

# Shelley Manor Medical Centre

## Quality Report

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

### 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 Shelley Manor Medical Centre on Wednesday 31 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice employed a nurse for all "vulnerable Elderly" patients. The aim was to respond to the needs of housebound, vulnerable and isolated older patients who were at risk of unplanned admissions and reduce the need for residential care.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had a proactive system for identifying carers. The practice had identified 2.3% of the practice population as carers. The ongoing support included links to local services
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

# Summary of findings

We saw one area of outstanding practice:

The practice had a GP who was a medical adviser to a nationally recognised charity and had been actively involved in writing the Management and Care Guidelines, including GP guidelines, for Rett Syndrome (a rare

condition that affects the development of the brain and causes severe physical and mental disability). These guidelines were distributed to over 4,500 families registered with this syndrome.

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

### Are services effective?

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.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

# Summary of findings

- Clinical audits demonstrated quality improvement. The audits we looked at demonstrated sufficient level of detail, involvement of the whole team, reflection, and evidence of impact on patient care.

## 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 proactive system for identifying carers. The practice had identified 2.3% of the practice population as carers. The on going support included links to local services

## 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- 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.

# Summary of findings

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

# Summary of findings

## The six population groups and what we found

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

### Older people

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 employed a nurse for all “vulnerable Elderly” patients. The aim was to respond to the needs of housebound, vulnerable and isolated older patients who were at risk of unplanned admissions and reduce the need for residential care.
- As part of the “Over 75s funding” GPs had time allocated to them in their weekly rota to support the nurse for the vulnerable elderly and time to communicate with the local community teams, consultant geriatrician and specified practice nurse for the vulnerable elderly.
- The community nurses were based at the practice and had access to the patient records which provided opportunities for effective communication and information sharing.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the ‘virtual ward meetings’ as a key role in the identification and management and care planning for patients with long term conditions. Virtual ward meetings are multidisciplinary team meetings where a group of health professionals meet to discuss vulnerable patients.
- 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.

# Summary of findings

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 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 health visitors were based at the practice and had access to the patient records which provided opportunities for effective communication and information sharing.

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

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

## People whose circumstances may make them vulnerable

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

Good



- 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 had lead GP for the care of patients with disabilities. This GP was also a medical adviser to a nationally recognised charity and had been actively involved in writing the



# Summary of findings

Management and Care Guidelines for Rett Syndrome (a rare condition that affects the development of the brain and causes severe physical and mental disability). These guidelines were distributed to over 4,500 families registered with this syndrome.

- 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.

## 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).

- 79% of patients with dementia had received a care review in the last 12 months. This is slightly lower than the CCG and national averages 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 97% which was higher than the CCG average of 91% and national average of 89%.
- 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, participated in the two National schemes for Dementia and were working towards becoming a dementia friendly practice.
- The practice hold an emergency surgery for patients who are experiencing an acute episode.
- GPs at the practice assist with the monitoring of some high risk mental health medicines

Good



## Summary of findings

- GPs refer patients to the “Steps 2 Wellbeing” counselling service.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing in line with local and national averages. 290 survey forms were distributed and 112 were returned. This represented a 39% completion rate and 0.9% of the practice's patient list. Results from the survey showed;

- 68% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 85% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 80% 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.

The box had been left out in a visible area at the practice for two weeks along with posters advertising the inspection. However, there were no comment cards completed.

We spoke with 13 patients during the inspection. Eleven of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients said it was easy to get an appointment with a GP, although they sometimes had difficulty getting through first thing on the telephone. Two negative comments related to clinical issues and a dislike of the music played on the telephone call.

We received seven emails from the virtual patient participation group. All seven patients were satisfied with the service and found the reception staff helpful and accommodating. Feedback included positive comments regarding the staff attitude, building and efficient service.

The practice promoted the friends and family test but had only received 31 responses in the last year. 23 (74%) of the responses were extremely likely or likely and contained positive comments regarding the staff. Seven, (23 %) of the responses were negative with comments about clinical issues or attitude of reception staff. Both of these issues were being managed by the practice.

## Outstanding practice

The practice had a GP who was a medical adviser to a nationally recognised charity and had been actively involved in writing the Management and Care Guidelines, including GP guidelines, for Rett Syndrome (a rare

condition that affects the development of the brain and causes severe physical and mental disability). These guidelines were distributed to over 4,500 families registered with this syndrome.

# Shelley Manor Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

## Background to Shelley Manor Medical Centre

Shelley Manor Medical Practice is located in the Boscombe area of Bournemouth, Dorset.

The practice has an NHSE general medical services (GMS) contract to provide health services to approximately 12,050 patients. The practice is open between 7am and 5.30pm Monday to Friday. In addition, pre-bookable appointments can be booked on line and up to two weeks in advance. Telephone appointments are also available. Urgent appointments are also available for patients that needed them.

The practice has opted out of providing out-of-hours services to their own patients and refers them to an out of hours provider via the NHS 111 service. This information is displayed on the outside of the practice, on their website, and in the patient information leaflet.

There is an independent pharmacy attached to the practice. Patients stated they appreciate this facility.

The mix of patient's gender (male/female) is almost 50% each. 3% of the patients are aged over 85 years old. There was no data available to us at this time regarding ethnicity of patients but the practice stated that the majority of their patients were white British. The deprivation score for the

practice area was recorded as 3, on a scale of 1 to 10. One being more deprived and 10 being less deprived. This meant that Boscombe is among the most deprived areas in England.

There are a total of eight GPs working at the practice. This equates to just over six whole time equivalent GPs. Seven of the GPs are partners who hold managerial and financial responsibility for running the business. The permanent GPs were also supporting two GP registrars and a trainee GP. The GPs are supported by a practice manager, nurse practitioner, three practice nurses, one health care assistant and 24 additional administration and reception staff.

The practice is a teaching practice and had recently been inspected by Wessex Health Education England (HEE) and received re-approval status. There is good feedback from trainees and the local NHS health education team.

This report relates to the regulatory activities being carried out at:

Shelley Manor Medical Practice

Beechwood Avenue

Bournemouth

BH5 1LX

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

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on Wednesday 31 August 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?

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

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

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

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

# 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 as they occur and at quarterly significant event review meetings. The meetings were structured and included discussions, learning points and action points.

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 administration error occurred where a GP dictated referral letter for a specific patient, but incorrect patient details were added to the letter which was then sent to the hospital. The GP returned to work and identified the error. A discussion was held and staff were reminded about vigilance. A change in procedure also included requiring GPs to type the date of birth and surname into the dictation.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses were trained to level two and administration staff to level one. We were told of examples where staff had successfully alerted safeguarding concerns to relevant organisations.

- 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. Clinical rooms had automatic taps, wipeable flooring and disposable curtains. We observed the premises to be clean and tidy. The nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The last infection control audit was performed in May 2016. We saw evidence of regular hand washing audits. There was a minor surgery room which had also had an infection control audit performed which had highlighted 100% adherence to hygiene standards.
- 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

## Are services safe?

prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. He/she received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice did not hold stocks of controlled medicines but had appropriate storage facilities should these be required.
- Medicines within doctors bags were routinely checked by a nominated health care assistant to ensure they were within expiry dates.
- Liquid nitrogen was used at the practice and was stored appropriately with protective equipment.
- We reviewed four 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. Weekly fire alarm tests were performed. 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 last test was performed in August

2016. 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). A legionella survey had been performed in 2011 and found no concerns.

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

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. This had been reviewed in February 2016 and had been successfully tested in December 2014 when a gas leak had resulted in an evacuation of the premises.



# 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). Data showed an historical consistently high achievement of QOF results and the most recent published results for 2014/15 were 99.1% of the total number of points available. These values were slightly higher than the CCG average of 98% and national average of 95%. The figures for 2015/16 were also looking to be as high. There were no overall exception reporting figures available. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). However, exception reporting figures for individual conditions were comparable or slightly higher than national averages. For example, the exception report of the percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 0.6% compared to 0.9% and the percentage of exceptions of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 17% compared to the national average of 6%. The GPs were able to explain the reasons for all exceptions and any

action taken. Examples of reasons included a higher than national patient turnover rate (20%), large numbers of temporary residents and patients having challenging lifestyles.

This practice was not an outlier for any QOF (or other national) clinical targets. Published data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the CCG and national average. For example, the percentage of patients with diabetes, on the register who had a blood pressure reading within normal limits in the preceding 12 months was 76% compared to the CCG average of 80% and national average of 78%
- Performance for mental health related indicators was similar to the national average. For example, 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% compared to the CCG average of 92 and national average of 88%.

There was evidence of quality improvement including clinical audit.

- We saw six clinical audits completed in the last two years and looked at three of these which were multiple cycle or 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, one audit looked at the overall compliance of NICE guidance whether to prescribe antibiotics for sore throats. Results from August 2015 showed the target of 80% for NICE adherence had been achieved but not for local guidelines. This had resulted in reminding prescribing staff of the guidelines. Results from October 2015 showed compliance was maintained for NICE guideline adherence and had risen from 24% to 71% compliance for local guidance.

Audits were also used to obtain feedback about procedures which took place in the practice. For example, we saw the results on contraceptive procedure, nurse practitioner consultation and minor surgery audits for the last two years. These showed a high compliance and patient satisfaction rate.

### Effective staffing



# Are services effective?

## (for example, treatment is effective)

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. For example, asthma updates, travel vaccine updates and cervical screening updates.
- 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. For example, virtual ward meetings were held each month where patients were discussed on a risk and need basis. Health care professionals, including the community matron, district nurses, community mental health team, palliative care nurse, social worker, occupational therapist and falls team from the Royal Bournemouth hospital. The GPs discussed patients who were vulnerable, had complex needs, those whose needs were not being met and those who were receiving end of life care. The meetings were minuted and coordinated.

The practice had a GP who was a medical adviser to a nationally recognised charity and had been actively involved in writing the Management and Care Guidelines, including GP guidelines, for Rett Syndrome. (A rare condition that affects the development of the brain and causes severe physical and mental disability). These guidelines were distributed to over 4,500 families registered with this syndrome.

### 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 87%, which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to

# Are services effective?

(for example, treatment is effective)

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. 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. Audits were carried out on the cervical smear tests performed and looked to see the effectiveness of the practitioner. Results from the last two years showed that a relatively low number, between 0.1% and 0.9%, of smears had to be repeated. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 96% compared to the CCG averages of between 94% and 97%. For five year olds practice averages ranged from 92% to 98% which was comparable to the CCG averages of 92% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# 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 conversations with patients confirmed that patients were pleased with 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 in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice compared with CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% 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%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 90% 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%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

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

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

Results from the national GP patient survey in July 2016 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:

- 83% 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%.
- 76% 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.
- 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 283 patients as carers (2.3% of the practice list). The practice has a nominated member of staff who was actively involved in identifying, supporting and working with Carers. Written information in the form of an information pack was available to direct carers to the various avenues of support

available to them. The carers lead had changed the staff induction programme to raise awareness of unidentified carers and was in the process of offering 1:1 sessions to carers who could not access IT facilities.

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.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered daily early morning appointments for working patients who could not attend during normal opening hours.
- Emergency clinics were offered each day by the on call GP and no patients were turned away.
- There were longer appointments available for patients who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift which was used by patients in mobility scooters and wheelchairs.

The practice employed a nurse who worked with all "vulnerable Elderly" patients. The aim was to respond to the needs of housebound, vulnerable and isolated older patients who were at risk of unplanned admissions to hospital and reduce the need for residential care. The project also involved working with community teams and social care agencies including an established befriending service. The role was made up of four service areas. These were an anticipatory care response to developing problems and to manage exacerbations in a patient's condition; the pro-active Chronic Disease Management; including personalised care reviews and caseload management, medicines reviews and education of patients and carers.

### Access to the service

The practice was open between 8.30 and 6.30pm Monday to Friday. Appointments were from 7am to 5.30pm each day apart from Wednesday lunchtimes when the practice

closed. However, patients could still telephone the practice to make appointments during this time. Extended hours appointments were offered each day between 7am and 8am. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for patients every day. These were provided by the on call GP and two GPs every Monday morning.

Results from the national GP patient survey in July 2016 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%.
- 68% 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.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### 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.

We looked at 30 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 to as a

# Are services responsive to people's needs?

(for example, to feedback?)

result to improve the quality of care. For example, a trend in complaints about appointment access had led to emergency appointments being made available twice a day.

# 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 on the website and shared with staff.
- 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 structured and minuted team meetings. These also included daily coffee sessions where the GPs met to discuss general issues, offer support and divide out any work resulting from patient phonecalls. Other staff explained they could also attend these sessions.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues either informally or at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the practice manager and 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. Staff said it was a good place to work and felt proud to work at Shelley Manor.

### 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. For example, an audit had taken place on patient satisfaction of the nurse practitioner. The positive results gave the partners and staff reassurance that the service was a useful one to patients.

The practice had gathered feedback from patients through practice surveys, complaints and the patient participation group (PPG). There were two patient groups. There was a face to face group of six patients and a virtual PPG of 107 members who were consulted on proposals for improvements to the practice management team. This was carried out by email, letter, and text messages.

# Are services well-led?

Good 

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

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us the practice manager and GPs were approachable and that they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us the programme of meetings was good and that they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example,

the nurse practitioner had attended an update on asthma prescribing and communicated learning to peers in the practice. The learning had also resulted in an audit to look at prescribing patterns and effectiveness of using inhalers. The practice team decided to continue to audit this as a way of ensuring cost and technique effectiveness.

The practice was also proud to be a teaching practice and proactively learnt from patient feedback. There was a culture to support staff to develop the service. For example, supporting the carers lead to improve the identification of carers and supporting the GP to continue their involvement with Rett's syndrome.