

The Verwood Surgery

Quality Report

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Date of inspection visit: 4 June 2014
Date of publication: 13/08/2014

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

Summary of findings

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Summary of findings

Overall summary

The Verwood Surgery is a general practice surgery that provides NHS services and is located central to Verwood in Station Road. It operates from a single premises located at 15 Station Road, Verwood, Dorset, BH31 7PY the practice currently has approximately 8000 patients on its list.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery, surgical procedures and treatment of disease, disorder and/or injury.

We talked with patients on the day of our inspection and they were all very happy and content with the standard of care, service and treatment they felt they received at the practice. We saw 36 comment cards had been completed by patients who used the practice. We noted all of these were positively completed with patients stating they received a very high level of care from all staff at the practice and felt involved in all aspects of their treatment and care.

The partners promote a strong team spirit within the practice and all staff we spoke with told us they felt very well supported, well led and that their opinions and ideas

were listened to and taken seriously. Verwood Surgery is a training practice for trainee GPs and we saw evidence that staff training, involvement and professional development formed a strong part of the overall management of the practice.

The practice opening times were Monday to Friday 8.30am to 1.00pm and 2.00pm to 6.30pm. A number of pre-bookable routine appointments were also available outside these hours to accommodate those patients that were unable to attend during normal hours. These would be held on Monday, Tuesday, Wednesday and Thursday evenings from 6.30pm. Out of hours patients were directed to the National Health Service 111 service.

We found that Verwood Surgery provided a well led service that was safe, caring, effective and responsive to people's needs. The practice showed they ran in an open, fair and transparent manner with the management team showing clear leadership. The patients, clinical and administrative staff we spoke with all told us they felt the practice was well led, approachable and demonstrated good working relations with other health professionals, organisations and local authorities.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Overall the service was safe.

We saw the provider had a nominated GP who was the safeguarding lead for the practice. We noted staff were knowledgeable about the reporting processes for concerns regarding possible abuse of vulnerable adults and children. Staff knew the correct procedures for reporting safeguarding concerns both within the practice and to external local authorities.

We saw the practice had a process in place to show that learning from incidents and near misses took place.

The environment and equipment were clean and well maintained and staff followed the relevant infection control practices in accordance with their policies. Medicines were stored safely and securely and the practice had an effective system in place to ensure their medicines were within their expiry date.

The practice was staffed adequately and checks we conducted on the practices recruitment process showed staff were properly qualified and able to do their job.

Are services effective?

Overall the service was effective.

Patients needs were suitably assessed and care and treatment was delivered in accordance with current legislation and best practice. Patients felt the care and treatment they received at the practice was effective.

The practice worked with other health and social care services and information was shared with relevant stakeholders such as the Clinical Commissioning Group (CCG) and NHS England.

The practice ran effective recruitment processes and staff felt involved and well supported in their roles. Staff were given support and guidance to ensure their professional development was ongoing.

Are services caring?

Overall the service was caring.

Patients we spoke with told us they were very happy with the care and treatment they received. They told us the care was excellent and everyone in the practice was pleasant, kind and caring. We viewed 36 comment cards that had been completed by patients using the

Summary of findings

service. Each comment card was very complimentary about the service they received and the staff who delivered the care and treatment. Patients told us they were involved in their care decisions and they were treated with respect and dignity.

The practice obtained patients consent before treatment and staff we spoke with had a clear understanding of The Mental Capacity Act 2005.

We saw there was supplies of easily accessible leaflets and information documents available for patients that outlined the support, guidance and services the practice offered.

Are services responsive to people's needs?

Overall the service was responsive to people's needs.

The practice had clear processes displayed on the waiting area walls to show patients how and who to complain to. Patients we spoke with told us they knew how to complain and felt they would be listened to if they needed to. The practice had a system in place to analyse and respond to complaints.

The practice had an effective appointment system in place and patients told us they could arrange to see a doctor of their choice and any delays were kept to a minimum.

The practice had listened to the requests from their patients and had recently commenced an on line repeat prescription service that had proved very popular.

Patients had access to other health professionals that were based from the surgery. Patients told us they valued this service and found it very helpful and convenient.

Are services well-led?

Overall the service was well-led.

The practice had clear organisational structures in place. Staff we spoke with told us they understood the management structure and felt the practice ran in an open, fair and transparent way. We saw the practice welcomed staff involvement and actively listened to suggestions and ideas staff may put forward for improvements.

The practice has a system of risk assessments in place to ensure the practice ran safely and effectively and there were suitable business contingency plans in place.

The practice had a quality improvement process in place. The process showed the practice sought to improve patient care through continual review, assessment and implementation of change.

Summary of findings

The practice had an active Patient Participation Group (PPG) who considered they were listened to and suggestions they made were taken forward if appropriate.

The practice had a clear system in place to manage and monitor staff training.

Summary of findings

The six population groups and what we found

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

Older people

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

Older people we spoke with told us all the staff at the practice treated them with respect and dignity. The practice worked very closely with a nearby nursing home and was responsive to its needs. A specific GP visited the nursing home each week to ensure the people living at the home received continuity of care and ensured continuity of service was provided to the home.

The practice took an active part in any safeguarding meetings with a variety of staff from the practice attending where possible.

People with long-term conditions

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

Patients with long term conditions were pleased with the service they received. Patients told us continuity of care was good and patients felt fully involved in the care they received. Patients described the process of obtaining repeat prescriptions as efficient.

The practice ran specific clinics to provide targeted care and treatment for people with long term conditions, some examples of clinics ran were: asthma, diabetes and coronary care.

Mothers, babies, children and young people

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

The practice provided health visitor and midwifery appointments on the premises and appointments were easy to arrange and convenient. The practice ran a flexible approach to ensure working parents could arrange an appointment to fit in with their needs.

The practice worked closely with other health and social care providers to ensure safe care was provided for this population group

The working-age population and those recently retired

Overall the service was safe, effective, caring and responsive and well led for working age people and those recently retired.

Summary of findings

The practice had a system for ensuring people of working age were able to get an appointment when they needed one. The triage and duty doctor system the practice ran enabled the practice to manage the appointments and needs of this population group effectively.

The practice ran extended evening surgeries from 6.30pm, Monday to Thursday evenings and ran some surgeries from 8.30am. This enabled this population group full access to the surgery.

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

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

The practice took an active role in working with other health and social care professionals. The practice was well led and all staff had received training in safeguarding vulnerable adults and children.

People experiencing poor mental health

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

Patients told us they were very pleased with the care they had received whilst they were being treated for their mental health illness.

The practice treated patients respectfully and were able to provide support and guidance for this population group. We saw the practice worked closely with other health care professionals and community teams to ensure this population group were given the safe, effective care they required

Summary of findings

What people who use the service say

We spoke with ten patients and reviewed 36 comment cards during this inspection. Without exception, all comments and feedback was very positive. Patients talked of a caring and well led service. They felt safe and confident in the care of the staff and felt respected. Patients talked of being well informed and involved in the decision making process of their care. We were told that the staff listened and were quick to pick up on what was said.

Patients said staff were helpful, kind and professional. Individual staff were named and praised as part of the feedback we received but there was also a common theme about all staff being good or excellent.

We were told of the effective appointment system in place where patients could phone and make an advanced appointment with a preferred doctor for non-urgent issues. Patients also knew that they could get a same day appointment for more urgent issues and knew how to access out of hours care.

All of the patients we spoke with said they never felt rushed during an appointment. However, the majority we spoke with were aware this meant that appointments were often late. None of the patients we spoke with said this was a problem.

Patients were familiar with how they could obtain repeat prescriptions, blood test results and screening results.

Patients we spoke with gave positive comments regarding the environment of the practice, they told us the practice was always clean and they found the surroundings comfortable.

Patients said they felt their privacy and dignity was protected and that they were asked their consent before any procedure took place.

We spoke with two representatives from the Patient Participation Group (PPG) who echoed the comments received from the patients and gave positive, complimentary views on the practice.

Areas for improvement

Good practice

Our inspection team highlighted the following areas of good practice:

We spoke with the practice nurse who explained she had volunteered to be part of the revalidation pilot which is to be introduced by the Nursing and Midwifery Council in December 2015. We were shown evidence of continuous professional development showing the nurse had

exceeded the number of hours required for update. There were also examples of reflective practice which showed how the nurse had addressed substandard care and implemented a change in practice resulting in reduction of risk and improved patient care. This good practice showed the nursing team were innovative, forward thinking and keen to keep their skills up to date.

The Verwood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The team was made up of two Care Quality Commission Inspectors, a GP and a specialist advisor who was a practice manager.

Background to The Verwood Surgery

The Verwood Surgery is a general practice (GP) surgery that provides NHS services and is located central to Verwood at 15 Station Road, Verwood, Dorset, BH31 7PY. The practice currently has approximately 8000 patients on its list.

The service is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery, surgical procedures and treatment of disease, disorder and/or injury. The registered manager for this service is Dr Raj Karkera.

Why we carried out this inspection

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

Before our inspection we carried out an analysis of data from our Intelligent Monitoring system. As part of the

inspection process we asked other organisations including the local Healthwatch, NHS England and Clinical Commissioning Group (CCG) to share what they knew about the service.

During the inspection we spoke with two people from the Patient Participation Group, and reviewed all 36 of the patient comment cards that had been completed by people who used the practice prior to our inspection.

We carried out an announced visit on 4 June 2014. We observed how reception staff interacted with patients, we talked with ten patients and family members. We spoke with the practice GPs, practice manager, nurses, reception and administration staff and reviewed the practices policies and procedures.

How we carried out this inspection

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

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

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

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

Detailed findings

- People experiencing a mental health problem.

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

We carried out an announced visit on 4 June 2014 between 9.00am and 5.30pm.

During our visit we spoke with a range of staff, including the practice GPs, practice manager, nurses, receptionist and administration staff.

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

Are services safe?

Summary of findings

Overall the service was safe.

We saw the practice had a nominated GP who was the safeguarding lead for the practice. We noted staff were knowledgeable about the reporting processes for concerns regarding possible abuse of vulnerable adults and children. Staff knew the correct procedures for reporting safeguarding concerns both within the practice and to external local authorities.

We saw the practice had a process in place to show that learning from incidents and near misses took place.

The environment and equipment were clean and well maintained and staff followed the relevant infection control practices in accordance with their policies. Medicines were stored safely and securely and the practice had an effective system in place to ensure their medicines were within their expiry date.

The practice was staffed adequately and checks on the recruitment process showed staff were properly qualified and able to do their job.

Our findings

Safe patient care

Patients we spoke with said they felt safe in the hands of the staff at Verwood Surgery. We were given four positive examples of people stating they felt safe with staff on both the comment cards and during conversations we held with patients. Patients told us they received prompt treatment and diagnosis. Patients also talked of the ongoing treatment, screening and health promotion.

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

Learning from incidents

We spoke with the practice nurse on duty who told us there was a clear process to follow in the event of an accident or a near miss. We were given an example where an event had taken place following an immunisation. The nurse explained that following the incident the event was discussed during a clinical meeting and a change of expected action had been implemented. We were told that there was a monthly meeting to discuss clinical issues including any complaints, concerns or significant events.

Administration staff we spoke with also said they learned from incidents. We were given an example where the fire alarm had been sounded and the building evacuated. It was noted that a member of staff was able to enter the building from the rear. A meeting was held and a simple process introduced to stop this reoccurring.

Safeguarding

The practice had a clear safeguarding process and the senior GP was the nominated safeguarding lead for the practice. Safeguarding as a topic for discussion is on the partners meeting each week and is also discussed at practice meetings. Staff were able to speak knowledgeably around safeguarding children and vulnerable adults and were given the opportunity to attend local safeguarding conferences and meetings when required. All of the GPs, and two practice nurses had attained level 3 safeguarding children and vulnerable adults training. The majority of the remaining practice staff had obtained level 2 safeguarding children and vulnerable adults training.

We spoke with two administration staff and a member of the nursing team about safeguarding vulnerable adults and

Are services safe?

children. They confirmed they had received recent safeguarding training and were aware of the process to follow if they suspected abuse. Staff knew where to find the policies and procedures for safeguarding. We saw the policies for safeguarding and noted that they contained easy to use flow charts and referred staff to external safeguarding agencies. However, the flow charts were not readily available for staff to use and may potentially delay and referral being made.

One member of staff explained how they had used the procedure to make a specific safeguarding alert. They described how the alert had been made and the support received from management and GPs at the practice.

The practice had a whistleblowing policy that gave details of internal staff that people could go to for guidance, however the policy did not have a named external contact for staff to contact.

Monitoring safety and responding to risk

The practice completed risk assessments to ensure the health and safety of the patients, visitors and staff. We saw records that showed the practice identified and reported serious incidents and reviewed the incidents so that learning from them could be put into place. For example, the very nature of the layout of the corridor for the consulting rooms had led to the door jambs posing a very high risk to children trapping their fingers whilst walking down the corridors. The practice had discussed the concern and had remedied an effective solution by installing protective strips down each offending door, thus reducing the risk of fingers getting trapped in doors.

We were told that any safety alerts or guidance relating to equipment was communicated during the clinical meetings or by communication given to staff. We were told regular checks were conducted on all equipment used in the practice.

The practice showed us records that confirmed all staff had received fire safety training and the practice had annual fire risk assessments completed by an independent company. This meant the practice took preventative action to ensure the health and safety of its staff, patients and others who visited the building.

Medicines management

Patients told us the process for obtaining repeat prescriptions was efficient, well organised and good. Patients told us they could request prescriptions on line or

could hand in a request to the practice. Patients spoke about this taking no more than three days. One patient said they liked that they could choose which pharmacy to get their prescription processed. We were told that patients were given information by the GP about side effects regarding their medication and whether any routine blood tests were needed.

Patients told us they were informed when a medication review was needed. Patients told us this was either during the appointment or written on their prescription form. We spoke with a member of the administration team who told us they were sent details of patients who had failed to attend for medication reviews. This meant there was an effective system in place to keep patients medication under review.

There were effective systems in place for the obtaining using, safekeeping, storing and supply of medicines. Clear checks and temperature records were kept to strengthen the audit of medicines issued and improve medicine management.

All of the medicines we saw were in date. Storage areas were clean and well ordered. Deliveries of refrigerated medicines were immediately checked and placed in the refrigerator. This meant the cold chain and effective storage was well maintained.

Other medicines stored on site were kept securely in a designated cupboard. This was a locked cupboard in a side area away from patient accessible areas. When staff were not present, the keys were securely stored.

We saw that effective stock control systems were in place for medicines used at the surgery. All stocks were reviewed by a member of staff who checked on a weekly basis to ensure medicines were ordered up to the agreed stock levels.

A clear process was in place for the disposal of medicines. A record was kept of what medicines were disposed of. The provider may wish to note that two witness signatures may increase the safety of this process.

There was one controlled drug stored at the practice. Controlled drugs are drugs that are liable to abuse and misuse and are controlled by the misuse of drugs regulations. The GP told us this was kept just in case a patient needed immediate pain relief. This was securely stored and in date with appropriate records kept.

Are services safe?

Cleanliness and infection control

Patients told us they were cared for in a clean and hygienic environment. Patients told us that the practice was always clean and tidy and that staff wore gloves when necessary and were seen to wash their hands.

We saw there were detailed policies and procedures on the staff intranet relating to infection control. Staff we spoke with knew how to access these.

There were robust systems in place to monitor the effectiveness of infection control processes at the practice. For example, nursing staff performed infection control audits four times a year. These audits looked at the environment, equipment and processes used by staff. We saw the audit performed in November 2013 had indicated issues with the use of waste bags and pillow protectors. We saw that a follow up audit performed in March 2014 had reviewed these shortfalls and noted the required improvements had been made.

We saw all areas of the practice were clean and well maintained. We noted equipment was clean, work surfaces and consultation rooms were free from clutter and staff were aware of the cleaning schedule and cleaning audits. The practice manager told us an independent cleaning company were employed to keep all areas of the practice clean and hygienic. The staff employed by the cleaning company had signed confidentiality statements to ensure the privacy and confidentiality of the patients who used the practice would not be put at risk.

We noted there were supplies of hand cleaning gels and paper towels readily available and fully accessible throughout the premises.

Staffing and recruitment

The practice had a system in place for the recruitment of all clinical and non-clinical staff. We checked two staff files, one of which was the most recently recruited member of staff. We saw evidence of the advert, the interview process and the offer letter and contract of employment. The staff files were up to date. We saw where required staff had a Disclosure and Barring Services (DBS) for criminal record checks completed; this helped to ensure patients who used the service were protected and safe. Identification had

been checked and references taken up as required. Newly appointed staff received an induction and spent time shadowing more experienced members of staff which enabled them to learn their role effectively and safely.

All staff received a yearly appraisal which they felt was a positive process and encouraged them to contribute to the process and their ongoing professional development.

We spoke with two members of staff who confirmed their recruitment process. They both said they had been invited to an interview and asked to provide information such as references, evidence of identity and qualifications. Both confirmed the practice had undertaken DBS checks on them. This showed suitable checks had taken place to check staff were suitable to work with vulnerable people.

Dealing with Emergencies

The practice had arrangements in place to deal with foreseeable emergencies. Emergency medicines, a grab bag an oxygen cylinder and a separate box of injectable emergency drugs were inspected. These were all appropriately stored with emergency equipment and guidance of doses. All medicines were within date. We spoke with the nurse, a GP, and two administration staff who were aware of where the emergency medicines and equipment were kept and how to access them.

There was an Automated External Defibrillator (AED) available at the practice at the time of our inspection. This piece of equipment would be used to help re start a person's heart should they go into cardiac arrest.

We spoke with two administration staff who told us they had received emergency basic life support training. These staff knew where the emergency equipment and medication was stored. They had also been trained in what to do in the event of fire.

Equipment

The practice had arrangements in place to ensure equipment was maintained and safe to use. We saw records that showed portable appliance testing had been completed every two years. Staff told us equipment undertook calibrations where required on an annual basis, we saw records that showed calibrations had been completed on 24 July 2013 and was therefore in date.

Staff told us they felt they had enough equipment to carry out their role effectively and safely.

Are services effective?

(for example, treatment is effective)

Summary of findings

Overall the service was effective.

Patients needs were suitably assessed and care and treatment was delivered in accordance with current legislation and best practice. Patients felt the care and treatment they received at the practice was effective.

The provider worked with other health and social care services and information was shared with relevant stakeholders such as the Clinical Commissioning Group (CCG) and NHS England.

The practice ran effective recruitment processes and staff felt involved and well supported in their roles. Staff were given support and guidance to ensure their professional development was ongoing.

Our findings

Promoting best practice

We discussed with GPs at the practice the results and procedures the practice followed in relation to the Quality and Outcomes Framework (QOF). QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for how well they care for their patients. The results are published annually. The GPs told us that as a practice they regularly discussed and reviewed the findings of their QOF data

Staff we spoke with told us they felt the various practice meetings they attended were useful and informative and they commented they always felt comfortable to discuss any changes or ideas on how to carry out procedures more effectively. They told us they were comfortable raising any issues and felt they would be listened to, regardless of the topic and their ideas and suggestions would be treated seriously.

Management, monitoring and improving outcomes for people

The practice operated a quality improvement process that ensured improvements to patient care were regularly reviewed and acted upon. We noted the practice took into account national guidelines issued by the National Institute for Health and Care Excellence (NICE). Staff told us the practice held meetings with different groups of staff such as, partners, clinical staff, nurses and admin staff to discuss the continual improvement of issues relating to patient care and business needs were addressed.

The practice completed clinical audits to ensure patients continued to receive the right care and appropriate treatment for their needs. Once the audits were completed the practice took time to review the results, measure performance and put in place any improvements to sustain improvement. This resulted in a continual improvement in patient care, treatment and service.

Staffing

Patients we spoke with and comments we read were very complimentary about the staff that provided the service. Individual staff were named by many patients but a theme emerged of patients stating that all staff were good. For example one comment card stated the patient had been

Are services effective?

(for example, treatment is effective)

seen by four different GPs and each GP had been helpful, understanding and had taken the time to listen, examine and respond. Another patient explained that all the staff, without exception had been excellent.

One member of staff said they had felt fully supported during their induction process and were able to ask questions if they needed further clarification.

The nurse explained that the practice manager ran an annual check to ensure she was on the Nursing and Midwifery Council professional register and able to practice.

We spoke with three members of staff about the appraisal process. All three staff told us that they found the process encouraging and supportive. One member of staff explained they had identified learning needs which were then acted upon.

Working with other services

We spoke with a health care professional who worked from the practice. They told us communication with all of the team was excellent. They said that the doctors listened to them and respected their judgement.

We were told the practice had established excellent working relations with the local nursing home they supported.

Staff told us they felt they worked very well together and formed a close, supportive team.

Health, promotion and prevention

Patients told us they had been given written and verbal information about their conditions. Patients we spoke with told us they were listened to and were able to ask questions and be involved in the decision making process of their care.

We saw there was a large variety of patient information leaflets available in the waiting room areas. These included sexual health leaflets and screening kits which could be discreetly collected by patients.

The practice had a system in place to identify and monitor patients who required regular vitamin B12 injections. The system was effective and ensured patients that required a vitamin B12 injection received their appropriate treatment in a timely manner.

Four patients told us they were at the surgery for annual reviews or health screening programmes. All four patients said the appointments had been automatically sent to them. One patient said they had forgotten their appointment details after their first appointment and had been sent a reminder. The administrator responsible for this role explained how missed appointments were managed. This showed there was an effective system in place to make sure patients received appropriate health screening.

We saw there was an automatic blood pressure machine at the surgery to enable patients to test their own blood pressure. Three patients said they were not happy that the machine was situated so close to other patients, they felt self-conscious, nervous and considered the location lacked privacy from others as there was a risk their results could be seen.

We noted this topic had also featured in the Patient Participation Groups report. The practice had looked at various locations to see if the blood pressure machine could be re-located but none of the alternative positions to date were found to be suitable.

We saw the practice ran a variety of specific health clinics such as: diabetes, asthma, contraception, pregnancy services, wart clinic and minor operations, travel advice and immunisation including yellow fever and rabies.

Are services caring?

Summary of findings

Overall the service was caring.

Patients we spoke with told us they were very happy with the care and treatment they received. They told us the care was excellent and everyone in the practice was pleasant, kind and caring. We viewed 36 comment cards that had been completed by patients using the service. Each comment card was very complimentary about the service they received and the staff who delivered the care and treatment. Patients told us they were involved in their care decisions and they were treated with respect and dignity.

The practice obtained patients consent before treatment and staff we spoke with had a good understanding of The Mental Capacity Act.

We saw there were supplies of easily accessible leaflets and information documents available for patients that outlined the support, guidance and services the practice offered.

Our findings

Respect, dignity, compassion and empathy

All the patients we spoke with said they were happy with the care they received and felt in safe hands. Patients spoke of feeling respected and treated with courtesy.

Patients told us they understood the treatment and options given to them and were encouraged by staff at the practice to ask questions. Patients told us that the communication was good and they were told everything they wanted to know. There was a theme of mutual respect, of patients feeling listened to and having time to ask questions.

We spoke with a relative who was accompanying a patient. They told us that despite the family member having dementia the staff had spoken to the patient and explained everything clearly without being patronising. We were also given an example where a patients spouse had received end of life care. They said all the staff had been compassionate, caring and very kind.

We saw there were screens and covers for patients to use when examinations took place. Patients were aware of the chaperone service offered at the surgery. A chaperone is a person who, with their consent, accompanies another person or child during their consultation or treatment.

Patients said permission was always asked if medical students or trainee GPs were sitting in on consultations. One patient told us their consent was obtained for a medical student to be present for an intimate examination. The patient said they had felt able to decline if they wanted to.

Patients told us of staff being discreet at the reception desk. They were also aware of a small room which could be used if private conversations were needed.

Involvement in decisions and consent

Patients told us they felt involved in their care and were able to make informed decisions. One patient described how they were able to decline or request alternative treatments or care. For example one patient said they were supported to change their lifestyle before starting a programme of medication.

The staff we spoke with explained the consent processes used at the practice. With a patients consent we looked at how the computer system allowed staff to record the types

Are services caring?

of consent to give. We spoke with patients who all agreed that staff asked permission before simple tests such as taking blood was performed. We spoke to two parents who told us they had been given sufficient information about childhood immunisations to make a decision. They were then asked to sign a consent form.

One nominated GP took the lead for the Mental Capacity Act training for the practice. This meant the staff had a nominated GP to speak with when they needed

clarification or guidance on any aspect concerning patients and their capacity under the Mental Capacity Act 2005. The GP had written clear, easy to follow guidance for the staff at the practice. The GP ensured all staff at the practice were offered Mental Capacity Act 2005 training to further their professional development. The GP also ran internal training sessions covering mental capacity and the topic of consent for all staff.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Overall the service was responsive to people's needs.

The practice had clear processes displayed on the waiting area walls to show patients who and how to complain to. Patients we spoke with told us they knew how to complain and felt they would be listened to if they needed to.

The practice had an effective appointment system in place and patients told us they could arrange to see a doctor of their choice and any delays were kept to a minimum.

The practice had listened to the requests from their patients and had recently commenced an on line repeat prescription service that had proved very popular.

Patients had access to other health professionals that were based from the surgery. Patients told us they valued this service and found it very helpful and convenient.

Our findings

Responding to and meeting people's needs

The waiting room was comfortable, clean and tidy. All chairs were a standard height but some had two arms to assist those with mobility issues to the standing position. There were disabled toilets available with grab rails, and wide doors to enable wheelchair users easy access. The practice had level access providing easy access for people who used wheelchairs. There was a passenger lift to the first floor.

We did not meet or speak with anyone whose first language was not English. Reception staff said there was a telephone language line to use should this be an issue.

Patients told us they were able to request a male or female GP and could request a particular named GP if they had a special interest in a certain area of treatment.

The practice had a chaperon policy and chaperone(s) available for patients if they required one. A chaperone is a person who, with their consent, accompanies another person or child during their consultation or treatment.

We saw a copy of the completed PPG patient survey from 2013. We noted the survey indicated the vast majority of patients were very happy with the service, care and treatment they received at the practice. These comments were echoed during the conversations we had with patients on the day of our visit and the written comments we reviewed on the comment cards.

Access to the service

All of the patients we spoke with told us it was always possible to get an appointment on the same day but if they wanted to see a particular named GP they sometimes had to wait for up to three weeks.

Patients explained to us that there was a telephone triage service where a brief description of their condition was given and passed to the GP. This meant the GP would call back and request that the patient visited the surgery or was able to be treated over the telephone. We spoke with reception staff who said sometimes patients refused to give any information, which was OK. They also explained by receiving a brief description of the concern, this allowed them to pass on information to the GP. For example, one

Are services responsive to people's needs?

(for example, to feedback?)

patient had telephoned, gave some brief symptoms which were immediately passed to the doctor who called the patient in straight away. This showed there was an informal triage process in place which could identify patients at risk.

A finding of the inspection was that patients never felt rushed during their appointments which was really positive. A result of having the time they needed with a GP many patients described that their appointments were usually or always later than booked. None of the patients we spoke with wanted to complain about the lateness, but some found it irritating at times.

One comment card stated the ten minute interviews were not quite enough. We spoke with the reception staff who said double appointments were available in some situations.

The patients we spoke with knew how to get the services of a GP out of hours, how to get blood test results and organise repeat prescriptions. Patients talked of the practice website and instructions they received on the telephone.

Patients said any hospital referrals were managed promptly and were explained clearly.

Concerns and complaints

Patients we spoke with knew how to complain. They showed us posters displayed in the waiting areas. None of the patients we spoke with had complained about the service. None of the patients we spoke with had been asked to complete a patient survey but knew one had taken place.

We saw the practice had a complaints policy which showed complaints/concerns would be acknowledged, reviewed, acted upon and all parties to the event informed of the conclusion. We noted the practice had received 11 complaints during 2013/2014. The practice confirmed all complaints had been fully investigated and all parties to the complaint had been responded to. The practice confirmed there were no outstanding complaints. The practice manager told us the complaints were discussed at staff meetings and shared with all staff.

Staff told us they felt the practice had an open and honest culture and they felt comfortable to raise any concerns or complaints.

Are services well-led?

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

Summary of findings

Overall the service was well-led.

The practice had clear organisational structures in place. Staff we spoke with told us they understood the management structure and felt the practice ran in an open, fair and transparent way. We saw the practice welcomed staff involvement and actively listened to suggestions and ideas staff may put forward for improvements.

The practice has a system of risk assessments in place to ensure the practice ran safely and effectively and there were suitable business contingency plans in place.

The practice had a quality improvement process in place. The process showed the practice sought to improve patient care through continual review, assessment and implementation of change.

The practice had an active Patient Participation Group who considered they were listened to and suggestions they made were taken forward if appropriate.

The practice had a clear system in place to manage and monitor staff training.

Our findings

Leadership and culture

We spoke with three members of staff about the culture of the organisation and to one external health care professional based at the surgery. They all talked of the “good team.” Administration staff felt valued and appreciated being included on all of the training. Nursing staff told us they felt respected and valued by the management and GPs at the practice.

Staff we spoke with told us they were clear about their roles and responsibilities and felt the practice ran well as a close, strong, supportive team. They felt the management style was one of openness and honesty and they felt well supported and valued in their roles.

We saw records that showed the practice had a forward schedule of training for all staff and appraisals were conducted on an annual basis. Staff told us the practice delivered their training programme in a variety of methods, such as on line e learning, practical demonstrations, tutorials and the use of independent external training companies for specific areas such as resuscitation.

Governance arrangements

Verwood Surgery is a training practice. GP registrars are doctors experienced in hospital medicine, but new to General Practice and may work in the practice for up to one year at a time. At the time of our visit the practice had one GP registrar employed. The practice employed a further six GPs, nursing staff, practice manager, receptionists and administrative staff.

Each GP held specific lead roles within the practice such as; safeguarding, health and safety, minor surgery, prescribing, Mental Capacity Act and end of life care. This ensured there were clear lines of responsibility and staff knew who to go to for further support and guidance with any specific area. We saw the practice had effective working relationships amongst the staff. The staff demonstrated clear understanding of their line management arrangements and told us they received regular supervision and performance reviews. The practice had a stable staff team that had experienced a very low staff turnover for a number of years.

Are services well-led?

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

Systems to monitor and improve quality and improvement

The practice undertook a variety of audits. We saw records that showed the following audits had all been completed: infection control, legionella, portable appliance testing, clinical waste, equipment calibration, medicines and emergency drugs and equipment.

The practice used the results from their QOF survey to manage and improve quality. GPs we spoke with told us they regularly shared their views and obtained the thoughts of the other GPs in the practice. This meant they were able to have the benefit of each GPs experiences and training in addition to their own.

GPs we spoke with told us the practice was run in a democratic manner which allowed everyone to express their view and ensured quality issues were constantly discussed with all members of staff. They told us final decisions were decided by all the GP partners and discussed at staff meetings where everyone had the opportunity to discuss the issues and concerns.

The practice had a significant events process they followed but although they reviewed and learnt from these events there was no recorded evidence the practice had done this. Although the practice reviewed their procedures this had not been documented, this meant there was no evidence to show that the practice could learn from any significant events that had taken place.

Patient experience and involvement

We spoke with two members of the PPG. They told us they met once a year and were asked to join to reflect the local demographic of the surgery. We were told that general discussions were held about issues such as feedback from the surveys. One member said they were able to raise questions and understand constraints that were made on the surgery. For example a recent survey highlighted the concern patients felt with the siting of the blood pressure machine. The PPG representatives were able to feed these concerns to the practice and see if alternative locations could be sought for this piece of equipment. There were three PPG members. One member questioned the value and effectiveness of such a small group but recognised that patients were not keen to join, so a, “virtual” PPG was also in use.

Staff engagement and involvement

We spoke with two administration staff who told us they felt involved in the running of the practice and felt empowered to suggest improvements. One member of the team said they were invited to attend a general meeting where clerical and general running issues were discussed. There was a white board in the office for staff to write agenda items as they arose. This showed that the feedback process was inclusive.

Older people

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

Summary of findings

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

Older people we spoke with told us all the staff at the practice treated them with respect and dignity. The practice worked very closely with a nearby Nursing Home and was responsive to its needs. A specific doctor visited the nursing home each week to ensure the people living at the home received continuity of care and ensured a good service was provided to the home.

The practice took an active part in any safeguarding meetings with a variety of staff from the practice attending where possible.

Our findings

The patients we spoke with in this population group were complimentary regarding the service, care and treatment the practice gave them.

Patients told us the staff at the practice treated them with kindness and patience and they never felt rushed or confused. Patients told us the staff took the time to explain their treatment clearly and checked they understood the implications before going forward with treatment.

Patients told us they found the practice was easy to get to and commented they could move easily around the building. One person told us they found the lift very useful. We noted all areas of the practice had level access and seating areas were clean and comfortable, with chairs that provided arm rests to support patients getting in and out of them.

People with long term conditions

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

Summary of findings

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

Patients with long term conditions were pleased with the service they received. Patients told us continuity of care was good and patients felt fully involved in the care they received. Patients described the process of obtaining repeat prescriptions as efficient.

The practice ran specific clinics to provide targeted care and treatment for people with long term conditions, some examples of clinics ran were; asthma, diabetes and coronary care.

Our findings

Patients with long term conditions were pleased with the service they received. One patient told us they required regular treatments, blood tests and examinations and considered themselves to be very well looked after by all the staff. Another patient told us of the care their spouse had received, explaining that they had been treated with respect and good care.

One patient told us the doctors were quick to pick up problems with their existing condition. Patients said continuity of care was good, although sometimes this impacted on choice of appointments. We were told of the regular monitoring of conditions and were told that they felt involved in the care they received. The response about obtaining repeat prescriptions was very good. Patients described this process as efficient.

Mothers, babies, children and young people

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

Summary of findings

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

The practice provided health visitor and midwifery appointments on the premises and appointment were easy to arrange and convenient. The practice ran a flexible approach to ensure working parents could arrange an appointment to fit in with their needs.

The practice worked closely with other health and social care providers to ensure safe care was provided.

Our findings

We spoke with two parents during our inspection and read comments written by four others. These parents were confident in the care their families received. One parent told us that the health visitors and midwives provided appointments at the practice which they found convenient.

Parents told us it was easy to get appointments and said that the triage system helped. One parent had written a comment card which stated they were very busy working and they didn't often have time to make appointments in advance. However, the GPs and nurses had always been flexible and helped them at short notice.

Staff we spoke with were all aware of how to raise any concerns under safeguarding of vulnerable adults and children. We noted all staff had been trained in safeguarding processes.

Working age people (and those recently retired)

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

Summary of findings

Overall the service was safe, effective, caring, and responsive and well led for working age people and those recently retired.

The practice had a good system for ensuring people of working age were able to get an appointment when they needed one. The triage and duty doctor system the practice ran enabled the practice to manage the appointments and needs of this population group effectively.

The practice ran early and late evening appointments which enabled this population group full access to the surgery.

Our findings

Patients of working age said it was easy to get an appointment at the surgery. Patients told us there was always an option of a same day appointment with the duty doctor. Three patients gave examples of staff being flexible and fitting them in. One patient told us they had found the early 8.30am and later 6pm appointments useful to fit in with work.

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

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

Summary of findings

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

The practice took an active role in working with other health and social care professionals. The practice was well led and all staff had received training in safeguarding vulnerable adults and children.

Our findings

The staff we spoke with told us the practice regularly discussed methods of providing support and care to this population group.

Staff were able to talk to us knowledgeably regarding how patients in this population group were reviewed and supported throughout their time at the practice. Staff demonstrated their knowledge of this population group and were able to give us examples of how they had provided specific support and treatment for these patients.

The practice had a system in place to ensure these patients were regularly reviewed and seen by a GP when required.

We noted there was a selection of information leaflets offering help and advice to patients within this population group.

The staff confirmed the practice were able to call upon the services of an independent interpreter company should the need arise.

Staff we spoke with told us the practice worked very closely with the local substance misuse team and had established good working relations with them.

People experiencing poor mental health

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

Summary of findings

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

Patients told us they were very pleased with the care they had received whilst they were being treated for their mental health illness.

The practice treated patients respectfully and were able to provide support and guidance for this population group. We saw the practice worked closely with other health care professionals and community teams to ensure this population group were given the safe, effective care they required.

Our findings

We spoke with one patient who explained they had a mental health illness. They told us they were very pleased with the care they received. Their relative said the staff were respectful and explained everything very well whilst addressing the patient rather than the relative.

Staff we spoke with told us they worked closely with other health professionals and community health teams to ensure people in this population group were given good treatment and care.

Staff we spoke with were able to demonstrate they had a good, effective understanding of the Mental Capacity Act and fully appreciated the issues regarding patients capacity to give consent.