

# Dr Mark Deverell

## Quality Report

The Old Dispensary  
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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

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

# 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 Dr Mark Deverell (The Old Dispensary) on 17 August 2016. Overall the practice is rated as Outstanding

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 been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice employed a healthcare assistant to specifically look after patients aged over 75 years where they had been discharged from hospital, attended the local accident and emergency

department or had frequent contact with the practice. This was to facilitate any changes with their medicines, address their concerns and/or improve their situation to avoid further crises.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. 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.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had focussed on patient education and empowerment for more than fifteen years as a way of promoting active citizenship. This had led to a sustained improvement in the health of the population and a reduction in resource utilisation. Through active commissioning through the practices PMS contract this had led to increased investment in the practices facilities.

We saw areas of outstanding practice:

There were comprehensive systems in place to keep people safe, which took into account the current best practice. The whole team was engaged in reviewing and improving safety and safeguarding systems. Innovation was encouraged to achieve sustained improvements in safety and continual reductions in harm. Examples being, all clinical staff were trained to level three in safe

guarding children and all surfaces for example, walls, flooring, blinds and seating had contained or been treated with an antibacterial substance for hygienic cleaning.

Staff were consistent in supporting people to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill health, and every contact with patients has been used for many years to do so. For example, this had resulted in lower patient numbers with chronic diseases and a low smoking prevalence of 9% of their patient population.

People who used the services were active partners in their care and patient feedback was continually positive about the way staff treat them, for example nationally reported data was consistently higher than national average. For example, 92% 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%.

**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, patients were protected by a strong comprehensive safety system and a focus on openness, transparency and learning when things went wrong.
- 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.
- Recruitment procedures and checks were completed as required to ensure that staff were suitable and competent.
- There were appropriate arrangements for the efficient management of medicines.
- Health and safety risk assessments; for example, a fire risk assessment, infection control audit and legionella risk assessment, had been performed and were up to date.
- The practice was clean, tidy and hygienic. We found that suitable 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.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. However the exception reporting rate was higher than the CCG and national averages.
- The number of Emergency Admissions for 19 Ambulatory Care Sensitive Conditions per 1,000 population was 11.5 which were better than the national average of 14.6.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Outstanding



# Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as outstanding for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice adopted active citizenship in care, patients who used the service were active partners in their care. Staff always empower patients to take responsibility and respect their patient's individual preferences and needs which reflected how care was delivered.

Outstanding



## Are services responsive to people's needs?

The practice is rated as outstanding 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.

Outstanding



## Are services well-led?

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

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

Outstanding



# Summary of findings

leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. The approach had been supported by a contracting arrangement through a PMS contract, which had ensured that the strategy and supporting objectives were stretching, challenging and innovative, while remaining achievable. 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. As a result, reducing referral rates, prescribing rates, home visiting rates, use of emergency services and consulting rates had been stabilised or reduced consistently.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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.
- The practice employed a healthcare assistant to specifically look after patients aged over 75 years where they had been discharged from hospital, attended the local accident and emergency department or had frequent contact with the practice. This was to facilitate any changes with their medicines, address their concerns and/or improve their situation to avoid further crises.

Outstanding



### People with long term conditions

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

- The practice had retained a team approach for chronic disease management with GPs and nurses undertaking this role and patients at risk of hospital admission were identified as a priority.
- The practice offered portable ultrasound, digital photography and professional imaging software, spirometry and Doppler testing to support clinical decision making.
- Nationally reported data from the Quality and Outcomes Framework showed that outcomes for patients were good for patients with long term conditions. For example, patients diagnosed with hypertension whose last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 86% which was better than the national average of 84%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 100% which was better than the national average of 89%.

Good



# Summary of findings

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 87% which was higher than the national average of 78%.
- Longer and flexible appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice offered online appointments and repeat prescriptions, telephone consultations and comprehensive information on the practice website to allow working people to easily access the service.
- Equipment such as the automated BP, 24hr BP and 24hr ECG machines were available to save time in accessing these elsewhere
- All staff were aware of safeguarding responsibilities, through training and accessing polices, including what warning signs to look for. GPs attended safeguarding case conferences whenever possible and appreciated the impact their attendance had on the effectiveness of decision making because of their knowledge and understanding of the family concerned.
- Reception staff prioritised and added 'extra' appointments in the event of a sick child needing attention, even if the appointment book was full.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years was 84%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Outstanding





# Summary of findings

## Working age people (including those recently retired and students)

The practice is rated as outstanding 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.

Outstanding



## People whose circumstances may make them vulnerable

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

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

Outstanding



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

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

- 93% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%.
- The practice was accredited as a Dementia friendly practice and had a dementia champion.
- 100% of patients diagnosed with mental health issues had received a face to face review within the last 12 months. This was significantly better than the national average of 88%.

Good



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 233 survey forms were distributed and 122 were returned. This represented about 3% of the practice's patient list. Results from the survey showed;

- 96% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 88% 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%.
- 96% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 95% 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 26 comment cards which were all positive about the standard of care received. Patients described staff as helpful and pleasant, always being able to get an appointment, and the practice being clean and hygienic.

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

## Outstanding practice

There were comprehensive systems in place to keep people safe, which took into account the current best practice. The whole team was engaged in reviewing and improving safety and safeguarding systems. Innovation was encouraged to achieve sustained improvements in safety and continual reductions in harm. Examples being, all clinical staff were trained to level three in safe guarding children and all surfaces for example, walls, flooring, blinds and seating had contained or been treated with an antibacterial substance for hygienic cleaning.

Staff were consistent in supporting people to live healthier lives through a targeted and proactive approach

to health promotion and prevention of ill health, and every contact with patients has been used for many years to do so. For example, this had resulted in lower patient numbers with chronic diseases and a low smoking prevalence of 9% of their patient population.

People who used the services were active partners in their care and patient feedback was continually positive about the way staff treat them, for example nationally reported data was consistently higher than national average. For example, 92% 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%.

# Dr Mark Deverell

## 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 Dr Mark Deverell

Dr Mark Deverell's practice, The Old Dispensary was inspected on Wednesday 17 August 2016. This was a comprehensive inspection.

The practice is situated in the town of Wimborne in Dorset. The practice provides a primary medical service to 3,450 patients covering an area South to Merley and Corfe Mullen, North to Witchampton and Hinton Martell, West to Sturminster Marshall and East to Colehill and Holt. The practice list is currently closed for new patients due to the building being too small to cope with the number of patients that visit the practice on a daily basis.

The practice's population is in the tenth decile for deprivation, which is on a scale of one to ten. The lower the decile the more deprived an area is compared to the national average. The practice population ethnic profile is predominantly White British. The practice has a slightly higher elderly population than the national averages with 33% of the practice list aged over 60 years. The average male life expectancy for the practice area is 82 years which is higher than the national average of 79 years; female life expectancy is 86 years which is higher than the national average of 83 years.

There is a principle male GP and two female salaried GPs providing 12 GP sessions each week. The GP holds

managerial and financial responsibility for running the business. The team are supported by two practice managers, an assistant practice manager, a practice nurse, a healthcare assistant/phlebotomist (Phlebotomists are people trained to take blood samples) and five additional administration and reception staff.

The practice reception is open between 8am and 6.30pm Monday to Friday. Booked appointments are offered between 8.30am and 10.30am and between 2pm and 6pm although there is a duty GP available to see patients throughout the day. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments. Extended hours are offered on a Monday evening until 8pm and on Tuesday evening until 7pm.

Outside of these times patients are directed to contact the practice where they will be given a telephone number to call the out of hours GP. Details are also given on the practice website of other useful telephone numbers and addresses where patients can seek assistance when the practice is closed.

## 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 14 August 2016. During our visit we:

- Spoke with a range of staff including
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?

- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

### 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. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.

(DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained very high standards of cleanliness and hygiene. All surfaces, for example, walls, flooring, blinds and seating had contained or been treated with an antibacterial substance for hygienic cleaning. We observed the premises to be clean and tidy. The healthcare assistant 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 in April 2016 and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The healthcare assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).

The practice continually monitored and controlled their prescribing and budget with regards to medicines and had managed to achieve a high level of consistency in reducing spending over a fifteen year period. The benefits of this to patients was more intensive patient interactions and fewer side effects from medicines with resulting low accident and emergency attendance levels and low referral rates for hospital care.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to

## Are services safe?

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 near the staff area. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked in January 2016 to ensure the equipment was safe to use and clinical equipment was checked in February 2016 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room on each floor.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 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 were all better than national scores. For example, the patients who had a blood test result within normal limits was 93% compared with a national average of 77.5% and 96% of patients had received a foot examination, which compared to the national average score of 88%
- Performance for mental health related indicators were all better than national scores. For example, the patients who had been diagnosed with dementia and had a care review was 93% compared with a national average of 84%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the last 12 months was 100% compared with the national average of 89%.

There were areas where 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) were higher than average for example:

- The exception rate for diabetes related indicators was 19% which was higher than the Clinical Commissioning Group (CCG) of 8% and the national average of 5%.and
- The exception rate for mental health related indicators was 25% which was higher than the CCG average of 15% and the national average of 12.7%

The practice ensured all patients with long term conditions received regular reviews and high quality care with either the GP or nurse.

There was evidence of quality improvement including clinical audit.

- There had been 18 clinical audits completed in the last two years, these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, and peer review.

Findings were used by the practice to improve services. For example, the practice had undertaken a comprehensive study into improving the health and wellbeing of their patients over 75 years and identified their risk factors which led to emergency hospital admissions. The practice identified 386 patients over 75 years of age and closely studied the number of emergency admissions to hospital for this age group, the reasons for their admission and the number of consultations with the practice over the past two years. It was found that 85% of patients who had emergency admission to hospital had received a higher number of consultations with their GP and had lower blood pressure which would require careful monitoring. This information was shared with other local practices and the Clinical Commissioning Group so that other patients would benefit from this information.

### Effective staffing

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





# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and those with diabetes.
- 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, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### 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 and patients were signposted to the relevant service.

The practice had, over the past 17 years dedicated time to educating patients about healthy lifestyles and empowering them to make healthy lifestyle choices. The practice now has lower patient numbers with lower chronic diseases for example data from the GP contract 2015 showed

- The practice prevalence for obesity was 4.58% compared to the CCG average of 6.62% and the national average of 7.48%
- The prevalence for smoking was 6.09% compared to the national average of 12.71% and the national average of 15.9%

The practice's uptake for the cervical screening programme was 84% which was the same as the CCG average of 84% and above the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the



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

screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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 83% to 96% and five year olds were 100% (CCG averages were 94% to 97% and 92% to 97%).

The practice also encouraged its patients to attend national screening programmes for bowel and breast

cancer screening. The practice uptake for females being screened for breast cancer was 81.5% which was above the CCG average of 75% and was higher than the national average of 72%. The patient uptake for bowel screening was also higher at 68.5% compared to the CCG average of 64% and the national average of 58%.

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.



# 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.

- Washable screens were provided in consulting rooms to maintain patients' privacy and disposable modesty blankets were used to preserve 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 26 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.

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:

- 94% 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%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 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%.
- 92% 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%.

- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 92% 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%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

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

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



## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 60 patients as carers (about 1.7% of the practice list). The practice had a carer's lead who invited carers for an annual health check and was able to signpost them to other services locally. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the GP contacted them. 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 additional appointments on a Monday evening until 8pm and Tuesday evening until 7pm for 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 clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Patients could receive minor surgery operations at the practice.
- Equipment such as the automated Blood Pressure, 24hr Blood pressure and 24hr electrocardiogram (ECG) machines were available to save time in accessing these elsewhere.
- Patients could receive Doppler testing ( a Doppler test measures the amount of blood flow through your arteries and veins, usually those that supply blood to your arms and legs), ultrasound and digital imaging services at the practice.
- There was a hearing loop and some signage in braille, translation services were available. The practice information leaflet was available in larger print. Audio and child friendly leaflets were also available.
- The practice had a lift to assist access to the first floor.
- The practice had a visual/audio system outside the front door for patients requiring assistance. This also allowed for the patient to speak directly to the GP.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available throughout the day

and could be booked by telephone, in person or on line. Telephone consultations were also available each day with the GPs and with the practice nurse on the days they held clinics. Extended hours appointments were offered on Monday evenings until 8pm and Tuesday evenings until 7pm. In addition to pre-bookable appointments that could be booked up to three months 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.

- 88% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 96% 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:

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

### 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. The practice had been involved with a mystery shopper survey undertaken by the local Healthwatch and their complaint system on their website had been identified as a good example for other practices to follow.

We saw that information was available to help patients understand the complaints system There was a poster and leaflets displayed in the waiting room explaining how to complain should patients wish to do so.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, showing openness and transparency in dealing with the complaint. All complaints were regarded as significant events. The practice reviewed complaints



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

annually to detect themes or trends. We looked at the report for the last review and no themes had been identified. However, lessons learned from individual complaints had been acted on and improvements made to the quality of care as a result.

The practice also logged compliments which were shared with staff.

# Are services well-led?

Outstanding



(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 leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. The approach had been supported by a contracting arrangement through a PMS contract, which had ensured that the strategy and supporting objectives were stretching, challenging and innovative, while remaining achievable. Staff were clear about the vision and their responsibilities in relation to it.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The mission statement was to work towards providing effective high quality healthcare in a non-discriminatory equitable way. The practice aim was to always try to help and accommodate the needs of their patients in all circumstances.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. These were kept under review and available to any member of staff on any computer with the practice.
- A comprehensive understanding of the performance of the practice was maintained and had been maintained for over a fifteen year period to underpin effective management of their PMS contract. This demonstrated effective, high quality care provision leading to a year on year reduction in referral and consultation rates, prescribing of medicines, use of emergency services, home visiting and the prevalence of long term conditions.

- 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 principle partner 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 principle partner and salaried GPs 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 principle partner 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 meet
- 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 enjoyed working at the practice, they felt respected, valued and supported, particularly by the GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the principle partner encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

# Are services well-led?

Outstanding



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

- There was a strong collaboration and support across all staff and a common focus on improving quality of care and patients experience.

## 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 virtual patient participation group (PPG) and through surveys and complaints received. The PPG had 374 members (11.3% of the patients) who were willing to complete surveys and give their opinions on line. The practice responded to suggestions from this group, for example, installing grab rails by the front door to aid mobility and providing the option of booking appointments on line.
- 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. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice have continuously used their PMS contract over the past 15 years to improve the quality of care they provide to their patients.

The practice had monthly training sessions to cover mandatory topics and areas of interest.

The practice were in the process of looking at re-locating the practice to a larger building in a nearby village to improve access for patients