 40 full face to face members who attended meetings in person and a steering group of eight committee members. The PPG told us the practice was very supportive and always acted upon their feedback. Improvements made as a result included name badges for all staff, staff profiles on the practice website, the creation of a practice Facebook page and Twitter feed and a resulting positive impact upon patient health through this enhanced new social media communication about health education, together with regular health promotion events organised by the PPG.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, holistic and 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 held fortnightly multi-disciplinary team meetings with community nurses, therapists, consultant geriatricians, palliative care nurses and occupational therapists to discuss their most at risk older patients.
- The practice had been awarded the Going for Gold standard for being amongst the first in Dorset to provide Gold Standard Framework (GSF) end of life care. This was in line with current practice and NICE guidance. The practice GPs prepared personalised care plans with their patient's agreement.
- The practice employed a pharmacist and a pharmacy technician in order to reduce poly pharmacy in its large elderly population (polypharmacy is when patients are taking 10 or more medicines), in order to reduce the side effects of multiple medicines being used, reduce waste and support the management of multiple conditions.
- The practice GPs visited local residential care homes on a weekly basis or when required.
- An elderly care psychiatrist comes to the practice to see patients depending on patients needs at least once a month. This provided patients with useful support and avoided the inconvenience of attending an appointment outside the practice.

Outstanding



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, who had had an influenza immunisation, was 98.2% which was higher than the national average of 94%.

Good





# Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had recently undertaken a nurse led review of its diabetic care. This had freed up nurse time by reducing the clinical work load for patients who were managing well and were therefore low risk, in order to improve care for housebound high risk diabetic patients.

## 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.
- The practice cervical screening rate was 87.5% which was higher than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice received SCARF (single combined assessment of risk forms) directly from health visitors which enabled GPs to act upon them immediately; for example, by implementing a child patient action plan.
- The practice had a dedicated children's play area in the waiting room with a plastic Wendy house and children's books and toys.
- The practice had numerous toilet facilities and a baby changing area.
- There were regular breast feeding support sessions held by health visitors and twice weekly midwife clinics at the practice.

Good



# Summary of findings

## **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 practice maintained a social media presence on Facebook, together with a website and a Twitter account in order to provide services aimed at this population group.
- The practice offered extended hours several times a week which were aimed at this population group.
- There were a range of online services available including the ability to book an appointment online or order a prescription.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Health promotion material was available throughout the practice.

Good



## **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 had approximately 100 patients registered with a learning disability and had appropriate support systems in place such as easy to read communication leaflets, diagrams and photographs to support these patients.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



# Summary of findings

## 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).

- 83% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which was comparable with the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 100% which was higher than the national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016 and results showed the practice was performing in line with local and national averages. 238 survey forms were distributed and 127 were returned. This represented 0.5% of the practice's patient list.

- 93% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 78% 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%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 87% 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 24 comment cards which were all positive about the standard of care received. Patients had written about the friendly and approachable reception staff, the professionalism of the GPs and nurses and about the pleasant, hygienic environment.

We spoke with six patients during the inspection. All six patients said they were very satisfied with the care they received and thought staff were approachable, committed and caring.

Results from the July to August 2016 Friends and Family survey were positive. Of the 50 respondents during this period, 42 had indicated they were likely or extremely likely to recommend the practice to friends and family.

## Outstanding practice

- There was a range of easy to read communication leaflets and booklets at the practice. Practice staff had devised a series of 12 photographic images which explained the process of visiting the practice to receive a health check and blood test. This was

aimed at the 100 patients registered with learning disabilities and had attracted positive feedback from these patients in providing reassurance and reducing anxiety prior to and during such visits.

# The Blackmore Vale Partnership

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Blackmore Vale Partnership

The Blackmore Vale Partnership was inspected on Tuesday 27 September 2016. This was a comprehensive inspection.

The Blackmore Vale Partnership is comprised of four locations. The main practice is situated in the semi-rural town of Sturminster Newton. The deprivation decile rating for this area is seven (with one being the most deprived and 10 being the least deprived). This meant that this area was relatively affluent compared to the national average. The 2011 census data showed that 98% of the local population identified themselves as being white British. The practice provides a primary medical service to 24,000 patients of a diverse socio-economic group. The practice is a teaching practice for medical students and a training practice for GP trainees.

There is a team of 14 GPs. Six were GPs partners and eight were salaried GPs. Of these, seven are female and seven male. Some work part time and some full time. The whole time equivalent is approximately eight and a half GPs. A new GP partner is due to start in October 2016. The practice manager is also a partner. Partners hold managerial and financial responsibility for running the business. The team are supported by an operations manager, office manager,

finance manager, an IT and data quality manager and a nurse team manager. There are six advanced nurse practitioners, six practice nurses, seven health care assistants, and additional administration staff. GPs have a dedicated personal assistant who deals with their administrative tasks.

Patients using the practice also have access to community nurses based in the Marnhull Surgery branch. Health visitors and the school health team are based at the practice. The community mental health team is based in the Shaftesbury branch. A dentist is co-located at the same practice. Welmar Hospice care trust is also based here. Other health care professionals visited the practice on a regular basis.

The practice is open between the NHS contracted opening hours 8am - 6.30pm Monday to Friday. Appointments are offered anytime within these hours. Extended hours surgeries are offered at the following times, on a Monday and Wed until 7.30pm and on a Tuesday and Thursday until 7pm.

Outside of these times patients are directed to contact the South West Ambulance Service Foundation Trust service 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 Blackmore Vale Partnership provides regulated activities from four locations. During our inspection we visited the main location at Old Market Hill, Sturminster Newton, Dorset DT10 1QU. We did not visit the branch

# Detailed findings

locations at Marnhull Surgery, Church Hill, Marnhull DT10 1PU, Abbey View Medical Centre, Salisbury Road, Shaftesbury SP7 8DH and Fontmell Magna Surgery, West Street, Fontmell Magna, Shaftesbury SP7 0EF.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 September 2016. During our visit we:

- Spoke with a range of staff including four GPs, three nursing and three administrative staff and spoke with six 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 24 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident occurred where there had been a breach of confidentiality by a member of staff. This included an inappropriate disclosure of information on a social media website. The practice conducted an investigation. Checks on confidentiality training and signed agreements were made. Human Resources were consulted by the practice and appropriate action was taken in line with the practice policy. Shared learning on confidentiality took place at an all staff meeting. This included a training session on the Data Protection Act 1998 and the importance of maintaining patient confidentiality. The practice shared this significant event and all of their significant events with the clinical commissioning group (CCG), to the Information Commissioner's Office (ICO) and the National Reporting and Learning Service (NRLS).

### 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 GP for adult safeguarding and a different GP lead for child 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. Nurses were trained to safeguarding level two and were working towards level three.
- 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, most recently in August 2016 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. Six nurse practitioners were qualified as an Independent

## Are services safe?

Prescribers and could therefore prescribe medicines for specific clinical conditions. They received monthly mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

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

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

### Arrangements to deal with emergencies and major incidents

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

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



# 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 99.9% of the total number of points available which was higher than the national average of 94.8%. The practice was not an outlier for exception reporting. Exception reporting for clinical domains was 7.8% which was lower than the national average of 9.2%.

Breast and bowel cancer screening figures were within national averages. For example, 74% of female patients aged between 50 to 70 years had been screened for breast cancer in the last 36 months. This was comparable with the national average of 72%. 65% of patients aged between 60 to 69 years had been screened for bowel cancer in the last 30 months. This was higher than the national average of 58%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2014 to March 2015 showed:

- The percentage of patients with diabetes, on the register, who have had an influenza immunisation, was 98.2% which was higher than the national average of 94%.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94% which was higher than the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been 28 clinical audits completed in the last two years, 14 of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a two cycle pregabalin audit (a medicine used to treat patients with nerve pain and some types of seizures) had been completed. This audit had examined the number of patients in the practice currently being prescribed this medicine on either acute or repeat prescription in the last six months. The audit had identified 81 patients in the first audit. The practice had then conducted reviews of these patients, adjusted their medicine use and checked dosages where appropriate in order to improve their care. When the audit had been repeated six months later the audit identified 61 patients and the cycle of reviews was repeated. Further reviews were planned for this and a wide range of other medicines.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

# Are services effective?

## (for example, treatment is effective)

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

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff files we inspected showed that staff had received relevant training including; 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.
- There was a range of easy to read communication leaflets and booklets at the practice. Practice staff had devised a series of 12 photographic images which explained the process of visiting the practice to receive a health check and blood test. This was aimed at the 100 patients registered with learning disabilities and had attracted positive feedback from these patients in providing reassurance and reducing anxiety prior to and during such visits. 100% of these patients had received annual health checks in the last 12 months.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 87.5%, which was higher than the clinical commissioning group (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.

## Are services effective? (for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood

immunisation rates for the vaccinations given to under two year olds ranged from 93% to 97% and five year olds from 94% to 99%. CCG averages were 93% to 97% and 93% 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 24 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 the owner of a residential care home owner in the locality. All 24 of the residents were patients at the practice. The care home owner told us that the practice GPs and nurses were kind, caring and proactive in the care and treatment of the residents, some of whom received end of life care. GPs and nurses from the practice liaised closely with the care home staff. The practice had provided the care home with a direct line telephone number in order to ensure urgent assistance or advice could be sought if appropriate.

We spoke with five members of the patient participation group (PPG). They also told us they were very 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 were in line for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.

- 86% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 93% 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%.
- 87% 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%.
- 94% 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%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

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

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

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 82% 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%.
- 89% 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.

## Are services caring?

- 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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had recently employed three members of staff as carer's leads across their four locations. The practice had identified 1% of the practice list as being carers (252 patients). Written information was available to direct carers to the various avenues of support available to them.

There were three carer's leads at the practice, who worked closely with the PPG and the carers case workers in the

area to focus on the experience of carers at the practice. They had received recent training in their roles. These carer's leads roles included signposting carers to the support services available, working with voluntary groups which provided advice and guidance on financial matters, benefits and citizens advice bureau services.

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

The practice had 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.

# 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 was responsive to people's individual needs and preferences, which were central to the planning and delivery of tailored services. For example, the practice had been awarded the Going for Gold standard for being amongst the first in Dorset to provide Gold Standard Framework (GSF) end of life care. This was in line with current practice and NICE guidance.
- Responsive, approaches to providing integrated person-centred pathways of care were evidenced by the practice employing a pharmacist and a pharmacy technician in order to reduce poly pharmacy in its large elderly population (polypharmacy is when patients are taking 10 or more medicines), in order to reduce the side effects of multiple medicines being used, reduce waste and support the management of multiple conditions.
- The practice had a responsive and proactive approach to understanding the needs of different groups of people and delivering care in a way that meets these needs and promotes equality. For example, the practice had approximately 100 patients registered with a learning disability and had appropriate support systems in place such as easy to read communication leaflets, diagrams and photographs to support these patients. Two GPs and a Nurse Practitioner worked closely with a local drug and alcohol residential treatment centre.
- Six nurse practitioners were qualified as an Independent Prescribers and could therefore responsively prescribe medicines for specific clinical conditions. They received monthly mentorship and support from the medical staff for this extended role.
- The practice had decided upon their current extended hours following consultation with their PPG.
- There were longer 15 minute appointments available for patients with a learning disability and for those patients who required longer appointments.
- 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. The practice GPs stated that parents presenting ill children at the practice would be seen the same day.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice was a yellow fever centre.
- There were disabled facilities, a hearing aid induction loop and translation services available.
- The practice provided a weekly baby clinic at the practice run by the health visitors and an active breast feeding group.
- An elderly care psychiatrist comes to the practice to see patients depending on patients needs at least once a month
- Paediatric occupational therapists and physiotherapists visited the practice three days a week.
- Speech and language therapy services were available once a week.
- CADAS (community alcohol and drug support service) visited once a week. There were a high number of older patients with alcohol related issues.
- The practice provided daily ward rounds for the local 15 bedded community hospital. This included palliative care under the gold standard framework (GSF).

### Access to the service

The practice was open between the NHS contracted opening hours 8am and 6.30pm Monday to Friday. Appointments could be offered anytime within these hours. Extended hours surgeries were offered at the following times; on a Monday and Wednesday until 7.30pm and on a Tuesday and Thursday open till 7pm.

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.

- 78% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 93% 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, including posters displayed in the waiting area and on the practice website.

We looked at 32 complaints received in the last 12 months and found these had been satisfactorily handled, dealt with in a timely way, with openness and transparency. 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, an incident occurred on the practice online social media page. A patient had rated the practice one star out of a possible five stars as they were not completely satisfied about their treatment and as a result had gone on to attend the Accident and Emergency department. The practice had investigated and contacted the patient by telephone and letter and advised them about their findings and provided advice on when Accident and Emergency visits were necessary. The patient was satisfied with the outcome.



# Are services well-led?

Outstanding



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

## Our findings

### Vision and strategy

The leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care. The practice ethos stated that, “We are at the heart of the community and support our patients to lead healthier lives”. The practice staff stated that their greatest strength was their inclusive and responsive approach to team working with staff and patients and a culture that creates a caring environment and a rewarding place to work.

The practice had successfully completed a merger with a neighbouring practice in April 2015 and had coped with some major recruitment challenges in the recent past. The practice management team told us that the practice vision was to be open to more future mergers with other practices and had completed a business plan for its merger in April 2015. The practice had also completed a business plan looking two years ahead into the future.

### Governance arrangements

Governance and performance management arrangements are proactively reviewed and

reflect best practice. 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. The practice had a shared drive computer system which allowed staff access to all relevant policies, protocols and audits.
- 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

The leadership of the practice ensured that the four locations worked together through regular formal and

informal meetings and communication between the sites. Oversight was maintained through their governance structure. Managers were not solely based at one practice but often worked at different locations in order to support patients and staff.

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.
- The practice held monthly whole team meetings which staff told us they found useful and informative. Records showed these meetings discussed such items as teamwork, better working arrangements and building refurbishments and changes. Serious case reviews had been discussed and shared learning from complaints and significant events were disseminated to all staff.
- 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 12 months. The most recent one was about the implementation of the April 2015 merger and how the new model would work, which group staff would be in and a range of operational arrangements and the impact on patient care.



# Are services well-led?

Outstanding



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

- 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 management team. For example, the PPG had recommended that all staff wore name badges, including back office staff. This had been implemented. The PPG had also recommended on the website a profile be provided a photo, special interest of every GP, this had been implemented. Another project involved the introduction of visual display units at each of the four branches. This had been achieved at two branches already.
- There are high levels of staff satisfaction. Staff are proud of the organisation as a place to work and speak highly of the culture. There are consistently high levels of constructive staff engagement. Staff at all levels are actively encouraged to raise concerns.
- The practice had gathered feedback from staff through staff away days, one to ones, appraisals and through monthly staff meetings. Staff could add to the agenda via the email system by monthly invitation. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We found examples of when staff feedback had been acted upon. For example, the staff

had asked for support with prescriptions and pharmacy advice. The practice had responded by employing a pharmacy technician and a pharmacist, together with providing staff training on completing the prescription process. Staff had asked for dedicated time to complete all of their tasks, this had been provided through effective rota management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

The leadership drives continuous improvement and staff are accountable for delivering

change. Safe innovation is celebrated. There is a clear proactive approach to seeking

out and embedding new ways of providing care and treatment. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice was a teaching practice and a training practice. The practice had supported 12 medical students in the last 12 months. The practice had supported two GP trainees in the last year. Written feedback was very positive indicating that they felt supported by the practice. Written feedback from previous medical students and GP trainees was extremely positive and described a caring and supportive learning environment.

The practice provided quarterly protected time for learning. Cover was provided by the 111 service and the practice was closed for three hours. The practice staff had discussed such items as better working at reception, complaints, dealing with conflict, networking techniques, and peer to peer review of GP referrals (such as paediatric referrals).

The practice was aware of future challenges such as recruitment and retention of GPs and had systems in place to address this such as a golden hello financial bonus for new GPs who joined the practice.