

# The Wellbridge Practice

## 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 The Wellbridge Practice on 9 January 2017. 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.
- Staff assessed patients' needs and delivered care in line with current evidence-based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.
- 90% of patients said they could get through easily to the practice by phone (national average 73%).
- The practice worked closely with a volunteer car service. The service transported patients who could not attend to the practice and the local hospital, and collected prescriptions from the practice dispensary.
- The practice participated in a social prescribing scheme to support patients who attend their GP surgery but did not necessarily require medical care. Social prescribing supported patients with issues such

# Summary of findings

as social isolation and coping with caring responsibilities, to connect to services and groups that could help improve their wellbeing and meet their wider needs.

- Staff had lead roles that improved outcomes for patients such as a carer's lead.
- 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.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice hosted a talking therapy service for patients who had experienced bereavement, were carers, or were experiencing mental health issues. The service was funded by the local clinical commissioning group (CCG) and was available on referral.

We saw one area of outstanding practice:

- There were several examples of the practice proactively working with its patient participation

group (PPG) to make changes to the practice management team. These suggestions had been acted upon and as well as this, the group had raised awareness to patients about practice services. The practice and PPG set up a support group for patients who had experienced bereavement. A member of practice staff who was a trained CRUSE bereavement counsellor facilitated the sessions. Each session was attended by an average of six patients and the group met weekly for a total of eight weeks. The practice and PPG also established monthly 'Health Education Evenings', for hard to engage patients. Invited health care professionals focused on issues such as exercising, smoking cessation and diabetes management. The education evenings attracted around 30 patients.

We saw one area where the provider should make improvement:

- The provider should continue to make efforts to identify a greater proportion of carers from its patient list, to better support the population it serves.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



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

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework for April 2015 to March 2016 showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- We saw a programme of clinical audits that included improvements for patient care. It is important that the practice continue its work to conduct clinical audits and continue to embed these into its processes so that improvements made are implemented and monitored.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey (July 2016) showed patients rated the practice as comparable with other local practices for several aspects of care.

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- 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 had identified patients who were carers and alerted them whenever a local carers group met. A member of staff acted as a carer's lead. The carer's lead had a direct link with the local care forum and referred suitable patients for specialised advice and guidance.
- The practice set up a support group for patients who had experienced bereavement.
- Vulnerable patients who did not attend their scheduled appointments were contacted by a practice nurse, to check their welfare.

## Are services responsive to people's needs?

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 (CCG) to secure improvements to services where these were identified. For example, a practice GP was clinical chair of the CCG's Planned Specialist Care Clinical Delivery Group. Clinical Delivery Groups were formed to deliver and oversee the implementation of new ways of care.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with regular appointments available the same day.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of patient feedback.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- The practice worked with other health professionals to minimise unnecessary hospital admissions.
- Patients were able to access the practice in ways to suit their needs. For example:
  - Patients could access the practice by telephone, and face-to-face.

**Good**



# Summary of findings

- The practice sent text reminders for appointments.
- Telephone appointments were offered where appropriate, as an alternative to face-to-face consultations.
- The practice offered extended morning and evening appointments during the week with a GP, and a nurse appointment on one evening a week for cervical screening tests.
- The practice purchased equipment to improve patient care, such as an ultrasound machine. The ultrasound machine was used (for example) to guide injections into joints, and diagnose and detect such medical issues as torn muscles and blood clots in the leg.
- Patients could access a monitor to record their own blood pressure. A blood pressure monitor was located in a room next to the reception area.
- The practice increased the length of individual appointment times for patients with complex medical conditions.
- The practice hosted a talking therapy service for patients who had experienced bereavement, were carers, or were experiencing mental health issues. The service was funded by the local clinical commissioning group (CCG) and was available on referral.
- The practice initiated the use of a recognised clinical measure of fitness and frailty in older patients to assess their health needs.
- The practice identified patients at risk of developing diabetes and implemented changes that could help to delay or prevent the progression of this health condition.
- The practice offered International Normalised Ratio testing (INR). INR tests monitor the use of a medicine used to reduce the risks of blood clots and strokes.
- The practice was proactive in helping patients manage existing health conditions and promote healthy living. For example:
  - The practice provided 'Health Education Evenings', for hard to engage patients. The sessions focused on such issues as exercising, smoking cessation and diabetes management.
  - The practice referred patients to local community health improvement schemes, such as LiveWell Dorset. LiveWell Dorset is a service providing information, guidance and support to help people stop smoking, lose weight, drink less and become more active.

## Are services well-led?

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

**Good**



# Summary of findings

- 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 provider encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- Older patients with complex care needs or those at risk of hospital admissions had personalised care plans which were shared with local organisations to facilitate continuity of care.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- A carer's lead worked closely with district nurses, occupational therapists and social services agencies to avoid unplanned hospital admissions for older patients.
- The practice initiated the use of a recognised clinical measure of fitness and frailty in older patients to assess their health needs.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management, such as in diabetes care and patients at risk of hospital admission were identified as a priority.
- Performance for patients with long-term conditions compared with national averages. For example, 75% of patients with asthma, on the register, had had an asthma review in the preceding 12 months, compared to the national average of 76%. The review included three patient-focused outcomes that act as a further prompt to review treatment.
- 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.
- The practice routinely offered longer appointments for patients with complex medical needs.
- The practice identified patients at risk of developing diabetes and implemented changes that could help to delay or prevent the progression of this health condition.



# Summary of findings

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients 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 assessed the capability of young patients using Gillick competencies. These competencies were an accepted means to determine whether a child was mature enough to make decisions for themselves.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding five years was 82%, which was comparable to the national average of 81%.
- 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)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours morning and evening appointments with a GP, as well as extended hours evening appointments with a nurse for cervical screening tests.
- Patients were able to book appointments and order repeat prescriptions online.
- The practice offered text reminders for appointments.
- Telephone appointments were offered where appropriate, as an alternative to face-to-face consultations.

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## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including 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.
- The practice was proactive in ensuring that vulnerable patients who did not attend their scheduled appointments were contacted by the practice nurse, assessed and if necessary, booked for a same day appointment at the practice.

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

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

Good



- 83% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which compared with both the clinical commissioning group (CCG) average of 86% and national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their records in the preceding 12 months was 83%, which was slightly below the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.

# Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The latest national GP patient survey results were published in July 2016. The results showed the practice performance generally exceeded national averages. For the survey 217 survey forms were distributed and 115 were returned, representing around 2% of the practice's patient list. Results from the survey showed;

- 90% of patients found it easy to get through to the practice by telephone compared with 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 with the national average of 76%.
- 90% of patients described the overall experience of their GP practice as good compared with the national average of 85%.
- 83% of patients said they would recommend their GP practice to someone who has just moved to the local area, compared with the national average of 80%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by

patients prior to our visit. We reviewed the 11 comment cards we had received which were largely positive about the service experienced. Patients described GPs and reception staff as being caring and respectful, and taking the time to listen to their concerns. Patients told us they were given advice about their care and treatment which they understood and which met their needs. One patient described the GPs as unwilling to listen to their concerns. When we spoke to the practice, they told us that they would contact the patient and discuss the issue. We spoke with six patients during the inspection who told us they were happy with the care they received and thought staff were approachable, committed and caring.

We looked at the latest submitted NHS Friends and Family Test results, where patients were asked if they would recommend the practice. The practice submitted data in 2016 which showed that 464 of 558 respondents (83%) would recommend the practice to family and friends, and 51 of 558 respondents (9%) would not recommend the practice.

## Areas for improvement

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

We saw one area where the provider should make improvement:

- The provider should continue to make efforts to identify a greater proportion of carers from its patient list, to better support the population it serves.

## Outstanding practice

We saw one area of outstanding practice:

- There were several examples of the practice proactively working with its patient participation group (PPG) to make changes to the practice management team. These suggestions had been acted upon and as well as this, the group had raised awareness to patients about practice services. The practice and PPG set up a support group for patients who had experienced bereavement. A member of practice staff who was a trained CRUSE bereavement

counsellor facilitated the sessions. Each session was attended by an average of six patients and the group met weekly for a total of eight weeks. The practice and PPG also established monthly 'Health Education Evenings', for hard to engage patients. Invited health care professionals focused on issues such as exercising, smoking cessation and diabetes management. The education evenings attracted around 30 patients.

# The Wellbridge Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor.

## Background to The Wellbridge Practice

The Wellbridge Practice is located in Wool which is close to Wareham, a market town in the county of Dorset. The practice has occupied its current, purpose-built facility since 2006 and is arranged over two floors. There are seven GP consulting rooms on the ground floor along with rooms for nurse treatment, phlebotomy and minor operations. A general office is also on the ground floor and situated away from the front reception desk. A library and administration offices are located on the first floor, as well as rooms for health visitors, district nurses and psychological counsellors. The first floor can be accessed by stairs or a lift, and the premises are fully accessible for disabled users.

The Wellbridge Practice is one of 97 GP practices in the NHS Dorset Clinical Commissioning Group (CCG) area. The practice has around 6,290 registered patients, most of whom live within a two to three mile radius of the practice. The practice patient populations do not align with the England average for some age groups, thus giving an indication of the area's demography. These deviations are most noticeable for the 65 to 69 age group, which is well above the England average; and the 25 to 29 age group, which is well below the England average.

96% of the practice population describes itself as white British, and around 4% as having a Black, Asian and Minority Ethnic background. A measure of deprivation in

the local area recorded a score of 8, on a scale of 1-10. A higher score indicates a less deprived area. (Note: an area itself is not deprived, it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and not all deprived people live in deprived areas). Most of the practice patients live within a two to three mile radius of the location.

The practice team consists of three GP partners (two male, one female) and three salaried GPs (two female, one male). The nursing team consists of one lead nurse and a practice nurse. There are two health care assistants (HCAs). The clinicians are supported by a practice manager, and teams of receptionists, administrators and secretaries. The practice has a Personal Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice).

The practice is open from 8.30am to 1pm and from 2pm to 6.30pm, Monday to Thursday. On Friday the practice is open from 8.30am to 12.30 pm and from 2.30pm to 6.30pm. Routine GP appointments are available from 8.30am to 11.40am and from 4pm to 5.50pm, Monday to Friday. A duty doctor is available between 8am and 8.30am, Monday to Friday.

The practice provides extended hours appointments with a GP from 7am to 7.45am on two mornings per week, and from 6.30pm to 7.15pm on two evenings per week. The practice also offers a later evening cervical screening clinic on one evening every fortnight (a cervical screening test is a method of screening women for the earliest signs of cancer of the neck, or cervix, of the womb). All appointments can be pre-booked up to four weeks in advance.

The Wellbridge Practice has a dispensary and a member of the dispensary team is available from 8.30am to 1pm and from 2pm to 6.30pm, Monday to Thursday. On Friday, a

# Detailed findings

member of the dispensary team is available from 8.30am to 12.30pm and from 3.30pm to 6.30pm. The dispensary dispenses to 57% of patients, and only to those who live more than a mile from their nearest pharmacy.

The practice has opted out of providing Out Of Hours services to its own patients. Outside of normal practice hours, patients can access NHS 111, and an Out Of Hours GP service is available. Information about the Out Of Hours service was available on the practice website, on the front door, in the patient registration pack, and as an answerphone message.

The Wellbridge Practice provides regulated activities from its sole location at Meadow Lane, Wool, Wareham BH20 6DR.

## Why we carried out this inspection

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

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

We reviewed a range of information we hold about the practice in advance of the inspection and asked other organisations to share what they knew. We carried out an announced visit on 9 January 2017. During our visit we:

- Spoke with a range of staff including three GPs, one nurse, one dispenser, and three members of the administrative team. We also spoke with six patients who used the service.
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed 11 Care Quality Commission 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 were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the Care Quality Commission 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. Lessons were shared to make sure action was taken to improve safety in the practice. Discussions took place immediately following a significant event, at one of the regular clinical meetings, and information was cascaded to staff through circulated minutes. We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, a relative of a patient believed that they developed health complications because the GP the patient consulted delayed referring them for further treatment. The practice investigated the matter and held discussions with the district nursing sister. Among other outcomes, the practice reviewed its measures to ensure good clinical care for patients with complex needs, and how best to facilitate timely admissions to community hospitals.

### 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. Practice staff had designed a template to record any concerns they may have about a patient's welfare. The completed template was then referred to the GP safeguarding lead, and acted as an additional assurance process.

- All staff had received the appropriate safeguarding training. A GP was the lead member of staff for safeguarding adults and children. 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 adults relevant to their role. All GPs and nursing staff were trained to safeguarding level three and all non-clinical staff were trained to level two.
- A notice at the reception desk and in all the consulting rooms advised patients that chaperones were available if required. The practice had risk assessed its procedures and was in the process of ensuring that all staff who acted as chaperones had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A lead nurse was the infection control lead who liaised with the local infection prevention teams to keep up-to-date with current 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 that action was taken to address any improvements identified as a result.
- 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 clinical commissioning group (CCG) pharmacy teams, to ensure



## Are services safe?

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.

- 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.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- 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, and we saw evidence of this in a log book.
- 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.
- The practice used locum GPs due to holiday cover and sickness absences. We found that appropriate recruitment checks were in place.

### 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 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 that 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, fit for use 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.



# 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 91%, with 5% exception reporting overall. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The overall exception rate for the clinical commissioning group was 13% and nationally was 10%).

This practice was not an outlier for any other QOF (or other national) clinical targets. Data from 2015-2016 showed:

- The percentage of patients with diabetes, on the register, whose last blood pressure reading (measured in the preceding 12 months) was below at or below a high point of 140/80 mmHg was 74%. This compared with the clinical commissioning group (CCG) average of 79% and the national average of 78%.
- The percentage of patients with high blood pressure having regular blood pressure tests compared with local and national averages. For example, the percentage of patients with high blood pressure in whom the last blood pressure reading (measured in the preceding 12 months) was a satisfactory level was 79%, compared to the CCG average of 84% and national average of 83%.

- Performance for mental health related indicators was below local and national averages. For example, 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 83%, compared to the CCG average of 91% and national average of 89%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last year, two of which were completed second-cycle audits where the improvements made were implemented and monitored. The practice has recognised that more clinical audits need to be completed and the results of the original audits followed up as a 'second cycle'. To facilitate this, the practice has used the findings from significant events as a starting point to initiate audits, and a member of staff has been appointed to oversee and administer all audits, to ensure that these are completed as a matter of routine.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, the practice conducted an audit in October 2016 to identify patients on medicines used to treat rheumatoid arthritis, and whether those with repeat medicines had instructions on their prescription about the frequency of blood testing. The audit found that 46 patients were on rheumatoid medicines, and that five (11%) of these had repeat prescriptions with instructions about blood testing. The practice GPs agreed to alter all instructions to include details about blood testing whenever repeat prescription requests were re-issued. The practice also developed written policies on these medicines which were held with the dispensary. Following re-audit, in December 2016, the practice found that of 39 patients now on repeat prescriptions, 15 (38%) of these had specific instructions on their prescription regarding blood testing frequency. This showed the practice had improved from the previous audit. The re-audit findings were circulated to each GP to address proactively and the practice plans a further re-audit in March 2017.

### Effective staffing

# Are services effective?

## (for example, treatment is effective)

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

- The practice had an induction programme for all newly-appointed staff. They 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 accessing on-line resources and discussion at practice nurse 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice nurses regularly attended multi-disciplinary team meetings to review patients' care.

### 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 patient consent to care and treatment in line with legislation and guidance.

- Staff had undertaken 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 records audits.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those aged over 75 years. Patients were then signposted to the relevant service.
- The practice nurses offered support with health and well-being issues for patients. We saw evidence that this support included self-managing a long term health condition or changing health behaviours.
- The percentage of women aged between 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 82%, which was comparable with both the clinical commissioning group (CCG) average of 83% and the national average of 81%. The practice demonstrated how they encouraged uptake of the screening programme by using a system of alerts for those patients with an identified learning disability, by using information in different languages,

# Are services effective?

(for example, treatment is effective)

and by ensuring that a female sample taker was available whenever possible. 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 following abnormal results.

- The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening. Bowel cancer screening rates in the last 30 months for those patients aged between 60 and 69 years of age were 64%, which compared with the clinical commissioning group (CCG) average of 64% and exceeded the national average of 58%.

- The practice achieved a 90% immunisation rate for two out of four childhood vaccinations for under two year olds. 97% of children under five years old received their second vaccination for measles, mumps and rubella (MMR), which compared with the CCG rate of 92%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. We saw evidence that all 24 patients with a learning disability on the practice's register had had a health check in the last year, or were due to have a health check in the near future.

# 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 patient 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 and could offer them a private room to discuss their needs.
- Vulnerable patients who did not attend their scheduled appointments were contacted by a practice nurse, to check their welfare.
- We noted that the practice had installed an electronic booking-in system to speed up the process and help maintain patient privacy.

Ten of the 11 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 and caring, and treated them with dignity and respect. The practice proactively sought feedback from staff and patients, which it acted on. For example, following patient feedback, the practice now runs an open surgery each morning for urgent same day problems, alongside its telephone triage service.

Results from the national GP patient survey (July 2016) also showed patients felt they were treated with compassion, dignity and respect. The practice compared with local clinical commissioning group (CCG) and national averages for their satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 87% of patients said the GP gave them enough time (CCG average 90%, national average 87%).
- 95% of patients said they had confidence and trust in the last GP they saw (CCG average 94%, national average 92%).

- 84% of patients said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern (national average 91%).
- 93% of patients said they found the receptionists at the practice helpful (CCG average 91%, national average 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 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. With the exception of one comment, patient feedback on the comment cards we received was positive and aligned with these views.

Results from the national GP patient survey (January 2016) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results compared with local and national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the clinical commissioning group (CCG) average of 89% and national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

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

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 50 patients as carers (less than 1% of the practice list). A member of staff acted as a carer's lead. The carer's lead maintained a dedicated notice board and information table, established a direct link with the local care forum, and referred suitable patients for specialised advice and guidance.

## Are services caring?

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 or by giving them advice on how to find a support service. The practice and PPG set up a support group for patients who

had experienced bereavement. A member of practice staff who was a trained CRUSE bereavement counsellor facilitated the sessions. Each session was attended by an average of six patients and the group met weekly for a total of eight weeks.

# 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 was participating in a social prescribing scheme to support patients who attend their GP surgery but did not necessarily require medical care. Social prescribing supported patients with issues such as social isolation and coping with caring responsibilities, to connect to services and groups that could help improve their wellbeing and meet their wider needs.
- Home visits were available for patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice system alerted staff to patients with a learning disability who would benefit from flexibility around length and times of appointments.
- Patients were able to receive travel vaccines available on the NHS. Those vaccines only available privately were also available at the practice.
- Receptionists dealt with all queries both in person and on the phone, and were responsible for booking appointments.
- Patients with a long term condition were offered an annual review.
- We saw evidence that the practice was working to the Gold Standards Framework for those patients with end of life care needs. The Framework is a model of good practice that is concerned with helping patients live well until they die. The practice showed us examples of patients with completed advanced care plans and patients dying in their preferred place.
- The practice offered International Normalised Ratio testing (INR). INR tests monitor the use of a medicine used to reduce the risks of heart attacks and strokes.
- The practice worked with other health professionals to minimise unnecessary hospital admissions.
- The practice purchased equipment to improve patient care, such as an ultrasound machine. The ultrasound machine was used (for example) to guide injections into joints, and diagnose and detect such medical issues as torn muscles and blood clots in the leg.
- Patients could access a monitor to record their own blood pressure. A blood pressure monitor was located in a room next to the reception area.
- Patients were able to access the practice in ways to suit their needs. For example:
  - Patients could access the practice by telephone, online, and face-to-face.
  - The practice sent text reminders for appointments.
  - Telephone appointments were offered where appropriate, as an alternative to face-to-face consultations.
  - The practice offered extended morning and evening appointments during the week with a GP, and extended evening appointments with a nurse for cervical screening tests.
- We noted that the practice had installed an electronic booking-in system, to speed up the process and help maintain patient privacy. The booking-in screen displayed a range of national flags to guide patients to instructions in their own language, and the practice website had the functionality to translate information into around 90 different languages. Staff told us translation services were also available for patients who arrived at the practice and did not have English as a first language.
- As well as two portable hearing loops, interpreting and translation services were available for patients who were either deaf or had a hearing impairment. Practice leaflets could be made available in large print and Easy Read format, and we saw notices around the practice which were produced in this format, which makes information easier to access for patients with learning disabilities.
- The practice initiated the use of a recognised clinical measure of fitness and frailty in older patients to assess their health needs.
- The practice provided 'Patient Education Evenings', for hard to engage patients. The sessions focused on such health issues as exercising, smoking cessation and diabetes management.
- There was a proactive approach to understanding the needs of different groups of patients and to deliver care in a way that met these needs and promoted equality. The practice identified patients at risk of developing diabetes who were not on the diabetes register, and implemented changes that could help to delay or prevent the progression of this health condition.



# Are services responsive to people's needs?

## (for example, to feedback?)

- The practice referred patients to local community health improvement schemes. For example, LiveWell Dorset, a service providing information, guidance and support to help patients stop smoking, lose weight, reduce alcohol intake and become more physically active.
- The practice was proactive in tailoring services to meet patients' needs. For example, the practice hosted a talking therapy service for patients who had experienced bereavement, were carers, or were experiencing mental health issues. The service was funded by the local clinical commissioning group (CCG) and was available on referral.

### Access to the service

The practice was open from 8.30am to 1pm and from 2pm to 6.30pm, Monday to Thursday. On Friday the practice was open from 8.30am to 12.30pm and from 2.30pm to 6.30pm. Routine GP appointments were available from 8.30am to 11.40am and from 4pm to 5.50pm, Monday to Friday. A duty doctor was also available between 8am and 8.30am, Monday to Friday.

The practice provided extended hours morning appointments with a GP from 7am to 7.45am on two days per week, and extended hours evening appointments from 6.30pm to 7.15pm on two days per week. The practice also offered a later evening cervical screening clinic on one evening every fortnight (a cervical screening test is a method of screening women for the earliest signs of cancer of the neck, or cervix, of the womb). All appointments could be pre-booked up to four weeks in advance.

The practice had opted out of providing Out Of Hours services to its own patients. Outside of normal practice hours, patients could access NHS 111, and an Out Of Hours GP service was available. Information about the Out Of Hours service was available on the practice website, on the front door, in the patient registration pack, and as an answerphone message.

The Wellbridge Practice has a dispensary and a member of the dispensary team was available from 8.30am to 1pm and from 2pm to 6.30pm, Monday to Thursday. On Friday, a member of the dispensary team was available from 8.30am to 12.30pm, and from 3.30pm to 6.30pm. The dispensary dispensed to patients who live more than a mile from their nearest pharmacy.

Results from the latest national GP patient survey (July 2016) showed that patient satisfaction with how they could access care and treatment was mixed. For example:

- 69% of patients were satisfied with the practice's opening hours compared to the national average of 76%. When we spoke to the practice about this they said they anticipated that the practice's morning open surgery, running alongside the telephone triage service, would have a beneficial impact on levels of patient satisfaction.
- 90% of patients said they could get through easily to the practice by phone (national average 73%).
- 63% of patients said they usually get to see or speak to the GP they prefer (CCG average 67% and national average 60%).
- 85% of patients who wanted to speak to a GP or nurse were able to get an appointment the last time they tried compared with the national average of 76%.

Patients 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.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, through feedback forms available at reception and in the waiting area, and comment cards on the practice website. A Friends and Family Test suggestion box and a patient suggestion box were available within the patient waiting area which invited patients to provide feedback on the service provided, including complaints.

We looked at two complaints received by the practice in 2016. These were discussed and reviewed, and learning points noted. We saw that they were handled and dealt with in a timely way. Complaints were a standing agenda item at monthly staff meetings. We saw evidence of lessons learnt from patient complaints and action taken to improve the quality of care. For example, a patient's prescription was mistakenly sent to a community pharmacy to be

# Are services responsive to people's needs?

(for example, to feedback?)

dispensed, instead of the practice dispensary. This resulted in the patient having to pay more for their medicines. The

practice spoke to the patient and offered a formal apology. The practice has now changed its processes to ensure that a prescription will not be dispensed at a pharmacy without the patient's recorded authorisation.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice mission statement was: 'Traditional values, modern practice.'
- The practice had a strategy and supporting business plans which reflected the vision and values and was 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:

- There was a clear staffing structure and 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. It is important that the practice continue its work to conduct clinical audits and continue to embed these into its processes so that improvements made are implemented and monitored.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected patients 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. The practice manager was described as engaged, professional, dynamic and extremely competent in their role.

- Staff told us that partners meetings were held every week and multi-disciplinary team meetings every three months.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. 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. For example, staff suggested that the practice have monthly meetings attended by all staff, to improve communication.

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

The practice encouraged and valued feedback from patients, the public and staff. The practice proactively sought patient 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, PPG members set up a group to support bereaved patients, and developed a dementia awareness care pack. We also looked at the latest submitted NHS Friends and Family Test results,

# Are services well-led?

Good 

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

where patients were asked if they would recommend the practice. The practice submitted data in 2016 which showed that 468 of 558 respondents (83%) would recommend the practice to family and friends, and 51 of 558 respondents (9%) would not recommend the practice.

There was a strong focus on continuous learning and improvement at all levels within the practice. For example, a practice GP was clinical chair of the CCG's Planned Specialist Care Clinical Delivery Group. The Clinical Delivery Groups were formed to deliver and oversee the implementation of new ways of care.

## Continuous improvement: