

# Moordown Medical Centre

## Quality Report

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Date of inspection visit: 23/02/2016

Date of publication: 31/03/2016

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?

Outstanding 

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 Moordown Medical Centre on 23 February 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. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Data showed the practice was performing highly when compared to neighbouring practices in the Clinical Commissioning Group. For example, the

- 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.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw several areas of outstanding practice:

- The practice was involved in a collaborative project with two other local practices. The project was

# Summary of findings

funded by an over 75's project scheme by Dorset clinical commissioning group, known as the Anticipatory Care Team. The project was aimed at reducing emergency hospital admissions by offering routine and urgent care to frail older patients who could not easily access practice facilities. The team consisted of a nurse practitioner and nurse, with an administrator. The nurse practitioner undertook acute visits, allowing prompt assessment and treatment (usually earlier in the day than a GP could visit). We saw data that showed a 3.4% decrease in patients admitted to hospital in the period from January to December 2015 compared to the same period the year before. This related in real terms to 23 less patients being admitted to hospital.

- The practice had a quality improvement plan in place. Each GP chose a clinical area, for example, diabetes. They then undertook some research into the latest good practice including current NICE guidelines, if required they undertook some further

training, they then discussed their findings with the other clinicians within the practice and agreed actions to improve patient care. For example, a new updated protocol was introduced for patients taking oral medicines for diabetes control to ensure more specific and targeted prescribing. This protocol was also embedded into the clinical system.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients needs. For example, the practice communicated and liaised with peri-natal mental health services, such as the Sunshine Team. These patients were discussed at multi-disciplinary team meetings to ensure their pre-birth care and treatment took account of their mental health needs.

**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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.
- Recruitment procedures and checks were completed as required to ensure that staff were suitable and competent.
- There were arrangements for the efficient management of medicines.
- The practice was clean, tidy and hygienic. We found that 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 outstanding for providing effective services.

- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. Evidence showed guidelines were positively influencing and improving practice and outcomes for patients.
- Data showed the practice was performing highly when compared to neighbouring practices in the CCG. For example, the
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- Moordown Medical Centre was involved in a collaborative project with two other local practices, funded by an over 75s project scheme by Dorset clinical commissioning group known as the Anticipatory Care Team. The project was aimed at reducing emergency hospital admissions by offering routine and urgent care to frail older patients who could not easily access practice facilities. The team consisted of a nurse practitioner and nurse, with an administrator. The nurse

Outstanding



# Summary of findings

practitioner undertook acute visits, allowing prompt assessment and treatment (usually earlier in the day than a GP could visit. We saw data that showed a 3.4% decrease in patients admitted to hospital in the period from January to December 2015 compared to the same period the year before. This related in real terms to 23 less patients being admitted to hospital.

- The practice used innovative and proactive methods to improve patient outcomes and it linked with other local providers to share best practice. The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care.
- Staff, teams and services were committed to working collaboratively.

Patients who had complex needs were supported to receive coordinated care and there were innovative and efficient ways to deliver more joined-up care to patients who used the services.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey July 2015 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.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, by ensuring better information was made available to patients in the waiting area.
- 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

Good



# Summary of findings

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.

## 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was well established and were keen to support improvement with the support of the practice manager.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was involved in a collaborative project with two other local practices. The project was funded by an over 75's project scheme by Dorset clinical commissioning group, known as the Anticipatory Care Team. The project was aimed at reducing emergency hospital admissions by offering routine and urgent care to frail older patients who could not easily access practice facilities. The team consisted of a nurse practitioner and nurse, with an administrator. The nurse practitioner undertook acute visits, allowing prompt assessment and treatment (usually earlier in the day than a GP could visit). We saw data that showed a 3.4% decrease in patients admitted to hospital in the period from January to December 2015 compared to the same period the year before. This related in real terms to 23 less patients being admitted to hospital.
- Integrated health and social care meetings incorporating mental health and the voluntary sector occurred monthly to discuss issues arising from the wider primary care team. Meeting involved a range of professionals including the district nurses, community matrons, practice nurses, GPs, social services and the anticipatory nursing team.
- Patients who were housebound received a proactive comprehensive geriatric assessment by the anticipatory care nursing team to identify potential issues focusing on hearing, sight, continence, support networks, medicines management and mobility/balance.

Good



### People with long term conditions

The practice is rated as good for the care of patients 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

Good



# Summary of findings

when needed. All these patients had a named GP and a structured annual review to check that their health and medicine 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 had GPs with special interests including dermatology and minor operations. Patients were referred internally to the specific GP and had treatment within the practice, saving them from having to attend an outpatient's appointment at the general hospital.
- Special messages were attached to the computerised patient records that Out of Hours services could access, to ensure consistent care. If a patient was admitted to hospital, the practice sent a written summary to the hospital with details of both the current problem and of past medical history. Information sent included current medicines and allergies, to help enable consistent and safe of care.
- The practice offered extended hour's appointments to allow access to working age patients with chronic diseases.

Patients with long term conditions were offered a referral to a health coach to support their self-management of their condition.

## 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.
- The Practice had well organised baby and child immunisation programmes and there were safeguards in place to follow up any appointments that were not attended. The practice offered same day appointments for children. There was a quiet private room available for women to use to breast feed if required
- 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.
- Women had good access to a full range of contraception services and sexual health screening including cervical screening. A robust recall and follow up was in place for cervical and breast screening. For example, the percentage of women

Good



# Summary of findings

aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 94.87% compared to the national average of 81.83%

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses. There was a community health visitor team based at the practice resulting in robust and effective relationships to access support and advice for parents and young families. The health visitor team attended the practice monthly meetings to discuss vulnerable children and families of concern.

## **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.
- Extended hours were offered twice a week from 7:30am until 8am and from 6:30pm until 8pm once a month. These appointments were bookable in advance to allow easier planning around work.
- Practice services included online appointments and online repeat prescriptions, telephone consultations and comprehensive information on the practice website to allow working patients to easily access the service.

Good



## **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. There was a person centred approach, which ensured the more vulnerable patients received a good level of care. The practice also offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. It had told vulnerable patients about how to access various support groups and voluntary organisations.

Good



# Summary of findings

- 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 identified all housebound patients including a small number that lived in care homes. Proactive personalised anticipatory care plans were in place for each of these patients. These care plans reflected patient identified goals and included information such as a falls risk assessment, medicines management, social and mental health issues and end of life choices. The care plans were shared with other professional and the out of hour's service to ensure good continuity of care.
- Proactive reviews of housebound patients were undertaken by a shared federative nursing team who undertook comprehensive assessments to identify issues which were dealt with or signposted to the appropriate community team.
- A dedicated member of the administration staff was the carers lead. This person supported carers by ensuring they received a carers information pack which supported them to access further community support including benefits advice. The practice had good information in the waiting room to support carers.

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

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

- 95.16% of patients diagnosed with dementia that had had their care reviewed in a face to face meeting in the last 12 months, which is better to the national average of 84.01%. 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. All staff had received training in the Mental Capacity Act and consent.
- The Practice has a lead GP for mental health patients. Patients with depression were actively monitored and regularly reviewed. The practice had good relationships and communication with community mental health teams, who

Good



# Summary of findings

also attended multi-disciplinary meetings at the practice for discussion of patient care. The practice liaised with the voluntary sector, who also attended those meetings, for additional support.

- Medicine reviews were conducted to ensure compliance and appropriate prescribing, with monitoring blood tests or other tests as required. A mental health template which was incorporated on the clinical system was used by GPs when prescribing, this was updated annually or sooner to incorporate the latest guidance on prescription monitoring.
- The Practice communicated and liaised with peri-natal mental health services, such as the Sunshine Team. These patients were discussed at multi-disciplinary team meetings to ensure their pre-birth care and treatment took account of their mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice used specialist templates for assessment and monitoring of patients together with dementia care plans which were agreed with the patient and/or carers. The practice had a proactive approach to review of these patients, with referrals to other outside agencies that could offer support and care to the patient and their families.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 271 survey forms were distributed and 121 were returned. This represented a response rate of 44.6% and 1.47% of the practice population.

- 97.6% of patients found it easy to get through to this practice by phone compared to a Clinical Commissioning Group (CCG) average of 85.3% and a national average of 73.3%.
- 94.1% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89.7% and national average 85.2%).
- 94.05% of patients described the overall experience of their GP practice as fairly good or very good (compared to the national average of 90.25%).

- 90.44% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area (national average 85.53%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 18 comment cards and spoke with three patients during the inspection, all were positive about the standard of care received. All said they were happy with the care they received and thought staff were approachable, committed and caring.

The practice manager shared the results from the January 2016 friends and families test. Of the 14 responses all said would be extremely likely to recommend the practice.

## Outstanding practice

- The practice was involved in a collaborative project with two other local practices. The project was funded by an over 75's project scheme by Dorset clinical commissioning group, known as the Anticipatory Care Team. The project was aimed at reducing emergency hospital admissions by offering routine and urgent care to frail older patients who could not easily access practice facilities. The team consisted of a nurse practitioner and nurse, with an administrator. The nurse practitioner undertook acute visits, allowing prompt assessment and treatment (usually earlier in the day than a GP could visit). We saw data that showed a 3.4% decrease in patients admitted to hospital in the period from January to December 2015 compared to the same period the year before. This related in real terms to 23 less patients being admitted to hospital.
- The practice had a quality improvement plan in place. Each GP chose a clinical area, for example,

diabetes. They then undertook some research into the latest good practice including current NICE guidelines, if required they undertook some further training, they then discussed their findings with the other clinicians within the practice and agreed actions to improve patient care. For example, a new updated protocol was introduced for patients taking oral medicines for diabetes control to ensure more specific and targeted prescribing. This protocol was also embedded into the clinical system.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients needs. For example, the practice communicated and liaised with peri-natal mental health services, such as the Sunshine Team. These patients were discussed at multi-disciplinary team meetings to ensure their pre-birth care and treatment took account of their mental health needs.

# Moordown Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist adviser.

### Background to Moordown Medical Centre

Moordown Surgery was inspected on Tuesday 23 February 2016. This was a comprehensive inspection.

The practice is situated in the town of Bournemouth, Dorset. The practice provides a general medical service to approximately 8500 patients of a diverse age group. The practice has been awarded teaching practice status to begin in August 2015.

There is a team of five GPs partners, three male and two female and one female salaried GP. Some GPs work part time and some full time. The whole time equivalent is 5.47. The GPs are supported by a practice manager, an assistant practice manager, two practice nurses, two health care assistants, and additional administration staff.

Patients using the practice also have access to community nurses, mental health teams and health visitors. Other health care professionals visit the practice on a regular basis.

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

The practice offer a range of appointment types including book on the day and advance appointments and can request telephone consultations. The practice is open to patients between Monday and Friday 8am until 6.30pm. Extended hours are offered on Mondays 7.30am until 8am, Tuesday until 8pm and Friday 7.30am until 8am.

The practice provided regulated activities from its primary location at 2a Redhill Crescent, Bournemouth BH9 2XF.

### 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

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 23 February 2016

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.

# Detailed findings

- 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 patient's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of patients 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. There was a recording form available on the practice's computer system. Staff explained that any events were discussed there and then informally and again at a formal meeting where significant events were part of the agenda.
- The practice carried out a thorough analysis of the significant events and took action where appropriate. For example, an urgent message was sent by the district nurses directly to a GP who was on annual leave and a delay occurred. No harm came to the patient but the process was immediately changed so that anyone wishing to communicate directly with a GP did so by contacting the staff at reception who then would allocate to the duty GP if required.
- We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. All safety alerts were circulated to staff that had to read and sign to say they had done so. Any national equipment or medicine safety alerts received that may compromise patient care prompted a search on the computer system for any patients affected, they were then contacted to inform them of any actions needed.

When there were unintended or unexpected safety incidents, patients received support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 relevant to their role. GPs were trained to Safeguarding level three for children. The practice had completed self audits on safeguarding children and adults. These audits had been used to improve patient care.

- 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, the last being in February 2016. We saw evidence that action was taken to address any improvements identified as a result. For example, it was found that one member of staff was yet to have had hand hygiene training, this was planned in to happen three days later. Every day there was a 'walk around' of the premises by the management to ensure all areas were clean and tidy.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed eight personnel files and found appropriate recruitment checks had been undertaken

## Are services safe?

prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

There were 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. There was a buddy system in place for GPs to check that any results were followed up should the GPs be absent.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. The last fire training for all staff was completed in July 2015.
- 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). The legionella risk assessment was updated in February 2016.

- 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 and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.



# 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 patient's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice was involved in a collaborative project with two other local practices. The project was funded by an over 75's project scheme by Dorset clinical commissioning group, known as the Anticipatory Care Team. The project was aimed at reducing emergency hospital admissions by offering routine and urgent care to frail older patients who could not easily access practice facilities. The team consisted of a nurse practitioner and nurse, with an administrator. The nurse practitioner undertook acute visits, allowing prompt assessment and treatment (usually earlier in the day than a GP could visit). We saw data that showed a 3.4% decrease in patients admitted to hospital in the period from January to December 2015 compared to the same period the year before. This related in real terms to 23 less patients being admitted to hospital.
- The practice identified all housebound patients including a small number that lived in care homes. Proactive personalised anticipatory care plans were in place for each of these patients. These care plans reflected patient identified goals and included information such as a falls risk assessment, medicines management, social and mental health issues and end of life choices. The care plans were shared with other professional and the out of hour's service to ensure good continuity of care.

### 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 100% of the total number of points available, with 9.39% exception reporting. (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. Data showed;

- Performance for diabetes related indicators was better to the Clinical Commissioning Group (CCG) and national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 97.78% compared to the national average of 91.17%.
- The percentage of patients with hypertension having regular blood pressure tests was 89.13% which was better than the national average 84.7%.
- Performance for mental health related indicators was better than the CCG and national 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 (01/04/2014 to 1/03/2015) was 95.16% compared to the national average of 84.89%

Clinical audits demonstrated quality improvement.

- The practice had undertake a total of 52 audits in the past year. We looked at five of the audits which were completed audits where the improvements made were implemented and monitored. For example, an audit was performed to identify the numbers of patients receiving a medicine which had side effects if taken on a long term basis. The audit found 24 patients were receiving this medicine. Actions were taken including information sharing with patients. A repeat audit undertaken a year later showed only one patient was still receiving the medicine on repeat prescription which was an improvement from the previous year.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.



# Are services effective?

(for example, treatment is effective)

The practice had a quality improvement plan in place. Each GP chose a clinical area, for example, diabetes. They then undertook some research into the latest good practice including current NICE guidelines, if required they undertook some further training, they then discussed their findings with the other clinicians within the practice and agreed actions to improve patient care. For example, a new updated protocol was introduced for patients taking oral medicines for diabetes to ensure more specific and targeting prescribing. This protocol was also embedded into the clinical system.

We saw data, which showed that Moordown Medical Practice was consistently efficient in prescribing effectively.

## Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, 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.

## Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.

- GPs used an NHS e-Referral Service to refer patients to secondary care (hospital trusts). Urgent cancer appointments were made usually on the same day or if not within 24 hours. The system in place used by the administrative staff enabled them to check the referral had been received and an appointment had been made. Every month a search was routinely undertaken on the clinical system and a list of all patients that had been referred was produced and given to each GP who would then follow this up by contacting the patient.
- Staff worked effectively with other health and social care services 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. Every patient had a named GP to provide continuity of care. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that patient held care plans were routinely reviewed and updated by the whole multi-disciplinary team. The practice held registers to identify patients with learning disabilities, mental health needs, and palliative care needs along with names of patients who were also carers.
- The Practice has a lead GP for mental health patients. Patients with depression were actively monitored and regularly reviewed. The practice had good relationships and communication with community mental health teams, who also attended multi-disciplinary meetings at the practice for discussion of patient care. The practice liaised with the voluntary sector, who also attended those meetings, for additional support.

## Consent to care and treatment



## Are services effective? (for example, treatment is effective)

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 patients, 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.

### 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 and those requiring advice on their diet and smoking and alcohol cessation.

- The practice's uptake for the cervical screening programme was 94.87% which was better than the national average of 83.17%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97.6% to 94.5% and five year olds from 94.7% to 99.1%.

Patients had access to appropriate health assessments and checks. 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 18 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 four 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. Care Quality Commission comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey (July 2015) showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96.2% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91.9% and national average of 88.6%
- 92.6% of patients said the GP gave them enough time (CCG average 89.9% national average 86.6%).
- 99% of patients said they had confidence and trust in the last GP they saw (CCG average 96.9% national average 95.2%)

- 87.3% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 89.2%, national average 89.2%).
- 93.4% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 92.3%, national average 90.4%).
- 88% of patients said they found the receptionists at the practice helpful (CCG average 89.8%, national average 86.8%)

### 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 on the comment cards we received was also positive and aligned with these views.

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

- 90.4% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 89.1% and national average of 86.0%.
- 86.3% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 86.1% and national average 81.4%)
- 92.7% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 93.7% and national average 91.9%)

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

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

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

## Are services caring?

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

- The practice offered extended hours on a Monday and Friday morning from 7.30am and on Tuesday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulties attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccinations available privately.
- There were disabled facilities and translation services available. A hearing loop had been purchased and would be installed as soon as possible.
- The practice had level access throughout, had disabled facilities, a quiet room and baby changing facilities.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. The practice offered a range of appointment types including book on the day and advance appointments and could request telephone consultations. The practice was open to patients between Monday and Friday 8am until 6.30pm. Extended hours were offered on Mondays 7.30am until 8am, Tuesday until 8pm and Friday 7.30am until 8am.

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.

- 84.64 % of patients were satisfied with the practice's opening hours compared to the national average of 78.3%.
- 97.52% of patients said they could get through easily to the practice by phone compared to the national average of 73.2%.
- 51.51% of patients said they always or almost always see or speak to the GP they prefer (national average 36.17%).

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.
- 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, there were leaflets available and information on the website

We looked at eight complaints received between February 2015 and February 2016 and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient had complained about the attitude of a locum GP during their consultation. This complaint was taken seriously and investigated thoroughly. The patient was kept informed of the ongoing investigation and was satisfied with the outcome.

# 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 work together to provide a high quality responsive service that put caring and patient safety at its heart. Its aim was to provide the kind of patient centred care that they themselves would like for their families and themselves. The Practice Manager said that staff were dedicated and loyal and would always do what they could to ensure their patients received good care.

### Governance arrangements

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

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

### Leadership and culture

The GP partners in the practice had experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The management team had an open door policy, were always available, approachable and took the time to listen to all members of staff. Staff were involved in discussions about how to develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service using the protected learning times.

There was a clear leadership structure in place and staff told us they felt supported, respected and valued by the management team. Staff told us that the practice held regular team meetings and we were able to review minutes from the meetings.

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
- They kept written records of verbal interactions as well as written correspondence.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had an active patient participation group (PPG) consisting of 108 members both actual and virtual, who met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they were recently involved in de-cluttering the waiting room of posters and information that was not relevant and the installation of a new information display folder. The PPG was made up of a variety of patient ages including those of working age; they were actively encouraging patients in other age groups to join the group.

The practice was in the process of developing a newsletter. This newsletter would contain information about any changes in the practice, and keep patients up to date. The practice was open to ideas from its staff and welcomed their opinion on the way the practice was running and the changes that could be made. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team.

### Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice.

# Are services well-led?

Good 

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

- The staff team were actively encouraged and supported with their personal development. This included the effective use of protected learning times and access to online training materials.
- The practice monitored and audited the service they provided and planned ahead to ensure continuity and further development of the services it provided.
- The practice had just succeeded in becoming a teaching practice and were looking forward to welcoming GP trainees in August of this year.
- The practice was involved in a collaborative project with two other local practices. The project was aimed at reducing emergency hospital admissions. The project team consisted of a nurse practitioner and nurse, with an administrator. The nurse practitioner undertook acute visits, allowing prompt assessment and treatment (usually earlier in the day than a GP could visit). We saw data which showed a 3.4% decrease in patients admitted to hospital this related in real terms to 23 less patients being admitted to hospital.