

# Queens Avenue Surgery

## 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 Queens Avenue Surgery on 15 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed in the majority of areas.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

- The practice employed a carer support worker in order to support carers in the patient population. The carer support worker helped carers to book and chase up appointments and referrals, provided guidance,

# Summary of findings

organised social events and signposted carers to other support services available. The practice had identified about 2% of the practice list as carers and was working towards identifying more carers

- The practice had a large population of older patients and particular responsibility for 15 local nursing and residential care homes. 13.3% of the patient list were aged over 75 years. This was higher than the clinical commissioning group (CCG) average of 11.4% and significantly higher than the national average of 7.8%. In response to this challenge, the practice had employed a GP for 2½ sessions per week to provide care for patients aged over 75 years. This specialist GP visited patients in nursing and residential homes, both in response to urgent problems and also for regular reviews.
- The leadership at the practice had responded to rising patient list size by implementing plans to increase the number of GP and nurses sessions it offered. This was funded by the practice. The impact on patients was that there were always sufficient appointments available to meet patient demand. 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

- The practice provided training and support for a member of staff to become a dementia champion whose role was to provide advice, support and signposting to patients experiencing dementia, and their families. The dementia champion also helped to train and advise other staff on issues relating to dementia. The impact on patients with dementia was a greater awareness amongst all staff at the practice, easier communication and earlier diagnosis and treatment as a result.

However, there were areas of practice where the provider should make improvements.

Importantly, the provider should;

Ensure a robust system for actioning Medicines and Healthcare products Regulatory Agency (MHRA) alerts from Public Health England. For example, searches to check for any updates on patient safety alerts or medicine alerts.

## **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 requires improvement for providing safe services. The majority of areas in this domain were safe and met current practice. For example;

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had an efficient system of maintaining a running log of safeguarding concerns for both children and vulnerable adults. This was updated and actioned on a regular basis. It was formally discussed at regular monthly significant event meetings. All staff had been trained in its use. GPs at the practice provided presentations and coaching on safeguarding issues such as the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS) at a local bi-monthly forum.
- The practice had not ensured that a robust system was in place for actioning Medicines and Healthcare products Regulatory Agency (MHRA) alerts from Public Health England. For example, searches to check for any updates on patient safety alerts or medicine alerts. When this was brought to the attention of the practice manager, action was taken and a new protocol was introduced by the end of the inspection.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Good



# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice employed a carer support worker in order to support carers in the patient population. The carer support worker helped carers to book and chase up appointments and referrals, provided guidance and advice and signposted carers to other support services available.
- The practice had systems in place to identify military veterans and ensure their priority access to secondary care in line with the national Armed Forces Covenant. The practice had identified 11 military veterans to date.

Good



## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- There are innovative approaches to providing integrated patient-centred care.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example,
- Patients can access appointments and services in a way and at a time that suits them. For example,
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



# Summary of findings

- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

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

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice employed a carer support worker in order to support carers in the patient population. The carer support worker helped carers to book and chase up appointments and referrals, provided guidance, organised social events such as cream teas and signposted carers to other support services available.
- The practice had a large population of older patients and particular responsibility for 15 local nursing and residential care homes. 13.3% of the patient list were aged over 75 years. This was higher than the clinical commissioning group (CCG) average of 11.4% and significantly higher than the national average of 7.8%. In response to this challenge, the practice has employed a GP for 2½ sessions per week to provide care for patients aged over 75 years. This specialist GP visits patients in nursing and residential homes, both in response to urgent problems and also for regular reviews.

### People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 81% which was better than the CCG average of 79% and the national average of 78%.

# Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients with hypertension were encouraged to use home blood pressure monitoring using a recording sheet and to email the results back to their GP, then contacting the surgery three days later to determine any change in treatment required. This avoided unnecessary appointments for the patient and gave patients greater control over their health condition and treatment.

## Families, children and young people

**Good**



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

- Six-week postnatal checks were carried out by the patient's own GP to ensure continuity of care. Weekly development check clinics were held in the practice by the health visitor. A midwife attended once weekly for an antenatal clinic.
- There was a child-friendly version of the practice complaints procedure. This was suggested as part of a CCG safeguarding audit and was created by the practice. It had been shared with Dorset Advocacy and was available on the practice website.
- One of the GPs was the GP responsible for a local children's home. All children at this home were registered with this GP. The practice reviewed all looked after children at monthly significant event review meetings.
- A search to highlight children who had failed to attend two consecutive appointments was carried out every two months by a practice receptionist. This was instigated at a significant event meeting as part of safeguarding procedures. The list of children was circulated to the GPs for follow-up if necessary.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who



# Summary of findings

were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82%, which was comparable with the CCG average of 82% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

Good



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

- Patients were encouraged to use Patient Access for on-line services which were currently being expanded. As of 2 June 2016, 1592 patients were registered for online access which represented 21% of the practice population. Alongside the electronic prescription service, this provided working age people the opportunity to request their prescriptions out of hours and to collect directly from the pharmacy of their choice at a time to suit them without the need to attend the surgery.
- NHS health checks were offered in-house to all eligible patients.
- Close proximity to Dorset County Hospital enabled the practice to provide a twice daily sample collection service. As a result, the practice had a policy of doing tests on the day of presentation rather than bringing patients back. In addition, there was always a nurse session timetabled at the same time as any GP session. This made it convenient for patients who required any urgent blood tests, examinations and ECGs to be done at the same time to avoid patients having to return for a separate appointment.

# Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- promotion material available through the practice.
- The practice offered extended hours on Saturday mornings from 8.30am to 12 noon aimed at working people who could not access the service in person during the week.
- The practice had systems in place to identify military veterans and ensure their priority access to secondary care in line with the national Armed Forces Covenant. The practice had identified 11 military veterans to date.

## People whose circumstances may make them vulnerable

Good



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

- The practice used a computer alert to identify the record of any patient who might be homeless or a traveller or have learning disabilities. The practice currently had 36 patients with Learning Disabilities and three homeless patients on their patient list.
- Practice GPs offered a methadone prescribing service in consultation with the local Community Alcohol and Drug support service. All patients for whom methadone or similar medicines were prescribed were required to sign a contract with the drug or alcohol advisory service in order to avoid confusion if unusual requests were made.
- Patients with alcohol problems were referred to a range of local services including Alcoholics Anonymous and other support such as counselling services.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

# Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

Good



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

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 87% which was better than the CCG average of 84% and the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented, in the preceding 12 months was 94% which was better than the CCG average of 92% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice was working towards accreditation as a Dementia Friendly practice. The practice provided training and support for a member of staff to become a dementia champion whose role was to provide advice, support and signposting to patients experiencing dementia, and their families. The dementia champion also helped to train and advise other staff on issues relating to dementia.

# Summary of findings

- The practice employed a specialist GP for 2½ sessions per week to provide care for patients aged over 75 years. This specialist GP visited patients in nursing and residential homes, both in response to urgent problems and also for regular reviews such as dementia care plan reviews.
- Patients with a history of recurrent overdose had their medicines interval reduced to one week in order to limit their risk.
- The practice was located very close to the local community mental health team residential unit. Patients resident within this unit were all registered at the practice. Practice GPs liaised with the unit's consultant psychiatrist in order to improve monitoring of the physical health of these patients. Data documented by the nurses at the residential unit such as blood pressure readings and blood test results were regularly sent to the practice.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 236 survey forms were distributed and 129 were returned. This represented about 1.7% of the practice's patient list. Results from the survey showed;

- 96% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 97% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 96% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received. Patients had written about the efficient, respectful and helpful nurses, the pleasant receptionists with their 'can do' attitude, the clean environment and the 'unfailing professionalism' and dedication of the GPs.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results from the January – April 2016 friends and family test survey showed that 98% of patients were likely or very likely to recommend the practice.

## Areas for improvement

### Action the service **SHOULD** take to improve

Ensure a robust system for actioning Medicines and Healthcare products Regulatory Agency (MHRA) alerts from Public Health England. For example, searches to check for any updates on patient safety alerts or

medicine alerts. When this was brought to the attention of the practice manager, action was taken and a new protocol was introduced to ensure alerts were routinely received.

## Outstanding practice

- The practice employed a carer support worker in order to support carers in the patient population. The carer support worker helped carers to book and chase up appointments and referrals, provided guidance, organised social events and signposted carers to other support services available. 2% of the practice list had been identified as carers and the practice was working towards identifying more carers.
- The practice had a large population of older patients and particular responsibility for 15 local nursing and residential care homes. 13.3% of the patient list were aged over 75 years. This was higher than the clinical

commissioning group (CCG) average of 11.4% and significantly higher than the national average of 7.8%. In response to this challenge, the practice had employed a GP for 2½ sessions per week to provide care for patients aged over 75 years. This specialist GP visited patients in nursing and residential homes, both in response to urgent problems and also for regular reviews.

- The leadership at the practice had responded to rising patient list size by implementing plans to increase the number of GP and nurses sessions it offered. This was funded by the practice. The impact on patients was that there were always sufficient

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appointments available to meet patient demand. 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

- The practice provided training and support for a member of staff to become a dementia champion whose role was to provide advice, support and

signposting to patients experiencing dementia, and their families. The dementia champion also helped to train and advise other staff on issues relating to dementia. The impact on patients with dementia was a greater awareness amongst all staff at the practice, easier communication and earlier diagnosis and treatment as a result.

# Queens Avenue Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to Queens Avenue Surgery

Queens Avenue Surgery was inspected on 15 June 2016. This was a comprehensive inspection.

The main practice is situated in the town of Dorchester, Dorset. The area is identified as being in the ninth decile of the deprivation index, with one being the most deprived and ten being the least deprived. This indicates Dorchester is an affluent area compared to the national average. Census information shows that approximately 96% of the population identify their ethnicity as white British. The practice provides a primary medical service to 7,450 patients. The practice is a training practice and has one GP registrar.

There is a team of six GPs partners and one salaried GP, two are female and five are male. Some worked part time and some full time. The whole time equivalent was 3.75. Partners hold managerial and financial responsibility for running the business. The team are supported by a practice manager, a nurse prescriber, three practice nurses, one health care assistant and additional administration staff.

Patients using the practice also have access to community nurses who are based at the practice. Other professionals who visit the practice on a regular basis included health visitors, physiotherapy, dieticians, specialist diabetic nurse.

The practice is open between the NHS contracted opening hours 8am until 6.30pm Monday to Friday. Appointments are offered anytime within these hours. Extended hours surgeries are offered at the following times; 8.30am to 12 noon on a Saturday for nurse and GP appointments.

Outside of these times patients are directed to contact the out of hour's service by using the NHS 111 number.

The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

The practice has a General Medical Services (GMS) contract with NHS England.

The practice provides regulated activities from 14 Queens Avenue, Dorchester, Dorset, DT1 2EW. We visited this location during our inspection.

## Why we carried out this inspection

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

# Detailed findings

## 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 15 June 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing and administrative staff and spoke with four patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed 14 comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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



# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a serious adverse incident had occurred where a patient had received treatment from paramedics at their home. The practice had not been informed that their patient had been treated. Shared learning took place between the practice and South West Ambulance Trust and systems were being reviewed to avoid a reoccurrence in the future.

Another incident had occurred where there had been an uncoordinated approach for the electronic transfer of patient records from a practice which had closed. Queens Avenue Surgery reported the incident to the clinical commissioning group (CCG) and NHS England to investigate this and attempt to prevent future occurrences of this type of incident.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The practice kept a running log of safeguarding concerns which were discussed on a frequent basis and formally on a bi-monthly multi-disciplinary meeting. The nurses and administration staff had all received safeguarding training appropriate to their roles.
- All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence from the November 2015 audit that action was taken to address any improvements identified as a result. For example, the audit had identified that there was currently no policy in place on staff exclusion from work due to infection issues. This omission had been rectified.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best

## Are services safe?

practice guidelines for safe prescribing. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Nurses were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

There were also areas where improvements were required;

- The system for actioning Medicines and Healthcare products Regulatory Agency (MHRA) alerts from Public Health England was not formalised. For example, systems to check for any updates on patient safety alerts or medicine alerts were not fully in place. When this was brought to the attention of the practice manager, action was taken and a new protocol was introduced to ensure alerts were routinely received.
- A notice in the waiting room advised patients that chaperones were available if required. However, we found that not all treatment rooms had a chaperone sign displayed. When this was brought to the attention of the practice manager, it was rectified by the end of the inspection.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

### Arrangements to deal with emergencies and major incidents

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

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-16 showed:

- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 12 months, was 97% which was in line with the CCG average of 97% and higher than the national average of 94%.
- The percentage of patients with mental health issues, on the register, who had a comprehensive, agreed care plan documented in the preceding 12 months, was 94% which was higher than the CCG average of 92% and the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been 15 clinical audits completed in the last two years, eight of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

- Findings were used by the practice to improve services. For example, recent action taken following a medicine audit on mefenamic acid prescriptions (an anti-inflammatory painkiller) included reviewing all patients receiving this medicine. Actions taken included reduction in dosages if appropriate and a reduction in the average dosage overall in line with current guidance.
- A completed audit on the resuscitation status of patients in residential care and nursing homes had identified that DNAR forms (do not attempt resuscitation) had not always been scanned into patient notes or discussed with the patient or next of kin. Actions taken had rectified this and future audits were planned.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

# Are services effective?

(for example, treatment is effective)

## Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

## Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

- The process for seeking consent was monitored through patient records audits.

## Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet. Patients requiring advice on smoking and alcohol cessation were signposted to the relevant service.
- A dietician was available on the premises once a month.
- The practice's uptake for the cervical screening programme was 82%, which was comparable with the CCG average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 98% (CCG average range of 90% to 97%) and for five year olds from 92% to 96% (CCG average range of 91% to 97%).

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. However, these rooms did not have locks which meant they could not be secured when a patient was undressed. The practice manager told us that this would be addressed.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 93% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 97% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

The practice carried out its own annual patient survey, most recently in June 2015. There had been 124 respondents. An analysis of results showed that 98% of patients would recommend the practice to others.

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

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

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

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 96% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

## Are services caring?

- The practice had a portable hearing aid induction loop to help communication with patients who were hard of hearing.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice employed a carer support worker for two days a week. This member of staff dedicated time to make phone calls to patients, organise social events such as cream tea parties for carers and signpost carers to support services. They also maintained carer's information packs which were available in the waiting room.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified about 2% of the practice list as carers and was working towards identifying more carers through patient contact. For example, a section of the notice board was dedicated to information for carers. Written information was available to direct carers to the various avenues of support available to them.

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

The practice had systems in place to identify military veterans and ensure their priority access to secondary care in line with the national Armed Forces Covenant. The practice had identified 11 military veterans to date.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice employed a carer support worker in order to support carers in the patient population. The carer support worker helped carers to book and chase up appointments and referrals, provided guidance, organised social events and signposted carers to other support services available.
- The practice had a large population of older patients and particular responsibility for 15 local nursing and residential care homes. 13.3% of the patient list were aged over 75 years. This was higher than the clinical commissioning group (CCG) average of 11.4% and significantly higher than the national average of 7.8%. In response to this challenge, the practice had employed a GP for 2½ sessions per week to provide care for patients aged over 75 years. This specialist GP visited patients in nursing and residential homes, both in response to urgent problems and also for regular reviews.
- The leadership at the practice had responded to rising patient list size by implementing plans to increase the number of GP and nurses sessions it offered. This was funded by the practice. The impact on patients was that there were always sufficient appointments available to meet patient demand.
- The practice provided training and support for a member of staff to become a dementia champion whose role was to provide advice, support and signposting to patients experiencing dementia, and their families. The dementia champion also helped to train and advise other staff on issues relating to dementia.
- The practice offered a Saturday morning surgery from 8.30am until 12 noon aimed at working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.

- Same day appointments were available for children and those patients with medical problems who required same day consultations.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately, such as rabies injections.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had level access and automatic opening entrance doors, together with treatment rooms on the ground floor. The practice had a lift to assist patients to access the first and second floors.

### Access to the service

The practice was open between the NHS contracted opening hours of 8am and 6.30pm Monday to Friday. Appointments were offered anytime within these hours. Extended hours surgeries were offered at the following times, 8.30am to 12 noon on a Saturday for nurse and GP appointments.

In addition to pre-bookable appointments that could be booked up to two months in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 93% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 96% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

### Listening and learning from concerns and complaints

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

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

# Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system, including a poster, leaflets and advice on the practice website.

We looked at three complaints received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way with transparency. Lessons were learnt from individual concerns and complaints and

also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient who complained about the length of time their diagnosis had taken had been seen by the practice manager and their GP. Their issues had been discussed at length and resolved. The patient had been satisfied with the outcome of their complaint.



# 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. This was displayed on noticeboards and on the practice website in the patient charter, which set out the responsibilities of the practice and its commitment to high quality patient care.

- The practice had a patient's charter which was displayed in the waiting areas and on the website and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team social events were held every six months. The practice also organised staff sporting groups like QUACC (Queens Avenue Cycling Club).
- 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, for example, through an annual patient survey, most recently in June 2015. There had been 124 respondents. An analysis of results showed that 98% of patients would recommend the practice to others.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had suggested that they attend the regional CCG PPG events and feed back the updates to the practice. This had been implemented.

# Are services well-led?

Good 

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

- In response to PPG feedback, the practice had been working toward the NHS Accessible Information Standard since 2015 to identify how they currently met the standard and what reasonable adjustments were needed to make to comply by July 2016. This standard aimed to meet the needs of patients using the service who had a disability, impairment or sensory loss.
- The practice had gathered feedback from staff through staff events and generally 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 management. For example, staff had suggested that the number of administration staff needed to be increased due to an increasing workload from the rising number of patients. The practice had responded to this by employing an

additional member of administration staff. This had attracted positive feedback from staff. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the introduction of medical emergency procedure flowcharts on display for all staff to support patients in the event of an emergency. The practice had introduced new systems for dealing with urine results and needle stick injuries as a result of shared learning. One of the GPs was a locality lead for the CCG who was working with other practices in setting up a new health hub in Dorchester to improve services for patients. The practice was a training practice with one GP registrar.