Herbert Avenue

Quality Report

Herbert Avenue Surgery
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Date of inspection visit: 25 April 2017
Date of publication: 01/06/2017

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Herbert Avenue on 14 July 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Herbert Avenue on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 25 April 2017. Overall the practice is now rated as good.

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

- There was a new approach to the running of the practice with an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to the safe care of patients were more clearly managed, with the exception of legionella.
- Staff assessed patients who attended the practice had their needs and delivered care in line with current evidence based guidance.
- Staff had received updated training and had the skills, knowledge and experience to deliver effective care and treatment.
- Patient feedback was consistently positive about the standard of care received.
- Information about services and how to complain was available and easy to understand.
- Complaints were investigated appropriately and in a timely manner.
- 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.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The provider was aware of and complied with the requirements of the Duty of Candour.

However, there remain areas where the provider must make improvement. The practice must:

- Ensure effective governance systems are in place to oversee systems and processes within the practice. For example regarding the cleaning of clinical equipment and testing to minimise the risks of legionella.

In addition the provider should:

- Review processes for recording consent for minor surgery, so this is consistently documented in patient notes.
- Continue to review the process for monitoring patient outcomes so that exception reporting becomes in line with local and national averages.
- Review the provision of support for patients with English as an additional language.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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?

Good

The practice is now rated as good for providing safe services.

- 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 generally identified and well-managed.

Are services effective?

Good

The practice is now rated as good for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- The practice exception reporting for Quality and Outcomes Framework (QOF) indicators had continued to be higher than Clinical Commissioning Group and national averages. This meant that not all patients with long-term conditions had their care and treatment needs regularly reviewed for safety and appropriateness. However, the practice had devised an action plan to address this and unverified data demonstrated some improvement for the care and treatment of patients in these groups.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Since our last inspection, several audits had been conducted. These demonstrated quality improvement.
- All staff had now received training to enable them to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in July 2016 showed patients rated the practice in line with national and local averages 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.
- Feedback from patients about their care and treatment was consistently positive.
- Information for patients about the services available was easy to understand and accessible in the waiting room.
- Staff treated patients with kindness and respect, and maintained patient confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available and easy to understand. Complaints were investigated appropriately and learning from these were shared with staff.

Are services well-led?

Requires improvement

- 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 said they felt well supported by management.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. However, this was not always effective with regard to monitoring and improving quality and identifying risks.

Summary of findings

- The practice did not record that cleaning checks for clinical equipment, such as for ear syringing, had been completed. If the equipment did not require cleaning, there was no evidence to show this.
- Actions required to minimise the risk of legionella were not recorded. If the actions were undertaken, there was no evidence to show this.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- Discussions and decision making processes were now recorded and information was shared appropriately.
- 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.

Summary of findings

The six population groups and what we found

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

Older people

Good 

The provider is rated as good for older people.

- Every patient at the practice including older patients aged over 75 years had a named GP.
- 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.
- Patients at risk of hospital admission were identified as a priority and regularly reviewed to ensure all of their needs were met.

People with long term conditions

Requires improvement 

The provider is rated as requires improvement for effective and well-led for people with long-term conditions. These ratings mean the provider is rated as requires improvement overall for this population group.

- GPs had lead roles in long-term condition management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data showed that outcomes for patients with diabetes were comparable to clinical commissioning group (CCG) and national averages. For example, 83% of patients with diabetes had an acceptable average blood sugar level compared to the CCG average of 82% and the national average of 78%. However, exception reporting for this indicator was 29% compared to a CCG average of 18% and national average of 13%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good 

The provider is rated as good for families, children and young people.

Summary of findings

- Herbert Avenue had a higher proportion of children up to the age of 18 years compared to the national average. Approximately 45% of patients registered at the practice fell within this age group compared to a national average of 38%.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 83% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Patients told us that urgent appointments were always available for children.
- The practice worked with other professionals, such as health visitors and school nurses, to ensure the needs of this group were met.
- There was a dedicated health promotion board in the waiting area aimed at families with young children.

Working age people (including those recently retired and students)

Good

The provider is rated as good for working age people (including those recently retired and students).

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

People whose circumstances may make them vulnerable

Good

The provider is rated as good for 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.

Summary of findings

- The practice had 14 patients registered who also had a learning disability. At the time of our inspection, 42% of these had received an annual health check.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had a carers lead, who 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)

Good

The provider is rated as good for people experiencing poor mental health (including people with dementia).

- 93% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to clinical commissioning group (CCG) of 86% and the national average of 84%.
- Performance for mental health related indicators was the national average. For example, of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months, compared to a CCG average 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.
- Practice data showed that 92% of patients with a mental health problem had received a physical health check.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2016. The results showed the practice was performing in line with, or below local and national averages. Two hundred and eighty three survey forms were distributed and 108 were returned. The returned responses represented about 3% of the practice's patient list.

- 78% of patients found it easy to get through to this practice by phone compared to clinical commissioning group (CCG) average of 84% and the national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and national average of 85%.
- 93% say the last appointment they got was convenient compared to the CCG average of 94% and national average of 92%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 90% and national average of 85%.
- However, 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.
- 68% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and national average of 78%.

At our previous inspection in July 2016, patient feedback was consistently positive. At this inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards, 38 of which were positive about the standard of care received. Staff were described as being friendly, kind and caring. Patients commented that the practice offered an excellent service, although the building needed updating and felt that staff went out of their way to assist them. One comment card was positive but also commented that it was sometimes difficult to get an appointment.

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

We looked at the practice's friends and family test results for May 2016 to April 2017. A total of 871 patients left feedback during this period, of which 88% would recommend the practice to a friend or family member.

Herbert Avenue

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Herbert Avenue

Herbert Avenue, also known as Herbert Avenue Medical Centre, is situated in the town of Poole in Dorset. The practice provides a general medical service to approximately 3,600 patients and is part of NHS Dorset Clinical Commissioning Group.

The practice rents the premises from a private landlord and is based on the ground floor of a building in a residential area. The practice is situated near several public transport routes and there is patient parking available, including two designated bays for disabled drivers.

The practice's population is in the fourth decile for deprivation, which is on a scale of one to ten. (The lower the decile the more deprived an area is compared to the national average). The practice population is predominantly White British although there is a small Polish population and a traveller's site nearby. There is a practice age distribution of male and female patients' broadly equivalent to national average figures. The average male life expectancy for the practice area is 79 years which matches the national average of 79 years; female life expectancy is 84 years which is slightly higher than the national average of 83 years.

Herbert Avenue has two GP partners, one female and one male as well as one female salaried GP. Together the GPs provided the equivalent of 1.4 full-time GPs. The GPs are supported by a practice manager, a phlebotomist (phlebotomists are people trained to take blood samples) and seven additional administration and reception staff. At the time of our inspection, the practice did not have a permanent practice nurse. However, the practice was employing two nurses both on a temporary basis, to provide approximately three nurse sessions per week. Patients using the practice also have access to community nurses, physiotherapists, chiropodists, and other health care professionals who visit the practice on a regular basis. The health visiting team are based within the practice.

The practice is open between 8am and 6pm Monday to Friday. Appointments are offered between 8.30am and 12.30pm and between 2pm and 5.30pm. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments. Typically, the practice will also conduct two home visits a day. No extended hours are offered. Outside of these times patients are directed to contact the out of hour's service by using the NHS 111 number. Details are also given on the practice website and information leaflet of the nearest walk in clinics.

Herbert Avenue has been inspected by us before. We conducted an announced comprehensive inspection of Herbert Avenue in July 2016. Following this inspection, we took enforcement action in relation to breaches to Regulation 17, Good Governance. We also issued a requirement notice to Regulation 12, Safe care and Treatment.

Herbert Avenue provides regulated activities from the main site at:

Herbert Avenue Medical Centre

Detailed findings

268 Herbert Avenue

Parkstone

Poole

Dorset

BH12 4HY.

Why we carried out this inspection

We undertook a comprehensive inspection of Herbert Avenue on 14 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services and was placed into special measures for a period of six months.

We also issued a warning notice to the provider in respect of good governance and informed them that they must become compliant with the law by 31 October 2016. We undertook a follow up inspection on 22 November 2016 to check that action had been taken to comply with legal requirements. The reports for both the full comprehensive inspection and the follow up inspection can be found by selecting the 'all reports' link for Herbert Avenue on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Herbert Avenue on 25 April 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as the clinical commissioning group and NHS England to share what they knew. We carried out an announced inspection on 25 April 2017. During our visit we:

- Spoke with a range of staff (three GPs, the practice manager, a nurse and two reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area 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.
- Visited all practice locations.
- Looked at information the practice used to deliver care and treatment plans.

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.

Good

Are services safe?

Our findings

At our previous inspection on 14 July 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of risk assessment and monitoring, significant events and management of medicines were not adequate.

These arrangements had improved when we undertook a follow up inspection on 25 April 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

At our inspection in July 2016, we found the system for learning from significant events was not effective. There was no consistent documentation of discussions around significant events to improve safety. The practice could not demonstrate there was a process to implement any national patient safety alerts.

At this inspection in April 2017, the practice had improved and embedded its systems for the reporting and recording of significant events. Staff told us they would inform the practice manager of any incidents. 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.

Significant events were discussed at all staff meetings and learning and actions recorded within minutes. Any new and ongoing significant events were initially discussed on a weekly basis by the GP partners and actions minuted. Staff told us they attended meetings where significant events were formally discussed to share wider learning and were aware of learning from significant events. For example, a patient required a blood test for a suspected condition. The wrong sample bottle was used by mistake which meant that the patient needed to have a further blood test. This was explained to the patient who was diagnosed correctly and treated appropriately. The practice reminded all staff of the requirements of blood test sample bottles and ensured a guide to this was available in each clinical room.

Hard copies of national patient safety alerts were kept in a folder by the practice manager. These were summarised to include the action taken in relation to each alert and who was responsible for this. For example, following an alert in April 2017 relating to a medicine that could harm pregnant women, a GP ran a search to identify which patients could be affected. These were contacted and appropriate action was taken by the GP.

Overview of safety systems and process

At our inspection in July 2016, the practice could not demonstrate that all staff were trained to the correct level of child safeguarding and the arrangements with regard to chaperoning were not consistently safe. Arrangements in relation to infection control, recruitment and the management of blank prescription stationery were not consistently safe.

At this inspection, the practice had developed clearly defined 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 that reflected relevant legislation and local requirements and 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 that they understood their responsibilities.
- At our last inspection, not all staff had received adult and child safeguarding training to the appropriate level. All staff had now received adult safeguarding training in October 2016. Two of three GPs were trained to child protection or child safeguarding level 3. We raised this with the GP who told us they had been advised that level 2 training was satisfactory. The GP undertook level 3 training immediately and submitted a copy of the training certificate dated 26 April 2017. The practice were able to demonstrate that all other staff were trained to the appropriate level of safe-guarding.

Good

Are services safe?

- A notice in the waiting room and clinical areas advised patients that chaperones were available if required. At our last inspection, not all staff who performed chaperone duties were trained for the role or had received a Disclosure and Barring Service check (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. At this inspection we found that, the practice chaperoning policy had been reviewed and stated that only clinical staff would act as chaperones. Staff told us that patients would be asked to re-book their appointment if no clinical chaperone was available.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager was the designated lead for infection control and liaised with the local infection prevention teams to keep up to date with best practice. At our last inspection, staff had not received appropriate training in infection prevention and control and the practice had not responded to the findings of their infection control audit. All staff had now received up to date training in infection control.
- Infection control audits had been undertaken and we saw evidence that action was taken to address any improvements identified as a result. Since out last inspection, the practice had acted on all of the concerns identified to minimise the risk of infection. For example, in July 2016 torn flooring had been replaced in the patient toilet, soap was now wall mounted and lids had been placed on all pedal operated bins. The most recent infection control audit had been conducted in March 2017. This identified that hand gel for patients could be made available; we were told this would be in place by May 2017.
- The practice employed contract cleaners to undertake routine cleaning, the performance of which was monitored by the practice. Curtains in treatment rooms were disposable and had been changed at the required frequency, most recently in April 2017.
- Staff explained to us an appropriate cleaning schedule for clinical equipment, such as nebulisers, ear syringing equipment and spirometers. However, there were no records to support that cleaning of this equipment was undertaken. If the equipment did not require cleaning, there was no evidence to show this.
- The practice manager conducts a daily check of all practice areas to check for cleanliness and other general health and safety issues.
- The arrangements for managing medicines, including emergency medicines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). At our last inspection, blank prescription forms for use in printers, were not handled in accordance with national guidance as these were not tracked through the practice and kept securely at all times. At this inspection, we found that blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Vaccines were stored in fridges that were appropriately maintained and calibrated. An effective system was in place to monitor vaccine stock levels. Patient Group Directions had been adopted by the practice to allow registered nurses to administer medicines in line with legislation.
- At our last inspection in July 2016, the practice did not have a system to check that nurses were registered with the appropriate professional body prior to employment. We reviewed two personnel files and found appropriate recruitment checks, including registration with the appropriate professional body, were now undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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.

Monitoring risks to patients

At our last inspection, the practice did not ensure risks were minimised. For example, actions in a health and safety risk assessment, such as reducing the risk of fire, had not been completed. Not all clinical equipment had been calibrated to check it was effective.

At this inspection, we found there were procedures in place for monitoring and managing risks to patient and staff safety with the exception of risks from Legionella infection:

Good

Are services safe?

- The practice had a completed fire risk assessment in March 2017 and carried out fire drills, most recently in April 2017. Staff had received recent fire safety training and we saw that regular tests of fire alarms, fire escapes and emergency lighting were conducted. All actions from the risk assessment had been completed.
- There was an up to date health and safety policy available with a poster in the kitchen which identified local health and safety representatives. The practice conducted a health and safety risk assessment annually, most recently in April 2017, and monitored actions for completion.
- All electrical equipment was now checked, most recently in January 2017, to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The service 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.
- 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, work station assessments and infection control. The practice had employed an external contractor to conduct a risk assessment for Legionella in November 2016. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Staff told us that water temperatures were checked and outlets were flushed. However, these actions were not recorded to demonstrate they had been undertaken. Temperatures were not formally taken.
- 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.
- 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 defibrillator available on the premises and oxygen with adult and children's masks, which was regularly checked by staff. A first aid kit and accident book were available.
- 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 14 July 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of guidelines from the National Institute for Health and Care Excellence (NICE), monitoring the quality of the service and some areas of staff training needed improving.

These arrangements had improved when we undertook a follow up inspection on 25 April 2017. The provider is now rated as good for providing effective services.

Effective needs assessment

At our last inspection, the practice did not have systems in place to ensure they 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. NICE standards are one way for practices to demonstrate that the care they are delivering is high quality and evidence based.

At this inspection we found that, 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 99.6% of the total number of points available. The practice's exception reporting rates for all clinical domains were comparable to the averages for England (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). The practice achieved an overall exception reporting of 10%, compared to a clinical commissioning group (CCG) average of 7% and national average of 6%.

Data from 2015-16 showed that performance for clinical indicators were comparable or better than national and local averages:

- The percentage of patients with hypertension (high blood pressure) whose last blood pressure reading (measured in the preceding 12 months) was acceptable was 82% compared to a CCG average of 84% and a national average of 83%.
- Performance for diabetes related indicators were comparable or better than national averages. For example, 93% of patients with diabetes had an acceptable blood cholesterol level compared to the CCG average of 82% and national average of 80%.
- Performance for mental health related indicators were better than national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had an agreed care plan documented in their notes was 100% This was higher than the CCG average and national average of 89%.

In 2015-16, the practice was not an outlier for any QOF indicators. At our last inspection in July 2016, we found that exception reporting for some indicators was higher than local and national averages. The practice told us they had reviewed the processes for exception reporting and had now written a protocol to support staff to formalise the process. The practice had discussed exception reporting at length at practice meetings. At this inspection, exception reporting had reduced in 2015-2016 as follows:

- Exception reporting for patients with schizophrenia, bipolar affective disorder and other psychoses with a comprehensive, agreed care plan documented in the record was 29% in 2014-2015 and is now 13.5% (CCG average is 15%, national average is 13%).
- Overall exception reporting for patients with diabetes was 29% in 2014-2015 and is now 24% (CCG average is 16%, national average is 12%). We reviewed the notes of some of these patients and found that decisions to except patients were appropriate.

Good

Are services effective?

(for example, treatment is effective)

At our last inspection in July 2016, there was limited evidence of quality improvement including clinical audit. Audits were limited to CCG supported medicines audits. At this inspection we found that the practice had implemented an audit plan.

- There had been four clinical audits started since our last inspection. Improvements made were implemented and further re-audits were planned to monitor improvements. For example, the practice carried out an audit of patients receiving 24 hour blood pressure monitoring to ensure care and treatment was appropriate. Of 12 patients six patients had additional medication prescribed, five patients did not require any changes to treatment and one patient was referred to a specialist doctor.
- The practice participated in local audits, national benchmarking, accreditation, research and peer review.
- Findings were used by the practice to improve services. For example, the practice undertook regular reviews of any deaths of patients. These were discussions with other clinicians to review the care given, to see if anything could have been done differently or improved upon for future learning. As a result, the practice was proactive at ensuring the wishes of patients at the end of their life were recorded and respected.

GPs were reflective about their own practice. For example, the practice felt they could improve prescribing rates for opiates (a strong pain medicine) and for some anti-biotics. GPs regularly met with another practice to discuss prescribing and undertook regular medicines audits so prescribing could remain in-line with current guidance.

Information about patients' outcomes was used to make improvements. For example, the practice identified patients who were frequent attenders at Accident and Emergency and reviewed these patients to ensure care and treatment was appropriate. One of the GPs had summarised attendance at Accident and Emergency and this was discussed at a clinical meeting to identify any themes or where improvements to care could be made. The practice concluded that all care was appropriate.

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, basic life support 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. Nurses 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 all 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

At our last inspection in July 2016, we found that the level of detail in patient records was lacking and depended on the same GP seeing the patient to ensure safe effective continuity of treatment. At this inspection we reviewed a sample of patients records and found 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.

Good

Are services effective?

(for example, treatment is effective)

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.
- Consent for patients undergoing minor surgery was sought, however was not consistently recorded in patient notes. The practice submitted a quarterly return of all minor surgery undertaken to the CCG. We looked at the most recent submission and found that of ten patients, one did not have a specific consent code documented. We raised this with the practice who acknowledged this as an oversight.

Supporting patients to live healthier lives

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

- 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.
- Specialist smoking cessation and specialist dietary advice was available by referral.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 83% and the national average of 81%. 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 offering appointments every day of the week and ensuring 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. The practice conducted audits of cervical smears taken to check for inadequate smears.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Breast screening uptake was similar to national and CCG averages at 72%, compared to a CCG average of 76% and national average of 72%. Uptake for bowel cancer screening was lower than average. The practice achieved 51% compared to a CCG average of 63% and national average of 58%. The practice had displayed information for patients regarding drop-in sessions with specialist bowel cancer nurses.

Childhood immunisation rates for the vaccines given were comparable to CCG and national averages. The practice scored 8.2 out of 10 for vaccines for under two year olds compared to the national average of 9.1. A total of 94% of 48 eligible five year olds received the full course of the MMR vaccination compared to the CCG average of 95% and national average of 94%.

Patients had access to appropriate health assessments and checks, such as 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. A health pod which gave patients the opportunity to measure their, blood pressure weight and height was available in the waiting room and free to use for patients. This information could be shared with GPs or nurses during appointments to discuss what action might need to be taken. The practice had a comprehensive range of health promotion leaflets available to patients in the reception areas.

Good

Are services caring?

Our findings

We observed members of staff were consistently courteous and helpful to patients and treated them with dignity and respect. Reception staff greeted many patients by name and patients responded warmly to this.

- 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

We received 39 patient Care Quality Commission comment cards. Of these, 38 cards 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 also spoke with five patients and one carer of a patient registered at the practice. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed the practice was in line with or below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% 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%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 93% of patient said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 93% and national average of 91%.

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. Patients particularly highlighted they felt that GPs listened to them and gave them the time they needed.

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:

- 85% 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%.
- 92% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 90%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 82%.
- 91% of patients say the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85%.

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

- Practice data showed that 3% of patients registered at the practice have English as a second language. Staff told us that translation services were available for

Good

Are services caring?

patients who did not have English as a first language. Staff told us that patients who did not speak English often brought a family member with them to support consultations.

- Information leaflets were not routinely provided in an 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. Since our last inspection, the practice had identified 48 patients who were also carers, which was approximately 1.4% of the practice list. The practice had a 'carers lead' whose role it was to update resources for carers, liaise with the clinical commissioning group about the needs of carers and to maintain the carers register in the practice. Carers at the practice were invited to receive a health check; at the time of our inspection 42% of carers, or 20 patients, had accepted a health check. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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. We were told that staff often attended the funerals of patients who had died.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 14 July 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of learning from complaints needed improving.

These arrangements had improved when we undertook a follow up inspection on 25 April 2017. The practice is now rated as good for providing responsive services.

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.

- Home visits were available for older patients and patients who had difficulties attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice offered text messaging reminders to patients about appointments. Patients we spoke to valued this service.
- The practice offered disabled and baby-changing facilities.
- The reception desk was situated directly in front of the main entrance to the practice. Staff were able to see patients who required assistance. Patients told us they always received assistance from staff.
- Other reasonable adjustments were made and action was taken to remove barriers where patients find it hard to use or access services. For example, the practice had a number of families registered who were part of the travellers' community, and registered extended family members at the practice as temporary residents. Adjustments were made to enable homeless patients and travellers to use the practice to receive health correspondence.

Access to the service

The practice was open from 8am to 6pm Monday to Friday. Phone lines were open between 8am and 6pm with the out of hours service picking up phone calls after this time. GP and nurse practitioner appointment times were from 8.30am to 12.30pm every morning and from 2pm to 5.30pm every afternoon.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available on the same day for people that needed them. Patients told us it was easy to get an appointment and to get through to the practice by telephone.

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.

- 68% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 75% national average of 78%.
- 78% of patients said they could get through easily to the practice by phone compared to the CCG average of 84% and national average of 73%.
- 69% of patients usually get to see or speak to their preferred GP compared to the CCG average of 67% and national average of 59%.

Patients 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

At our last inspection, we found that opportunities to learn from complaints and improve care were not utilised. Verbal complaints were not recorded as official complaints meaning themes or trends could not be identified.

At this inspection, we found that the practice had an effective system in place for handling complaints and concerns. GP partners and team meetings were held regularly where complaints were discussed and identification of learning or actions from complaints were recorded and followed through for completion.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 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 with a summary of the procedure in the practice leaflet.

We looked at a log of five complaints received since our last inspection in November 2016. These were satisfactorily handled, dealt with in a timely way, and with openness and transparency in dealing with the complaint.Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient complained that they had been spoken to in an unpleasant manner by a member of staff. The practice apologised to the patient and spoke to the member of staff concerned. The practice told us that in the case of complaints involving staff members, relevant staff were always invited to the complaints review for discussion and to improve learning.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 14 July 2016, we rated the practice as inadequate for providing well-led services as there was no plan to support the vision for the practice, no overarching governance structure and no clear leadership arrangements.

We issued a warning notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 22 November 2016. Following this inspection in April 2017, the practice is now rated as requires improvement for being well-led.

Vision and strategy

At our last inspection in July 2016, we found that there were no detailed plans to achieve the practice vision, values and strategy. At this inspection, we found that:

- The practice had revisited its vision and strategy. The practice aimed to work together to provide a high quality and safe service to their patients. They aimed to do this by being a learning organisation that promotes healthy living and works with patients to achieve the best possible health outcomes.
- Since our last inspection, the practice was in the process of merging with another practice also based in the Poole locality and this was due to be completed during 2017.
- The practice had liaised with the clinical commissioning group (CCG) to achieve the merger and held regular strategy meetings. We saw that staff and patient views were included as part of this process and that staff and patients were kept up-to-date, for example, through whole practice meetings and patient leaflets.
- Staff told us they felt informed with regard to the merger process.

Governance arrangements

At our last inspection, we found that the delivery of high-quality care was not assured by the leadership and governance in place. Governance arrangements and system monitoring was lacking including for recruitment, chaperone processes, medicines management, monitoring of training and health and safety of the environment. Also information regarding significant events and complaints was not shared with staff effectively.

At this inspection the practice demonstrated they had reflected on the previous inspection findings and instigated changes to improve care for patients. They demonstrated improvements in record-keeping, the oversight of the practice and there was an effective governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- The practice had implemented systems which supported effective communication between all staff teams; particularly in regard to sharing learning from medicines and healthcare products alerts, significant events and service feedback.
- Effective governance arrangements were in place to monitor and improve the quality of services provided to patients. Clinical audits had been started and there were systems in place to ensure the latest prescribing guidance was implemented.
- Learning from significant events and complaints was shared with staff so the quality of care could be improved.
- Systems implemented ensured that staff undertaking chaperone duties were trained to undertake this role.
- The practice had a system in place to address gaps in other training they considered staff needed. Training was closely monitored by the practice leadership.
- Health and safety risks had been mitigated through staff training, completion of actions on risk assessments and regular monitoring of the premises, including fire drills.
- Risks were not consistently well-managed. For example, there was a lack of record keeping with regard to the cleaning of clinical equipment and legionella monitoring.

Leadership and culture

At our last inspection, the partners in the practice had the capability to run the practice but lacked the capacity to ensure high quality care was being provided by all staff. They aspired to provide safe, high quality and compassionate care but poor governance procedures restricted their ability to provide this.

At this inspection in April 2017, we found that the practice had in part resolved some of the capacity issues by pursuing a merger with another practice. The practice had

Are services well-led?

Requires improvement

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

changed systems and processes within the practice to improve communication and to enable different staff to take more ownership of areas, for example with regard to prescribing.

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 leadership 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 were now structures and procedures in place which ensured that staff were aware of their own roles and responsibilities. All staff said they felt supported and valued by the leadership in the practice.

- Staff told us the practice held regular team meetings such as; weekly clinical meetings, fortnightly business meetings and monthly whole team meetings. Staff were advised of the dates of whole team meetings well in advance. There was also a communication book in reception for day to day issues.
- 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.
- All staff were involved in informal 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

At our last inspection in July 2016, we found that systems to obtain meaningful feedback from patients were under developed. At this inspection we found that:

- The practice sought feedback from patients. Patients were invited to complete the friends and family test. Responses to these were collated by the practice and discussed in team meetings for ways to improve care. For example, the GPs had spoken with reception staff about some of the difficulties they faced.
- The practice had a virtual patient participation group (PPG), and were actively recruiting patients to join the group.
- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

At our last inspection, we found that although the practice aspired to have a focus on continuous learning and improvement at all levels within the practice they were unable to provide us with evidence of what they had done or how they planned to achieve this.

Herbert Avenue Medical Centre is part of Healthstone Medical - a federation of three practices providing primary care and is also one of the practices that form the Poole Bay Locality in Poole, Dorset. The practice manager and one of the GPs were partners in the federation which meant they were well placed to keep up to date with local developments and new initiatives.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA (RA) Regulations 2014 Good Governance The registered provider did not have suitable systems in place to assess, monitor and improve the quality and safety of services provided in the carrying on of the regulated activities (including the quality of the experience of service users in receiving those services). Systems did not assess, monitor or mitigate risks related to health, safety and welfare of service users. • There was not an effective system in place to ensure cleaning checks were completed for clinical equipment. • The practice could not demonstrate that recommended actions to minimise the risk of infection from legionella were completed. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.