

Gillingham Medical 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 Gillingham Medical Practice on Thursday 1 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The continued development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. We saw evidence and staff we spoke with told us they are supported to acquire new skills and share best practice.
- Clearly followed, methodical recruitment procedures and checks were completed and documented efficiently to ensure that staff were suitable and competent.
- High standards were promoted and owned by all practice staff with evidence of team working across all roles. We observed the practice proactively sought feedback from staff and patients, which it acted on.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The leadership drove continuous improvement and staff were accountable for delivering change. There was a clear proactive approach to seek out and embed new ways of providing care and treatment.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

The leadership, governance and supportive culture of the practice was used to drive and improve the delivery of

high quality person-centred care. Governance, administration and performance management arrangements were non-hierarchical, organised, detailed, structured and kept under review by the whole team. The management and leadership had an inspiring shared purpose and motivated staff to succeed and develop services. As a result there were high levels of staff satisfaction and pride in working for the 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?

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.
- 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.
- Clearly followed, methodical recruitment procedures and checks were completed and documented efficiently to ensure that staff were suitable and competent.
- There were appropriate arrangements for the efficient management of medicines.
- Health and safety risk assessments, for example, a fire risk assessment had been performed and was up to date.
- The practice was clean, tidy and hygienic. We found that suitable records and arrangements were in place that ensured the cleanliness of the practice was maintained to a high standard.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- The practice held regular QOF meetings to monitor current achievements and target areas for improvement. The practice had a track record of high achievement and had improved QOF points from 533.76 in 2015 to 558.28 (out of 559) in 2016.
- 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.

Good



Summary of findings

- 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.
- All accident and emergency and 111 calls made the previous evening were followed up each day by the nurse practitioners.
- There was a designated member of staff who ran the admission avoidance and vulnerable patient meetings. The member of staff recorded any actions outcomes of meeting and analysed all admissions in the past month.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



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 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 responded to requests from external groups, charities and organisations to use rooms at the surgery. As a result patients were able to access and be referred to services

Good



Summary of findings

including a mobile chemotherapy service, continence advisor, child psychiatry, adult counselling, maternity services, child health consultant, community drugs and alcohol service, community resourcing, and aortic aneurism screening service.

- Patients could also access services from the community midwives, health visitors and district nurses at the practice. This helped foster effective communication.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- There was an inspiring shared purpose and motivation of staff to succeed.
- There was a stable, cohesive staffing structure which clearly identified roles and responsibilities within a non-hierarchical organisation.

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care and was kept under review. This framework was structured, clearly documented and familiar to all staff. For example;

- All staff were open and transparent and fully committed to reporting incidents and near misses and saw the process as an opportunity to learn rather than blame.
- Training programmes were monitored, organised and seen as opportunities to develop staff knowledge. For example, safeguarding update training had been expanded to include new topics including hoarding, child trafficking, and anti-radicalisation training.
- Staff were only recruited following a thorough, systematic recruitment process which was documented in detail. Staff files were organised and audited regularly.
- Practice specific policies, guidance, systems and protocols were detailed, well maintained, and easily located by all staff. For example, there were infection control policies, cleaning protocols and spreadsheets used by nursing and cleaning staff.

Good



Summary of findings

- A comprehensive understanding of the performance of the practice, feedback from staff and patient participation group was used to influence business plans. For example, the introduction of additional recruitment and planned extended hours.
- A detailed programme of continuous clinical and internal audit was used by GPs and nursing team to monitor quality and to make improvements. There were also systems in place to share learning from these audits.

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.

All aspects of administration and process within the organisation were detailed, structured and kept under review and all staff were encouraged to be involved in their development.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The GPs employed two members of staff to coordinate and review the care of vulnerable patients over the age of 75. Housebound patients on this scheme were offered health checks.
- Systems were in place for avoiding unnecessary admissions of the over 75s. This included ensuring care plans were in place for patients most at risk of admission, the sharing of common health records with community care teams and acting on hospital discharges within 48 hours.
- The GPs and nurse practitioners provided a primary medical service to patients who lived in care homes in the area.

Good



People with long term conditions

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.
- 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 reviewed and 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 used a single point of access telephone number to refer patients for help in a timely manner (often from their home) for access to home physio, occupational therapy, social services, rapid care or admission.
- The nurse practitioner visited housebound patients to carry out reviews of diabetes and chronic obstructive pulmonary disease.

Good



Summary of findings

- There were alerts on patient notes at risk of hospital admission so that patients could access priority visits or same day telephone advice.

Families, children and young people

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.
- 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.
- There were links on the practice website for patients to access advice on child and teenage health advice from local support centres.
- The practice computer system alerted staff to use a traffic light system for the assessment of children with high temperatures or were showing signs of sepsis.
- There were separate children's waiting area in both practices and toys available.
- There were daily emergency appointments available with GPs and nurse practitioners. Phone call advice was also available from the GPs in the morning and during afternoon surgery.

Good



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).

- 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.
- Self-help advice was available within the practice and on the website
- 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.

Good



Summary of findings

- Patients could book appointments and order medication online 24 hours a day and could access pathology results
- The practice used the website, social media sites and local press to communicate any updates to their services.

People whose circumstances may make them vulnerable

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 and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and between April 2015 and June 2016 had performed 60.4% of the annual health checks. Further invite letters had been sent and further appointments booked to improve this position.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. The multidisciplinary team met monthly to discuss vulnerable patients or patients at risk of admission or adult patients about whom there were safeguarding concerns.
- 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.
- There were clinics for substance misusers held at the Peacemarsh medical centre
- Practice staff were aware of the risk of sexual exploitation of females, patients at risk of radicalisation and how to alert social services to vulnerable young mothers / partners.

Good



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).

- Between April 2015 and June 2016, 79.7% of patients on the mental health register had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice was a Dementia Friendly Practice with suitable signage, being a place of safety and a designated 'safe haven.' The practice was also part of the dementia friendly town project with the local council and involving the PPG.
- There were daily and weekly prescription arrangements for monitoring medicines associated with the treatment of mental health.
- There was effective communication with the adult and elderly community mental health teams.
- A community resource team was located in Peacemarsh surgery for patients to access further support.
- Patients could be referred to the Steps 2 wellbeing service and counsellor at the Peacemarsh medical centre (The Steps to Wellbeing Service is a free, confidential, NHS service for people aged 18+ across the county of Dorset and in Southampton. A range of treatments are provided for people experiencing problems with low mood/depression, anxiety, stress or other common mental health problems).

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing in line with local and national averages. 218 survey forms were distributed and 127 were returned. This represented a completion rate of 58% and 1% of the practice's patient list.

- 71% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 90% 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 85%.
- 87% 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 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards across both practices which were all positive about the standard of care received. There were three slightly negative comments about the time spent waiting to be seen and about getting through on the telephone.

We spoke with 14 patients during the inspection of both practices. All 14 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

We saw the last three months of the friends and family test results. These showed that of the 980 patients 898 were either extremely likely or likely to recommend the practice to friends and family. 29 patients were unlikely or extremely unlikely to recommend the practice with the remaining 33 patients recording a neutral view point.

Outstanding practice

The leadership, governance and supportive culture of the practice was used to drive and improve the delivery of high quality person-centred care. Governance, administration and performance management arrangements were non-hierarchical, organised, detailed,

structured and kept under review by the whole team. The management and leadership had an inspiring shared purpose and motivated staff to succeed and develop services. As a result there were high levels of staff satisfaction and pride in working for the practice.

Gillingham Medical Practice

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, a practice manager specialist adviser and an Expert by Experience.

Background to Gillingham Medical Practice

Gillingham Medical Practice is located in the town of Gillingham, Dorset. The practice operates from two sites; The Barn Surgery and Peacemarsh Surgery.

Together both practices have an NHSE general medical services (GMS) contract to provide health services to approximately 12,059 patients (this is divided equally between both practices but patients can visit either site). Both practices are open between 8.30am and 6.30pm Monday to Friday. In addition, pre-bookable appointments can be booked on line and up to six weeks in advance. Telephone appointments are also available with additional slots for GPs to see these patients if required. A plan is in place to introduce extended hours appointments from October 2016.

The practice has opted out of providing out-of-hours services to their own patients and refers them to an out of hours provider via the NHS 111 service. This information is displayed on the outside of the practice, on their website, and in the patient information leaflet.

There is an independent pharmacy attached to the practice. Patients stated they appreciated this facility.

The mix of patient's gender (male/female) is almost 50% each. 4.3% of the patients are aged over 85 years old which

is higher than the national average of 2.2%. There was no data available to us at the time of our inspection regarding ethnicity of patients but the practice stated that the majority of their patients were white British. The deprivation score was recorded as 9, on a scale of 1-10. One being more deprived and 10 being less deprived.

There are a total of nine GPs working at the practice. This equates to just over seven whole time equivalent GPs. Six of the GPs are partners who hold managerial and financial responsibility for running the business. The permanent GPs are also supported by three salaried GPs. There are five female GPs and four male GPs in total. The GPs are supported by a practice manager, three nurse practitioners, six practice nurses, two health care assistants and additional administration and reception staff.

The practice has recently had an inspection from the university of Exeter and is about to become a training practice and ready to accept new GPs trainees.

This report relates to the regulatory activities being carried out at:

Peacemarsh Surgery

Marlott Road

Gillingham

Dorset

SP8 4FA

and

The Barn Surgery

Newbury

Gillingham

Dorset

SP8 4XS

Detailed findings

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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 September 2016.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed 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 CQC at that time.

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of the quarterly significant event meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a nurse error occurred because a patient had a similar name. An immediate apology was given to the patient, the incident was reported to the GP and manager. The consequences were managed to ensure patient safety and well being and the investigation resulted in communication and further learning of all staff. Staff explained that all staff were involved in this process and added that support was given during this process.

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 3. Nurses were trained to level two and administration staff to level one.

- 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 at both practices every three months and we saw evidence that action was taken to address any improvements identified as a result. For example, the latest action plan included changes in vaccine storage and auditing process, improvements in the reporting process when infection control incidents are reported, ordering new pedal bins for GP rooms and ordering replacement wipeable pillows. Regular hand washing audits were performed on GPs and practice nurses which showed a good level of compliance. An infection control was also performed by a CCG representative in August 2015 which demonstrated a high achievement (96%) of compliance.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank

Are services safe?

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.

- There were no stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) held at the practice. However, procedures were in place to manage them safely. The practice used liquid nitrogen and had appropriate storage facilities and protective equipment in place.
- We reviewed four 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. For example, electrical installation was checked in July 2014 and portable electrical equipment was checked annually and had last been checked in June 2016. Clinical equipment had been checked to ensure it was working properly and

had last been calibrated and checked in September 2015 and was due again the day after the inspection day. 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). The last legionella survey had been performed in July 2015 and records confirmed weekly water temperature checks had been performed.

- 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. The registered manager stated that the practice were fully staffed at present.

Arrangements to deal with emergencies and major incidents

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

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

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. For example, any changes in national guidelines were incorporated within clinical templates on the computer system which prompted staff. 'At a glance' documents were also produced to remind staff of guideline changes. For example, reminders for antibiotic prescribing guidelines.
- 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 from 2015/16 showed that the practice had achieved 99.9% of the total number of points available. Clinical exception reporting was reported at 8%. (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).

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

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register who had a blood sugar reading within normal limits in the preceding 12 months was 79% compared to a national average of 77% and CCG average of 82%.
- Performance for mental health related indicators was similar to the national and CCG average. For example,

the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 85% compared to the national average of 84% and CCG average of 85%.

There was evidence of quality improvement including clinical audit.

- We looked at four completed clinical audits completed in the last two years which demonstrated prescribing, care and treatment was monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to monitor and improve services. For example, one audit looked at the overall compliance of NICE guidance whether to prescribe antibiotics for sore throats. Results from 2014/15 showed the target of 80% had not been achieved. This had resulted in reminding prescribing staff of the guidelines and providing information in the winter 2015 practice newsletter on the treatment of colds and sore throats. Results from 2015/16 showed compliance had risen from 42% to 92% compliance to guidance.

Effective staffing

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

- The practice had a detailed 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. For example, 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.

Are services effective?

(for example, treatment is effective)

- The GPs had recently introduced GP in house appraisals in addition to external appraisals.
- There were 'Lunch and Learn' meetings for all GPs every Friday where staff learnt about changes in guidelines or where current treatments were discussed. For example, a recent session included updates in medicines used for breathing disorders. There were also regular team meetings for all staff, and learning events where external lecturers come to the practice over the course of the year. There were quarterly protected learning events which included a varied training programme. These included improving the use of the clinical templates on the computer system and anti-radicalisation training with the CCG.
- The GPs, nurses, nurse practitioners and medical students attended the weekly 'lunch and learn' journal club. This was a relaxed way of different staff bringing newly updated local and national guidelines, pertinent pieces of research or just interesting clinical problems for the group to discuss and reflect on. This was in addition to partner meetings and significant events meetings which were also considered educational sessions.
- 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. For example, all accident and emergency and 111 calls received overnight were followed up each day by the nurse practitioners.

The practice was situated within a semi-rural location and meant communications with other support services was important in providing effective, consistent patient care. The practice worked closely with the multi-disciplinary team. These included district nurses, local care home staff, community matron and rehab teams, the drug and alcohol dependency team, health visitors and palliative care staff.

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. We spoke with two health care professionals who were based at the practice. They said the practice staff were supportive and approachable and working relationships were very good.

There was a designated member of staff who coordinated the admission avoidance and vulnerable patient meetings. This member of staff recorded any actions and outcomes of the meeting and analysed all hospital admissions in the past month to ensure they were included in meeting discussions if appropriate.

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. Patients were signposted to the relevant service. Data from 2015/16 showed that 3167 patients had a record of being smokers of which 1407 had been offered advice and 337

Are services effective?

(for example, treatment is effective)

referred for support. The practice had set up in-house smoking cessation clinic in April 2016. 29 patients had been seen by a health care assistant and four had stopped smoking as a result - 13.8%.

Published data from 2014/15 showed that the practice's uptake for the cervical screening programme was 94%, which was slightly 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. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, practice childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98% compared to the CCG averages of 94% to 97%. For five year olds, practice values ranged from 92% to 98% compared to CCG values of 92% to 97%.

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.

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 41 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 in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with the CCG and national averages for its 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 clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 96% 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%.
- 84% 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%.

- 91% 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%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% 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 July 2016 national GP patient survey showed patients responded comparably 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:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 74% 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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 288 patients as carers (2.3% of the practice list). Carers were issued with information packs and a lead receptionist coordinated carer services. There were notices about carers in reception and information on how to register. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them 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.

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.

- There were longer appointments available for patients who needed them.
- 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 require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately. For example, the practice was a yellow fever centre.
- There were disabled facilities, a hearing loop and translation services available.
- Each practice within the organisation had a passenger lift to improve access.

The practice had responded to requests from external groups, charities and organisations to use rooms at the surgery. As a result patients were able to access and be referred to services including a mobile chemotherapy service, continence advice, child psychiatry, adult counselling, maternity services, a child health consultant, a community drugs and alcohol service, community resourcing, and an aortic aneurism screening service.

The GPs employed two members of staff to coordinate and review the care of vulnerable patients over the age of 75. The scheme had proved successful and the practice had secured funding for the project to continue. Housebound patients on this scheme were offered routine health checks at home. Systems were in place for avoiding unnecessary hospital admissions for patients over the age of 75. This included ensuring care plans were in place for patients most at risk of admission, the sharing of common health records with community care teams and acting on hospital discharges within 48 hours.

Access to the service

Both practices were open between 8.30am and 6.30pm Monday to Friday. In addition, pre-bookable routine appointments could be booked on line and up to six weeks in advance. Telephone appointments were also available with additional slots for GPs to see these patients if required.

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.

- 67% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 71% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The provider told us that a plan was in place to introduce extended hours appointments from October 2016.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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. For example, posters in the waiting room and information on the website.

We looked at 22 complaints received in the last 12 months and found the practice had recorded negative feedback from friends and family comments, verbal feedback and

Are services responsive to people's needs? (for example, to feedback?)

formal complaints. We saw that all complaints had been satisfactorily handled, dealt with in a timely way, with openness and transparency. Patients were given apologies where appropriate and informed at all stages of the complaint. Lessons were learnt from individual concerns and complaints and also from the detailed annual analysis of trends and action performed. The practice saw complaints as an opportunity to improve the quality of

care. For example, appointment access had featured in the annual complaints analysis. This had resulted in the appointment of new GPs and planned extended hours appointments commencing in October.

The practice also kept a record of the many compliments made about the service and fed these back to staff concerned.

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 on the practice website and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The GP partners communicated these plans with team members and consulted staff on any potential changes.

Governance arrangements

The practice had a structured, clearly documented overarching governance framework which supported the delivery of the strategy and good quality care and was kept under review. This outlined the structures and procedures in place and ensured that:

- There was a stable, cohesive staffing structure which clearly identified roles and responsibilities within a non-hierarchical organisation.
- Training programmes were organised and seen as opportunities for development. For example, safeguarding update training had been developed to include new topics including hoarding, child trafficking, and anti-radicalisation training.
- Staff were only recruited following a thorough, systematic recruitment process which was documented in detail. Staff files were organised and audited regularly.
- Practice specific policies, guidance, systems and protocols were detailed, well maintained, and easily located by all staff. For example, there were infection control policies, cleaning protocols and spreadsheets used by nursing and cleaning staff. Regular meetings were held between practice staff and cleaning staff which reviewed the systems in place.
- A comprehensive understanding of the performance of the practice was maintained and used to influence business plans and recruitment. For example, performance of national patient survey, friends and family test results had resulted in additional recruitment and planned extended hours.

- A detailed programme of continuous clinical and internal audit was used by GPs and nursing team to monitor quality and to make improvements. There were also systems in place to share learning from these audits. For example, Friday lunch and learn meetings were used to share learning from external training days and inform staff on updates of local and national guidelines.
- All staff were encouraged to be open and transparent and were fully committed to reporting incidents and near misses and saw the process as an opportunity to learn rather than blame. The level and quality of incident reporting was detailed and showed a thorough analysis and investigation and openness to share learning with external stakeholders. All staff were encouraged to participate in learning and to improve safety as much as possible.

All aspects of administration within the organisation were clearly followed, detailed, structured and kept under review. All staff were aware of these processes and were encouraged to be involved in the development and were aware of their responsibilities in keeping them under review.

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. We saw examples which demonstrated staff were motivated to succeed. For example, nursing staff attended training updates and shared learning with the GPs and nursing team, then were encouraged and supported to carry out an audit to assess effectiveness of asthma medicines. Staff explained that they felt empowered by the practice manager and GPs to develop the service. Staff told us the practice was a good place to work and that the management team and the partners were approachable and always took the time to listen to all members of staff. Staff were proud of the organisation as a place to work and spoke highly of the culture.

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

Are services well-led?

Good 

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

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 there was a structured structure of weekly, monthly and quarterly formal meetings and added there were also opportunities to meet informally. We saw detailed minutes of the meetings which demonstrated coverage of a wide range of topics. The nurse team meetings included updates on clinical guidelines.
- 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 closed for a practice wide education session four times a year.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. For example, feedback from patients and responses from the national patient survey had prompted the introduction of extended hours which were due to commence in October 2016.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The active Patient Group was established two years ago and met monthly and was attended by a GP Partner. The chairman and practice manager met monthly to review local events, concerns and

patient suggestions. We were provided with evidence that showed feedback and consultation shaped services. For example, the PPG had influenced the introduction of a new phone system, extended opening hours, the introduction of a quarterly newsletter, a stall at Gillingham Town Meadow event in 2015 and new car park signs. The PPG had also detailed an action plan which set out the aims and objectives for the future. These included supporting the practices 'Dementia Friendly' status and to support carers events locally and communicate local charitable coffee mornings and services to the more vulnerable patient groups.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and said the practice manager empowered staff to develop and improve the service. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The Practice worked with thirteen GP practices across North Dorset as part of the Acorn Health Federation which shared learning, knowledge and some schemes. The Federation was established in 2015 and was in its early stages of development but had already won two public health contracts.

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, one of the GPs in the practice had recently completed a master's degree in allergies management and was hoping to use this knowledge for the benefit of patients.

The practice had a business plan which looked to plans for the future. These included, starting a 'leg club' for people with leg ulcers and working with the town to promote dementia awareness. The practice were also aware of the planned housing development in Gillingham which could, over the next ten years, increase the patient list size by an additional 4,000 patients. The practice had been actively working closely with the CCG, local district council and NHS England to ensure practice staff were part of the discussions for the future clinical services provision in Gillingham.