Walford Mill Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Walford Mill Medical Centre on 30 November 2016. Overall the practice is rated as good.

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

- Patients experienced flexible services that aimed to provide choice and continuity of care. The practice had a higher percentage of patients over 75 years compared with the national average and had developed services to meet their needs. Examples included individualised approach to triage by the patients own GP. Tracker nurses (carrying out home visits) working closely with GPs to support vulnerable patients resulting in a reduction of unplanned hospital admissions.
- 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. The practice was piloting an integrated multidisciplinary approach to monitoring vulnerable patients in the community.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. The practice reviewed its staffing requirements in line with changing patient demand. Staff were actively encouraged to develop their skills and had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- All 21 patients who gave feedback 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 provider was aware of and complied with the requirements of the duty of candour.
- The practice achieved high levels of performance with patient involvement about decisions of their care and treatment. For example, 98% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.

We saw one area of outstanding practice:

A pilot was underway for a new approach to triage patients under 16. This aimed to increase parent awareness of red flag symptoms requiring urgent assessment, such as a high fever and promotion of self management were appropriate. Although in the early stages of the pilot, some positive outcomes were seen. Records demonstrated the practice had identified parents needing additional support, had put this in place and were receiving prompt assessment and reassurance when their child was ill.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

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

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- All 21 patients who gave feedback 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.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

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

Are services well-led?

Good

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

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

Summary of findings

The six population groups and what we found

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

Older people

Outstanding ☆

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

- The practice 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.
- Patients experienced flexible services that aimed to provide choice and continuity of care.The practice had a higher percentage of patients over 75 years compared with the national average and had developed services to meet their needs.Examples included individualised approach to triage by the patients own GP.Tracker nurses (carrying out home visits) working closely with GPs to support vulnerable patients resulting in a reduction of unplanned hospital admissions.
- There was proactive identification of carers and patients being cared for, with 3% of the total patient list recorded as such.Additional support was available such as prioritisation of appointments to support carers.
- Enhanced appointments lasting up to 20 minutes were available for older and vulnerable patients with chronic health conditions and complex needs.

People with long term conditions

Good ●

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 97% of patients on the diabetes register, had a record of a foot examination and risk classification within the preceding 12 months, which is above the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Good

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

- The practice was trialling a new approach to triage of patients under 16. This aimed to increase parent awareness of red flag symptoms requiring urgent assessment and promotion of self management were appropriate. Although in the early stages of the pilot, some positive outcomes were seen. Records demonstrated the practice had identified parents needing additional support, had put this in place and were receiving prompt assessment and reassurance when their child was ill.
- 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.
- 87% of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years) which is above the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

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

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- 98% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and seventeen survey forms were distributed and 121 were returned. This represented 1.9% of the practice's patient list.

- 75% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the national average of 85%).
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were all positive about the standard of care received. Patients described staff as being caring and responsive to their needs. For example, patients said that the team were very attentive when they had experienced bereavement.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The seven patients were also part of the newly formed patient participation group (PPG). They told us they were encouraged to be involved in improving the service and saw the wider development of community initiatives such as better care for people with dementia and support for their carers.

Walford Mill Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Walford Mill Medical Centre

Walford Mill Medical Centre, located at Knobcrook Road, Wimborne, Dorset BH21 1NL is a purpose built practice. There is an independent pharmacy on site and car parking facilities.

The practice patient list was just over 6441 patients. The percentage of patients over 65 years is higher than the Dorset Clinical Commissioning Group average and above the average for England. There is a higher prevalence of chronic disease and life limiting illness for patients, with associated risks of isolation and vulnerability in old age. There is low social deprivation in the area. All of the patients have a named GP.

Walford Mill Medical Centre has three GP Partners, two female and one male. The GP partners are supported by two female GPs and one male salaried GP. The practice has a specialist nurse, a senior nurse, two practice nurses and a healthcare assistant. Administrative and reception staff are managed by a practice manager who works closely with the rest of the team. There is also community nurses and a health visitor that support the practice in delivering care to patients in the community.

The practice is open between 8.30am and 6.30pm Monday to Friday. Appointments are from 8.30am to 12pm every morning and 2pm to 6.30pm daily. Extended hours appointments are offered between 6.30 and 7.30pm every Monday and Wednesday and one Saturday morning per month. Telephone appointments are available Monday to Friday by arrangement. Patients are able to book routine appointments on line up to three months in advance. Information about opening times and appointments is listed on the practice website and patient information leaflet.

When the practice is closed, patients are directed to the out of hours services, provided by the Dorset Emergency Care Service via 111.

The practice has a Personal Medical Service (PMS) contract.

The following regulated activities are carried out at the practice: Treatment of disease, disorder or injury; Surgical procedures; Family planning; Diagnostic and screening procedures; Maternity and midwifery services.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30 November 2016.

During our visit we:

- Spoke with a range of staff (GPs, nurses, administrative and reception staff and the practice manager) and spoke with seven 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 15 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had reviewed its flu clinic protocol after a patient was given pneumovax twice (a preventative vaccine given to patients who could have an increased risk of chest infections). Practice nurses explained that they were only able to give flu vaccine during such clinics to prevent this from happening again.

The practice demonstrated it had highlighted areas for improvement with other health and social care providers. For example, GPs were working closely with colleagues to review care pathways such as those for patients receiving warfarin treatment (a blood thinning medicine used to prevent the risk of blood clots for patients with heart conditions) who needed close monitoring.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses had completed child safeguarding level two training.
- 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 and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). We saw vaccines storage audits had been carried out regularly. These demonstrated that there was stock rotation procedures and vaccines were maintained at an appropriate temperature making them safe for patient use. 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. An example audit seen searched for all patients being treated with a pain relieving medicine. Blood checks were required as

standard monitoring of these patients, to check their full blood count and liver function. The practice had acted on the information from this audit and had recalled four patients for these tests. Safeguards such as the use of templates with mandatory fields to record monitoring checks being done were also in place. Prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- 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 prominent areas such as the kitchen which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Records showed the most recent fire drill was in November 2016. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked annually 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). We saw window blinds had looped cords, which may present a safety risk for young children. The practice had not carried out a risk assessment but provided evidence within 24 hours demonstrating that it had done so and reduced the risk for patients by shortening cords.
- 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 practice had considered feedback, reviewed patient demand and reviewed staffing to meet current and future needs of patients. GPs and nursing staff had buddies so that any ongoing results or referrals were followed up in a timely way if they were on leave. A practice nurse was being mentored by GPs and was in the process of studying for an advanced nurse practice qualification, which included safe triage of patients. GPs told us this would extend the triage skills of the team, making best use of resources and ensured patients were directed to the appropriate part of the service at the practice.

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. Records demonstrated equipment, such as oxygen storage was checked by a contractor in October 2016.
- 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 with the exception of injectable glucagon (a substance used to raise blood sugar levels for patients with diabetes). The injectable glucagon was within the printed date on the packaging, but was not refrigerated. The practice was unable to provide assurance that the storage of this emergency medicine followed current guidelines to ensure it was effective and safe to use with patients. However, within 24 hours the practice sent us evidence showing a risk assessment was completed and procedures for labelling injectable glucagon were reviewed ensuring the injectable glucagon was stored as per guidelines.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency

Good

Are services safe?

contact numbers for staff. The practice had utilised this plan when successfully dealing with an emergency flood at the practice, which required refurbishment of a first floor kitchen used by staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, the practice had checked whether any patients had been prescribed a steroid medicine highlighted in a Medical Health Regulations Alert. No patients were found to have this medicine when a search was conducted. The practice manager and prescribing lead GP told us they had oversight of this information ensuring that actions had been completed.

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.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators was above the national average. For example, 97% of patients on the diabetes register, had a record of a foot examination and risk classification within the preceding 12 months, which is above the national average of 88%.
- Performance for mental health related indicators was similar to the national average. For example 88% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months compared to the national average of 90%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.For example, audits of patients with chronic obstruct pulmonary disease found that all patients with this condition had a rescue pack as per national guidelines. The rescue pack included steroid and antibiotic medicines, which a patient could use to help prevent an exacerbation of their condition that could require hospital admission.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, data showed that the practice had been the third lowest prescriber of antibiotics in the locality for the previous year.Widely published evidence highlighted the risks associated with antibiotic resistance impacting upon the successful treatment of infections. There was a worldwide drive and a national plan in the United Kingdom to reduce the overuse of antibiotics to increase their effectiveness when needed.
- Findings were used by the practice to improve services. For example, the practice carried out a review of dermatology referrals made to secondary services.The aim was to determine whether referrals were appropriate and learn from the outcomes experienced by patients.Ten patient referrals were looked at in depth, all of which were clinically appropriate. Out of this sample, GPs had escalated concerns for suspected skin cancer and two patients were diagnosed and treated as a result of being referred to the dermatology service.

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, nurses reviewed patients with long-term conditions and had been supported to attend specialist training so that they were able to carry out spirometry

Good

Are services effective?

(for example, treatment is effective)

for patients with respiratory conditions. Spriometry helps diagnose and determine the severity of various lung conditions, such as chronic obstructive pulmonary disease (COPD).

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

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis, which we received positive feedback about from a participant, when care plans were routinely reviewed and updated for patients with complex needs. A health professional gave positive feedback about the level and frequency of communications about vulnerable patients from all of the staff at the practice.

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. For example, standardised templates were used for all consultations, which had a prompt for consent to be obtained and recorded.We saw the baby immunisation template, which included a mandatory field for completion for nursing staff to record when consent had been obtained from a parent or legal guardian for looked after children.
- 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 were signposted to the relevant service.
- Staff had identified families who needed additional support and encouragement to lead healthier lives. For example, the practice had adjustments in place to support any patient with mental health needs or learning disabilities.These included one to one contact with a named member of staff and longer appointments using easy read information to discuss self checks such as breast checks for women.

The practice's uptake for the cervical screening programme was 85%, which was above the CCG average of 76% and the national average of 82%. There was a policy to offer

Good

Are services effective?

(for example, treatment is effective)

telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 64% to 98% and five year olds from 59% to 100%. (CCG under two year olds ranged from 71% to 96% and five year olds from 74% to 97%). We spoke with nursing staff about the immunisation rate for children under two for meningitis C, which was 72.2%. They told us that this had become a combined immunisation mid-year, which then affected the data showing performance in this area.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.The practice had made alterations to the reception area, relocating administrative staff to improve privacy when discussing confidential matters with patients, other professionals and providers during telephone calls.

All of the 15 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 six members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%).
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%)
- 92% 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%).
- 96% 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%).
- 89% 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 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 above local and national averages. For example:

- 92% 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%.
- 90% 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%.
- 90% 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.

Good

Are services caring?

- Information leaflets were available in easy read format. For example, the practice had downloaded and was using an easy read version of the friends and family questions enabling people with learning disabilities to provide feedback.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 172 patients as carers (about 3% of the practice list). Two staff had recently taken over being carers leads at the practice. An action plan was in place, which highlighted the challenges of encouraging patients to identify themselves as carers and several initiatives were underway to address this. There was a carers notice board in the waiting room displaying written information to direct carers to the various avenues of support available to them. During the Summer of 2016, the practice had encouraged carers to link up with a local charity that provided training for informal carers of people with dementia.

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. Another example seen was GPs routinely wrote to women whose pregnancy had not progressed, recognising their loss and offering early support such as offering an appointment to see their GP.

Nursing staff showed us equipment they used for babies and children who were being immunised. They used play and positive reinforcement to relax and distract the young patients; for example, playing a magic game and then rewarding the child with a sticker after being immunised.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The percentage of patients over 65 years was higher than the Dorset Clinical Commissioning Group average and above the average for England. There was a higher prevalence of chronic disease and life limiting illness for patients, with associated risks of isolation and vulnerability in old age.

- There were longer appointments available for patients with a learning disability.
- The practice offered proactive, personalised care to meet the needs of the vulnerable and older patients in its population. The practice monitored vulnerable patients who could fall outside of the normal chronic health review schedule. A 'tracker' nurse employed by the practice did home visit reviews, monitored patients and liaised with GPs to put early interventions in place to support patients. GPs told us this was helping avoid unplanned hospital admissions for these patients where ever possible.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Enhanced appointments lasting up to 20 minutes were available for patients with chronic health conditions and complex needs. All patients in this position had information on their electronic record so that staff booking any appointment knew to arrange an enhanced appointment.
- The practice was funded by the clinical commissioning group to trial an approach to triage of patients under 16. Parents had received information about accessing the 'Wessex Healthier Together' website, which explained common childhood illnesses and how to manage them. All reception staff were trained to recognise 'red flag' symptoms, such as high fever, to facilitate rapid escalation of concerns to a GP. Same day appointments were available for children and those patients with medical problems that require same day consultation. Although in the early stages of the pilot, some positive outcomes were seen. Records demonstrated the practice had identified parents needing additional support, had put support in place and ensured parents were receiving prompt assessment and reassurance when their child was ill.
- Working female patients were able to access cervical screening appointments when the practice was open on a Saturday.
- Patients were able to receive travel vaccinations available on the NHS as well as being referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.Communication needs were recorded on patient records so all contact with them followed their requirements. For example, staff showed us a secondary care referral to the podiatry clinic for a patient with learning disabilities.Records showed they requested all written contact to be in easy read/picture format for the patient.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments are from 8.30am to 12pm every morning and 2pm to 6.30pm daily. Extended hours appointments are offered between 6.30pm and 7.30pm every Monday and Wednesday and one Saturday morning per month. Patients were advised of the when the practice opened on a Saturday when requesting an appointment.

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

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

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 85% of patients said they could get through easily to the practice by phone compared to the national average of 73%).

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

The practice had a system in place to assess:

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 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 Posters were displayed in the waiting room and there was a summary leaflet available.

We looked at two out of 13 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice has recently had a new telephone system installed. The old system had generated complaints as it did not give patients options. Additionally, all administrative and reception staff were responsible for answering any incoming call from 8.30 am during the peak time to improve access for patients.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. Walford Mill Medical Centre was a long established Wimborne practice with the stated aims to provide 'patient centred care in a timely and equitable way'.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored. This was illustrated in the written and verbal feedback we received from 21 patients who were part of the inspection, the majority of which was positive.The practice had undergone major changes initiated by the retirement of a number of staff.Two GPs had retired since 2015 and the practice had attracted two new GP partners during a period of recognised national shortages of GPs. Patients and long term staff told us they had received regular communications throughout the changes and said that the impact had been minimal.
- GP partners were constantly reviewing resources and increased patient demand with senior staff at the practice. Records and discussion with key staff demonstrated the GP partners were driving changes to bring about improvement for patients. This was illustrated by; investment in a new IT system to promote integration of patient care with other health and social care providers; investment in staff development to increase skill mix to deliver greater access to assessment; and treatment for patients at peak times.

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 via a desktop icon on their computer screen.
- A comprehensive understanding of the performance of the practice was maintained.Partnership meetings with the practice manager demonstrated that the GP partners had oversight of patient outcomes, reviewed data, reports and agreed any actions required. For example, an infection control report for 2016 had been reviewed which summarised progress with training, competency and environmental upgrading required.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.Minutes seen demonstrated these were team specific as well as whole practice meetings.

Are services well-led?

Good

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

- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. Patients gave feedback via a virtual and face to face PPG.The members of the face to face PPG were in the process of developing terms of reference as part of reviewing the group aims and objectives. Six members highlighted some of the improvements they were involved with. For example, the practice was leading a pilot to integrate the support and monitoring patients receive from the multidisciplinary team in the community.PPG members were keen to influence this, particularly for patients with dementia and their carers and had already been involved in meetings.
- 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.For example, staff coming from other organisations had been encouraged to suggest different ways of working to streamline administrative processes. Staff told us they felt involved and engaged to improve how the practice was run.Staff were valued and told us they had all received a gift of flowers from the GP partners at a staff team building event after what had been a challenging year.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice initiated and was leading a pilot for the locality within the Clinical Commissioning Group (CCG). This aimed to support and inform parents and carers in making informed decisions about their child's illness and highlighted when to seek timely advice.

The GP partnership was proactively involved in developments. One of the GP partners had previously been the safeguarding lead for the locality at the Clinical Commissioning Group. Another GP partner sat on the Local Medical Committee (LMC). We saw letters demonstrating GP partners were proactive in giving constructive feedback to other stakeholders resulting in their involvement in several projects to develop better services for patients. Examples included: the integration of multidisciplinary teams to improve the co-ordination of and support of vulnerable people aimed at admission avoidance. Reviewing the clinical pathway and experience for patients on blood thinning medicines (warfarin).

Nursing staff said they were members of the British Thoracic Society, which provided current guidelines and sets standards of practise. Nurses responsible for monitoring respiratory conditions were working towards registration with the British Thoracic Society to demonstrate their ongoing competency with spirometry (used to diagnose and determine the severity of lung conditions).

The leadership team showed us its plans and information films, explaining what to expect during a consultation with a GP,prepared for the practice website. These were due to be published after the inspection. GPs told us the aim was to increase public awareness of health promotion and how best to access support from the practice when needed.