

# Dr's Brear, Wimborne and Fleet

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr's Brear Wimbourne and Fleet, also known as York Bridge Surgery on 18 November 2015. We had previously visited the practice in October 2014, when the surgery was rated as requires improvement. We were able to check that the required actions had been undertaken.

Overall the practice is now rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- It was clear staff had a commitment to providing safe and effective care. The practice had a strong commitment to supporting staff training and development
- Risks to patients were assessed and well managed.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had acted upon and improved recruitment and employment procedures
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Feedback from patients about their care was positive. Patients commented that staff were brilliant and were described as caring and professional.
- Three comment cards completed by patients said they found it difficult to get through to the practice in the morning to make an appointment with a named GP, however when they did there were urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour

The areas where the provider should make improvement are:

- Ensure more effective communication with the Patient Participation Group to obtain patient feedback to inform and improve services

- Improve signage to indicate wheelchair access at the rear of the building
- Ensure when reviewing policies that any reference to external organisations who no longer exist are removed
- Ensure that audit results are shared with all staff to consistently support improved outcomes

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were mostly comparable with the local Clinical Commissioning Group (CCG).
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Nurse led contraception clinics were provided every two weeks via a late night clinic session.
- 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 people's needs

### Are services caring?

The practice is rated as good for providing caring services. .

Good



- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- CQC comment card responses were generally positive, however three raised concerns about issues getting through to the practice in the morning
- Information for patients about the services available was easy to understand and accessible.

# Summary of findings

- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice provided services for patients who temporarily registered with the practice from a local rehabilitation unit
- Patients said they found it difficult to make an appointment with a named GP; however 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. However signage was required to indicate wheelchair access at the rear of the building.
- The practice provided a nurse practitioner triage service each day to ensure that patients received the most appropriate treatment, at the most appropriate time.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on.

Good



# Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.
- The patient participation group was not active and communication with the group was lacking from the practice.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- There was good uptake of influenza, pneumovax and shingles vaccinations, with visits arranged for patients who were housebound
- The practice had a dedicated phone line for easier access to support or advice for patients receiving palliative care, those in residential or nursing homes and for ambulance staff who could contact the GP directly and avoid admission to hospital
- Access to Age UK for advice and support was to be provided in the practice in the near future

### People with long term conditions

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

Good



- The practice had a team of nurse practitioners, practice nurses and health care assistants to meet the needs of the patients. Nursing staff had lead roles in chronic disease management. They were supported by GPs.
- The number of patients registered with the practice with a long term condition was similar to both the Clinical Commissioning Group (CCG) and national averages
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients were given email access to GPs and nurses when advice was needed to avoid unnecessary visits to the surgery
- Medication reviews were undertaken by the practice pharmacist, particularly for those patients on multiple medications

# Summary of findings

## Families, children and young people

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

Good



- There were effective 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 higher or comparable with local and national percentages for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Evidence of joint working with midwives, health visitors and community nurse was available.
- Nurse led contraception clinics were provided every two weeks via a late night clinic session.
- Cervical screening data from 2013/14 for women aged 25-64 was 75.5%, which was comparable to the CCG 75.5% and England 76.9% averages. The practice's exception rate was also lower at 4% compared with 5.2% and 6% respectively.
- The practice had a proactive chlamydia screening programme, with counselling available for those patients with a positive diagnosis

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

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours were available each Monday morning from 7am and a late evening until 8pm every two weeks. There was also a Saturday morning surgery each month.
- The practice was participating in an extended 8 to 8 service with five other local practices.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

## People whose circumstances may make them vulnerable

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

Good





# Summary of findings

- The practice held a register of patients with a learning disability, with longer appointments offered. There was also a register of patients who were carers.
- The practice served a significant traveller population and had good levels of engagement
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Vulnerable patients were told how to access various support groups and voluntary organisations.
- The practice worked closely with a local voluntary community group West End Impact supporting the homeless.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice maintained a register of patients with a mental health condition.
- Data showed the practice achieved a higher percentage than both the local CCG and nationally for all mental health indicators; for patients having a comprehensive care plan and receiving health promotion and prevention treatments and advice.
- < > of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, compared with 83.82% nationally  
The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support people with mental health needs and dementia

Good



# Summary of findings

## What people who use the service say

National GP patient survey results published July 2015 showed the practice was performing below local and national averages in most indicators.

- 63% found the receptionists at this surgery helpful (CCG average 85.9%, national average 86.8%)
- 74.9 %were able to get an appointment to see or speak to someone the last time they tried (CCG average 84.1% national average 85.2%)
- 87.7% said the last appointment they got was convenient (CCG average 93.2%national average 91.8%)
- 42.4% described their experience of making an appointment as good (CCG average 69.3% national average 73.8%)
- 66.3% usually waited 15 minutes or less after their appointment time to be seen (CCG average 74.4%, national average 62.2%)
- 15.4% found it easy to get through to this surgery by phone compared to a CCG average of 67.2% and a national average of 73.3%)
- There were 308 survey forms distributed for Dr's Brear, Wimborne and Fleet and 114 forms were returned. This was a response rate of 37%

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 completed comment cards which were all positive about the standard of care received. Three comments made reference to difficulties experienced trying to get through to the practice to make appointments early morning. When we raised this with the practice we were told the practice did have a queuing system in the past, to give patients an indication of the period to wait to be connected, but this was removed due to complaints from patients.

We spoke with eight patients during the inspection and three members of the Patient Participation Group by telephone the day after our visit. All 11 patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. Accessing appointments via telephone was again raised as an issue. We spoke with the practice about this and we were told extra reception staff had been rostered to work in the morning, with additional phone lines to help improve access.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure more effective communication with the Patient Participation Group to obtain patient feedback to inform and improve services
- Improve signage to indicate wheelchair access at the rear of the building
- Ensure when reviewing policies that any reference to external organisations who no longer exist are removed
- Ensure that audit results are shared with all staff to consistently support improved outcomes

# Dr's Brear, Wimborne and Fleet

## 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 advisor, a second CQC inspector and a practice manager specialist advisor.

## Background to Dr's Brear, Wimborne and Fleet

Dr's Brear, Wimborne and Fleet, also known as York Bridge Surgery, is part of the NHS Lancashire North Clinical Commissioning Group (CCG). Services are provided under a personal medical service (PMS) contract with NHS England. The practice has 7025 patients on their register. The practice is located in a residential area of Morecambe, Lancashire.

Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male and female life expectancy in the practice geographical area is below the England average for males at 78 years and 82 years for females (England average 79 and 83 respectively).

The patient population aged 65 years and over is 21.8%, higher than the national average of 16.7%. Patients aged over 75 years of age is also higher at 10%, compared with 7.6 % nationally. Patients in the age ranges 0-18 years are comparable with the national average.

The practice has two GP partners (one male and one female), one salaried GP (currently on maternity leave) and one long term locum (female). The practice employs a practice manager, an advanced nurse practitioner (who is also a salaried partner), one nurse practitioner, two practice nurses (including a specialist research nurse) two healthcare assistants, a phlebotomist and 12 reception and administrative staff. In addition, the practice has the support of a part time pharmacist who is jointly employed by the CCG.

The practice is a training practice for qualified doctors who are training to be a GP. The practice also provides clinical placements for student nurses in training.

The practice is open Monday to Friday between 08:00 - 18:30. Extended hours are available each Monday morning from 7am and a late evening until 8pm every two weeks. There is also a Saturday morning surgery each month.

Out of Hours services are provided by Bay Urgent Care, and contacted by ringing NHS 111.

The practice provides online access for patients to book appointments and order prescriptions.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

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

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 November 2015. During our visit we:

- Spoke with a range of staff including GPs, nurses, healthcare care assistants, practice manager, administration and reception staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed a range of information to demonstrate how the practice was managed

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out appropriate analysis of the significant events and these were effectively discussed at monthly meetings attended by the GPs, nurses, practice manager and head of reception.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we reviewed two records of incident investigations and appropriate and swift action was taken to avoid reoccurrence.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people 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 authority contact details were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room and all treatment and consultation rooms advised patients that nurses would act as chaperones, if required. All staff who acted as

chaperones were trained for the role and had received a disclosure and barring 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).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of a pharmacist, who worked in the practice two days per week, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed six personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice had an appropriate recruitment policy in place. These improvements had been made following the last inspection in October 2014.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. A fire marshal was appointed. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was

## Are services safe?

checked to ensure it was working properly. Servicing and maintenance was undertaken as required. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

- 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 that enough staff were on duty. The practice was actively trying to recruit an additional GP, but had so far been unsuccessful. Long term locums were utilised to help reduce any shortfall.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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. The plan also identified a buddy practice locally, to ensure that patients could still be seen in any emergency affecting the premises.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' 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 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 87.7% of the total number of points available, with 5.2% exception reporting. Data from 2013/14 showed;

- Performance for diabetes related indicators was comparable to or better than the CCG and national averages.
- 99.19% of patients with diabetes had received an influenza immunisation compared with 81.9% for the CCG and 93.6% nationally.
- A record of a foot examination was 87% compared with 79.1% for the CCG and 88% nationally.
- However patients who had a recorded blood pressure was lower at 73.1%, than CCG and national figures at 86.8% and 87.3% respectively.
- The percentage of patients with hypertension having regular blood pressure tests was lower at 83.8 % than the CCG and national averages of 87.4% and 88.1% respectively.
- The dementia diagnosis rate was 91.38%, higher than the CCG and national average of 82.5% and 83.2% respectively.

The practice had responded to improve outcomes for patients with long term conditions. These included access

to weekly specialist nurse clinics to ensure more regular reviews, and with expanding the role of the healthcare assistants to undertake blood and foot checks for patients with diabetes.

Clinical audits demonstrated quality improvement.

- Good evidence from clinical audits was available and these were linked to national guidelines such as NICE. We saw evidence from two of these completed audits, which demonstrated improvements were identified, implemented and monitored. Clinical audits included the prescribing of Temazepam, the uptake and effectiveness of oral and long acting reversible contraception and the effectiveness of joint injections.
- The practice participated in applicable local audits, national benchmarking, accreditation, and peer review. Findings from audits and benchmarking were used by the practice to improve services.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.



# Are services effective?

## (for example, treatment is effective)

- It was clear the practice supported staff in their individual professional development. For example: Healthcare assistants were supported in expanding their roles and responsibilities to improve outcomes for patients with long term conditions and the advanced nurse practitioner had been supported in achieving a diploma to become a member of the Faculty of Sexual and Reproductive Healthcare (FSRH) of the Royal College of Obstetricians and Gynaecologists.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services and special patient notes were used to inform Out of Hours providers of patients with specific needs for example when nearing end of life.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on going care and treatment. This included when people moved between services, when they were referred, or after they were discharged from hospital.
- We saw evidence that the practice held effective multi-disciplinary meetings with health visitors, palliative care team members and the mental health team to improve patients' outcomes by supporting an integrated approach to care.
- Good community links and support were provided to a local voluntary community organisation for the homeless. This promoted improved care and treatment and promoted productive working relationships.
- Care plans were in place for those patients with long term conditions and those most at risk of unplanned admissions to hospital.

### 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, where appropriate, recorded the outcome of the assessment.

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 73.6%, which was comparable to the CCG average of 75.5% and the national average of 76.9%. The practice exception rate was lower at 2.8% compared with 5.2% and 6% respectively. Patients who did not attend for their cervical screening test were sent reminders.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening via information in the waiting room.

Childhood immunisation rates for the vaccinations given were higher or comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91.8% to 98.7% and five year olds from 83.1% to 98.7%.

Flu vaccination rates for the over 65s were 65.53%, and at risk groups 40.92%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and



# Are services effective?

(for example, treatment is effective)

NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. However these were domestic type curtains, with no evidence of a cleaning schedule and should be replaced as soon as possible
- We noted that consultation and treatment room doors had key coded entry for authorised entry only during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 16 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good or brilliant service and staff were helpful, caring and treated them with dignity and respect. Some cards reflected the compassionate care and support they had received following a bereavement.

We also spoke with three members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was lower for its satisfaction scores on consultations with doctors but higher for consultations with nurses. For example:

- 80.3% said the GP was good at listening to them compared to the CCG average of 90.1% and national average of 86.6%.
- 80.1% said the GP gave them enough time (CCG average 87.8%, national average 86.8%).
- 96.8% said they had confidence and trust in the last GP they saw (CCG average 96.6%, national average 95.3%)

- 76.9% said the last GP they spoke to was good at treating them with care and concern (CCG average 85.6%, national average 85.1%).
- 92.3% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.4%, national average 90.4%).
- 65.9% said they found the receptionists at the practice helpful (CCG average 85.3%, national average 86.9%)

There were 308 survey forms distributed for Dr's Brear, Wimborne and Fleet and 119 forms were returned. This was a response rate of 38.6%.

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

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

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:

- 75.7% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.7% and national average of 86.3%.
- 73% said the last GP they saw was good at involving them in decisions about their care (CCG average 83.7%, national average 81.5%)

However

- 93.6% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88.4% and national average of 89.7%.
- 91.9% said the last nurse they saw was good at involving them in decisions about their care (CCG average 82%, national average 84.9%)

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

## Are services caring?

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

Notices in the patient waiting room told patients how to access a number of support groups and community organisations.

The practice's computer system alerted GPs if a patient was also a carer.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered extended hours each Monday morning from 7am and a late evening until 8pm every two weeks. There was also a Saturday morning surgery each month.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled access however signage was required to indicate wheelchair access was available at the rear of the building.
- The practice provided services for patients who temporarily registered with the practice from a local rehabilitation unit
- The practice worked closely with a local voluntary community group West End Impact supporting the homeless
- The practice supported a large traveller population and had good engagement to improve health outcomes

### Access to the service

The practice was open Monday to Friday between 08:00 - 18:30. Extended hours were available each Monday morning from 7am and a late evening until 8pm every two weeks. There was also a Saturday morning surgery each month 8am until 1pm.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages. However patients told us on the day that they were able to get appointments when they needed them.

- 64.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 74.6% and national average of 65.2%.
- 13.5% patients said they could get through easily to the surgery by phone (CCG average 67.2%, national average 74.4%).
- 42.4% patients described their experience of making an appointment as good (CCG average 69.3%, national average 73.8%).
- 66.3% patients said they usually waited 15 minutes or less after their appointment time (CCG average 73.4%, national average 65.2%).

We spoke with the practice about the low scores in relation to getting through to the practice and we were told extra reception staff had been rostered to work in the morning, with additional phone lines to help improve access.

Emergency calls after 6.30pm were managed by the Out of Hours service.

The practice had a dedicated phone line for easier access to support or advice for patients receiving palliative care, those in residential or nursing homes and for ambulance staff who could contact the GP directly and avoid admission to hospital

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.

The practice manager logged all complaints and undertook an annual analysis to identify themes and trends. We looked at two recent complaints received. These were acknowledged and responded to in a timely manner. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. These were discussed at practice meetings.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff. Policies had been reviewed but care was needed to ensure external organisations that no longer existed, were removed
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions
- Staff had a good understanding of the performance of the practice, and an awareness of their contribution to this.

### Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

A specific Duty of Candour policy was not yet in place, however our review of significant events and complaints demonstrated that the practice was open and transparent and apologised when they got something wrong.

There was a clear leadership structure in place and staff felt supported by management.

- The practice held regular team meetings. These included care planning meetings, safeguarding, medicines management, palliative care and practice meetings
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. We also noted that team away days were held regularly to support team building with all grades of staff.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice gathered feedback from patients through surveys and complaints received. There was a virtual Patient Participation Group (PPG) and we spoke with three members PPG following the visit. There seemed to be frustration with lack of contact by the practice and lack of meetings. None of the members contacted could give any examples when feedback from the PPG had led to any service improvements.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. Staff told us they felt engaged in ways to improve how the practice was run

### Continuous improvement

# Are services well-led?

Good 

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

- The staff were actively encouraged and supported with their personal and professional development. This included the allocation of specific training days and access to online training.
- The practice was proactive in working collaboratively with multi-disciplinary integrated teams to care for patients. The practice worked closely with the Clinical Commissioning Group (CCG) to improve outcomes for patients.
- The practice were proactive in their succession planning despite continuing problems with recruitment of GPs.
- The practice had introduced extended roles and responsibilities for nurses and support staff, not only to bridge gaps in recruitment of GPs but to engage staff in increasing their expertise and input into improving outcomes for patients.