Highcliffe Medical Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Highcliffe Medical Centre on 22 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The majority of risks to patients were assessed and well managed. However, we found an area of infection control involving the use of shower trays which should be addressed by the practice.
- 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.
- The practice liaised closely with a carer's champion employed by a registered charity who signposted carers to relevant services and advice. The equivalent of 4% of the patient list were identified as carers. The carers champion had also successfully developed and ran a male carers group, which had the positive impact of reducing social isolation and providing relevant support for approximately 30 male carers.
- 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.

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.

We saw one area of outstanding practice:

The practice succeeded in reducing the number of unplanned hospital admissions through the employment of an outreach nursing team which proactively supported patients aged over 75 years by carrying out frequent home visits, advanced care planning and regular reviews.

The areas where the provider should make improvement are:

The provider should review processes and risk assessments for infection control in regard of the usage and cleaning of shower trays for the treatment of leg ulcers, in line with current practice.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- When risks were identified, action was taken. For example, the practice had introduced regular hand washing audits as a result of infection control risk assessments.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

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

Are services caring?

Good

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.

Summary of findings

- 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 liaised closely with a carer's champion employed by a registered charity. The carer's champion provided signposting to relevant services and advice to the carers registered at the practice, the equivalent of 4% of the patient list were identified as carers. The carers champion had also successfully developed and ran a male carers group, which had the positive impact of reducing social isolation and providing relevant support for approximately 30 male carers.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- 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 policy had been reviewed in December 2015.

Are services well-led?

Good

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.

Summary of findings

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

Summary of findings

The six population groups and what we found

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

Older people

Outstanding ☆

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

- The practice employed an outreach nursing team which supported the 26% of practice patients who were aged over 75 years with over 2,900 home visits in the last 12 months. The team comprised of two nurses and a health care assistant. On a daily basis the outreach team looked at the list of patients who phoned up for same day appointments and if the patient was aged over 75 years they contacted them about the need to do a home visits and also carried out advanced care planning, routine annual home visits and followed up on all hospital discharges.
- The practice liaised closely with a carer's champion employed by a registered charity. The carer's champion provided signposting to relevant services and advice to the carers registered at the practice, the equivalent of 4% of the patient list were identified as carers. The carers champion had also successfully developed and ran a male carers group, which had the positive impact of reducing social isolation and providing relevant support for approximately 30 male carers.
- 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.

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 IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months, was 80% which was higher than the national average of 77%.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Monthly Saturday morning opening from 8.30am until 12 noon included a children's immunisation clinic, together with a cervical smear clinic. This was intended to support working parents and those who found it difficult to attend the practice during the week.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 90% which was higher than 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).

- 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.

Summary of findings

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 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.
- 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
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 237 survey forms were distributed and 142 were returned. This represented 1.4% of the practice's patient list. Responses from the patient survey showed;

- 76% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 85% 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%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 74% 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 24 comment cards which were all positive about the standard of care received. Patients had written positive comments about the professional attitude of the GPs and nurses, the friendly receptionists and the clean and hygienic environment at the practice.

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 friends and family test in July 2016 showed that 90% of the 42 patients surveyed would recommend the practice to their friends and family.

Areas for improvement

Action the service SHOULD take to improve

The provider should review processes and risk assessments for infection control in regard of the usage and cleaning of shower trays for the treatment of leg ulcers, in line with current practice.

Outstanding practice

The practice had succeeded in reducing the number of unplanned hospital admissions through the employment of an outreach nursing team which proactively supported patients aged over 75 years by carrying out frequent home visits, advanced care planning and regular reviews.

Highcliffe Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Highcliffe Medical Centre

Highcliffe Medical Practice was inspected on Monday 22 August 2016. This was a comprehensive inspection.

The main practice is situated in the Highcliffe suburb of Christchurch. This area is rated as 10 on the deprivation decile, with one being the most deprived and 10 being the least deprived. This means that the area is among the most affluent nationally. The 2011 census shows that 97% of the population identify themselves as being white British.

The practice provides a primary medical service to 10,409 patients. 26% of the practice population are aged over 75 years which is higher than the national average of 7.8% and the clinical commissioning group average of 11%. The practice is a teaching practice for medical students and is also a training practice. This enables it to support GP trainees and medical students. The practice currently has one GP registrar, and has had 12 medical students working at the practice over the last eight weeks.

There is a team of five GPs partners and four salaried GPs, five female and four male. Some work part time and some full time. The whole time equivalent is 6.2 GPs. Partners hold managerial and financial responsibility for running the business. The team are supported by a practice manager, one nurse prescriber, an advanced paramedic, six practice nurses, three health care assistants, and additional administration staff.

Patients using the practice also have access to community nurses who are based at the practice. There is an independent pharmacy co-located at the practice. The practice also rents out space to other healthcare professionals such as physiotherapists, aromatherapists and chiropodists.

The practice is open between the NHS contracted opening hours 8am and 6.30pm Monday to Friday. Appointments are offered anytime within these hours. Extended hours surgeries are offered every evening from 6.30pm until 7.30pm, together with the first Saturday in every month from 8.30am until 12 noon.

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 have a Personal Medical Services (PMS) contract with NHS England.

The practice provides regulated activities from a single location at 248 Lymington Road, Highcliffe, Christchurch, Dorset BH23 5ET. 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.

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 22 August 2016. During our visit we:

- Spoke with a range of staff including four GPs, six 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 24 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.

Good

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, an incident occurred in the final stages of the building extension which the practice had recently completed. Builders undertaking the work had inadvertently switched off two vaccine medicine refrigerators whilst night working. The practice staff were alerted to this by their temperature monitoring systems when they arrived at work the following morning. Staff found that the temperature within the refrigerators had spiked at 18c for a period of four hours. The practice sought advice from the local medical council and from the clinical commissioning group about whether the incident had damaged the integrity of the vaccines. The practice ascertained that the risk was too high and took the decision to re-stock with new vaccines within one day. The practice had held a debriefing sessions where shared learning took place. This included providing a more thorough briefing for future contractors, protecting the electrical sockets to make them inaccessible and ensuring refrigerator temperatures were checked twice a day.

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. Nurses had also been trained to a level appropriate to their role.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. 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 on a six monthly basis. The most recent one was July 2016. We saw evidence that action was taken to address any improvements identified as a result. For example, the new extension contained two new consultation rooms which had been furnished with tough vinyl flooring and modern equipment in line with the findings of previous infection control audits.
- We noted one of the new fittings included a shower and shower tray to wash patient's limbs after leg ulcer treatments; however, this had not been risk assessed. Practice nurses told us that the shower tray was cleaned

in between each patient treatment to reduce the risk of cross infection. The practice should review their infection control risk assessment so it includes the use shower trays as part of leg ulcer treatment.

- 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). We found that the built in thermometers in vaccine fridges were not in use as they had not been set. The practice instead used battery operated thermometers to monitor fridge temperatures. The practice rectified this by the end of our inspection.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. 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. Health Care Assistants 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.

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 oxygen cylinder had a label which dated the last service as being in 2009. Records showed that this piece of equipment had been serviced in March 2016. The practice rectified this by the end of our inspection.
- 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.

Good

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 97.1% of the total number of points available with an exception reporting rate of 3%.

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

- The percentage of patients with diabetes, on the register, who have had influenza immunisations in the last 12 months was 100% which was better than the CCG average of 97% and the national average of 94%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 96% which was better than the CCG average of 92% and the national average of 98%.

There was evidence of quality improvement including clinical audit.

- There had been 12 clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored. We saw evidence of a proton pump inhibitor (used for stomach ulcers) audit. Over 100 patients had been involved. The positive outcomes of the audit had been that 15% of these patients were able to reduce their dosage of prescribed medicines which meant less side effects for those patients.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a completed audit on a medicine used to treat a variety of infections (cephalosporin / quinolone co-amoxicilav) had resulted in the positive impact upon 12 patients of being able to change to alternative medicines which reduced their risk of contracting clostridium difficile.

Information about patients' outcomes was used to make improvements such as an audit on two week wait referrals designed to meet standards for best practice had identified two patients who had not been seen within the two week period. One of these was due to a hospital administration error and the other was due to a failure of the practice not having a failsafe process. The practice conducted shared learning as a result of this audit within the practice and with the hospital in order to avoid a reoccurrence.

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.

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, smoking and alcohol cessation via Living Well Dorset which was a charity organisation and a useful primary single point of contact for patients. GPs could refer patients to this service and patients could self-refer as well.

The practice's uptake for the cervical screening programme was 90%, which was higher than the CCG average of 84% 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 94% to 98% and five year olds from 92% to 100%. CCG averages were 93% to 97% and 91% to 97% respectively.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 24 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 two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey 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:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 97% 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%.
- 89% 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%.
- 90% 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%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey 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:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 85% 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%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

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

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 383 patients as carers which was 4% of the practice list and higher than the national average of 2%. Written information was available to direct carers to the various avenues of support available to them.

The practice liaised closely with a carer's champion employed by a registered charity. The carer's champion provided signposting to relevant services and advice to the carers registered at the practice. The carers champion had also successfully developed and ran a male carers group, which had the positive impact of reducing social isolation and providing relevant support for approximately 30 male carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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.

The practice had systems in place to identify military veterans and ensure they received appropriate support to cope emotionally with their experience in the service of their country in line with the national Armed Forces Covenant 2014.

Good

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 an outreach nursing team which supported the 26% of practice patients who were aged over 75 years with over 2,900 home visits in the last 12 months. The team comprised of two nurses and a health care assistant. On a daily basis the outreach team looked at the list of patients who phoned up for same day appointments and if the patient was aged over 75 years they contacted them about the need to do a home visits and also carried out advanced care planning, routine annual home visits and followed up on all hospital discharges.
- The practice had consulted with its patient participation group prior to agreeing its extended hours which were every evening from 6.30pm until 7.30pm, together with the first Saturday in every month from 8.30am until 12 noon.
- Monthly Saturday morning opening from 8.30am until 12 noon included a children's immunisation clinic, together with a cervical smear clinic. This was intended to support working parents and those who found it difficult to attend the practice during the week.
- 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 that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a registered yellow fever centre and had an isolation room available.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift large enough to accommodate wheelchairs and pushchairs to enable patients to access rooms on the first floor.
- The practice was working towards becoming a dementia friendly practice providing facilities such as the use of improved signage, the use of colours to differentiate objects and staff training.
- The practice was breast feeding friendly and could offer a spare room if required. Baby changing facilities were available in the waiting room area toilets. Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.

Access to the service

The practice was open between the NHS contracted opening hours 8am - 6.30pm Monday to Friday. Appointments can be offered anytime within these hours. Extended hours surgeries were offered every evening from 6.30pm until 7.30pm, together with the first Saturday in every month from 8.30am until 12 noon.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people 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.

- 74% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 76% 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.
- We saw that information was available to help patients understand the complaints system.

We looked at 22 complaints received in the last 12 months. The practice had also received seven accolades for

Good

Are services responsive to people's needs?

(for example, to feedback?)

outstanding care from patients during the same period. These complaints and accolades were shared with staff on a 1:1 basis and at team meetings if appropriate to enable shared learning to take place and as a recognition of hard work staff provided.

We found that complaints had been satisfactorily handled and dealt with in a timely way. 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's complaint about their confusion over the practice telephone system had been successfully resolved as the practice had adapted their telephone message to make it quicker to get through to the relevant department.

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 in their business plan but was not currently on display to staff and patients. This was rectified by the end of the inspection. Staff we spoke with 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.
- 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. The practice had undertaken major building works over the two years and as a result no away days had taken place during this time. The practice manager told us they were planning to hold an away day within the next six months.
- 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 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 two receptionists should always be on duty at the front desk. The practice had implemented this in the design of the new reception area. There were now two reception staff on duty at the front desk.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings,

Are services well-led?

Good

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

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, receptionists had reported that when the new reception desk had recently opened the staff said that they felt vulnerable on the side where patients were sitting. The practice had put protective glass on this side as requested. Staff told us they were happy with this outcome. 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. The practice carried out what they called lunch and learn sessions on a monthly basis. Evidence showed these training sessions had taken place on the Mental Capacity Act awareness (MCA), dementia awareness and safeguarding.

GPs at the practice kept up to date with the latest developments in medicine through their continuous professional development. One of the senior partners was also a medical student teacher and research supervisor in the Department of Primary Care for the University of Southampton. Another GP also worked with Royal Bournemouth Hospital acute medical service, forging strong links with the hospital teams.

The practice was aware of future challenges and was working collaboratively with eight neighbouring practices in its locality on federating to provide an effective service to the 60,000 patients in this area.