Stour Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stour Surgery on Tuesday 25 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. Staff had access to formularies and guidelines by incorporating them onto the patient computer system.
- Patients had access to the Parkinson's disease specialist nurse who visited the practice.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Feedback from friends and family tests and national surveys was also positive.
- The practice held regular multi-disciplinary team (MDT) meetings to discuss vulnerable patients. In addition cluster group meetings were run by the SCOT (Stour Community Outreach Team) and SOS (Stour Outreach Sister) teams to discuss patients on these schemes.
- The practice had identified over 4% of patients who were carers and offered them social support and signposted them to other services.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- 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.

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- We looked at the friends and family patient feedback between July and September 2016. These showed that of the 300 patients who had responded, 286 would be extremely likely or likely to recommend the practice to others.
- 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.
  - Text reminders were used to remind patients of their appointment. Patients could use text messages to cancel appointments in an attempt to reduce any 'did not attend-DNA' appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice was a teaching practice for doctors who wanted to become GPs with good feedback from trainees and the local NHS health education team.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw two areas of outstanding practice:

- The practice employed a SCOT nurse and Stour Outreach Sister (SOS) who worked with vulnerable, mainly elderly patients or patients with long term conditions to reduce hospital admissions and improve their quality of life. This model of care was appreciated by local care homes and had been adopted locally and had contributed to a reduced number of emergency hospital admissions. For example, Stour surgery had the second lowest number of emergency admissions for the year and the lowest on a rate per 1000 patients across a rolling year, which saved the CCG just under £27,000. The data also showed a continual downward trend in emergency admissions.
- The practice had set up a befriending project called Christchurch angels. The scheme, involving volunteers initially aimed to improve the health and wellbeing of people who live in the locality and had won an award in 2013. The scheme was very successful and was now run by another agency elsewhere in the town but was still supported by the practice. Since the scheme started at the end of September 2013, Stour had referred 70 patients which was the highest source of referral the scheme had received.

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

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 above average compared to the national average.
- 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.
- Staff assessed needs and delivered care in line with current evidence based guidance. Staff had access to prescribing formularies and guidelines from NICE and used this information to deliver care and treatment that met patients' needs. This was

Summary of findings

done by incorporating the guidelines onto the patient computer system which prompted staff to carry out all investigations and screening for the common long term conditions.

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.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 4.13% of the practice list as carers and facilitated a carers group who met monthly for social or educational sessions.

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. The practice offered evening appointments on a Monday and Wednesday evening until 8pm for patients who could not attend during normal opening hours along with a telephone triage system to ensure patients had a choice of access.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice employed a SCOT (Stour community outreach team) nurse and Stour Outreach Sister (SOS) who worked with vulnerable, mainly elderly patients or patients with long term

Summary of findings

conditions to reduce hospital admissions and improve the quality of life. This model of care was appreciated by local care homes and had been adopted locally and had contributed to a reduced number of emergency hospital admissions.
- The GPs, SOS nurse and SCOT nurse were able to access the SPOA (single point of access) service to ensure prompt services for patients.
- There was a daily minor illness and minor injury walk-in clinic which ran every morning from 8.30am to 10.30am. Nurses at the practice ran this service and would refer to the duty GP for any further treatment. There was a duty GP available working alongside the nurses to oversee safety and support the nurse team on a daily basis.

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.

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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients had a named GP but could see whichever GP they chose.
- 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 SCOT nurse and Stour Outreach Sister (SOS) who worked with vulnerable, mainly elderly patients or patients with long term conditions to reduce hospital admissions and improve the quality of life. This service included home visits by the SOS team and proactive care management of patients in care homes, including end of life care planning.
- The practice had initially set up and hosted 'Christchurch angels.' This was a befriending service for isolated elderly patients in the town. The service was now run by another agency but the practice regularly referred patients and had referred 70 patients since the scheme began.

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.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes for long term conditions were above average compared to the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review based around the patients birthday 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.
- A leg ulcer clinic assessment and treatment centre service was available.

Summary of findings

- Patients had access to the Parkinson's disease specialist nurse who visited the practice to discuss effective symptom control and meet any patients with complex needs.
- The GPs followed evidence based cardia care process for patients with heart conditions.
- Staff had access to prescribing formularies and guidelines from NICE and used this information to deliver care and treatment that met patients' needs. This was done by incorporating the guidelines onto the patient computer system which prompted staff to carry out all investigations and screening for the common long term conditions.
- The SOS nurse performed home visits including to patients with long term conditions. This resulted with prompt secondary referral, access to medicines and early intervention and treatment.
- The practice maintained effective links with the Dorset Adult integrated respiratory service and heart failure nurse.
- GPs and nurses encouraged patients to have access to pulmonary and cardiac rehabilitation services.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The GPs routinely saw pregnant women during their pregnancy and parents could access post-natal and six week checks at the 'one stop' vaccine appointments.
- A full range of contraceptive services were available.
- 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.
- Sexual health clinics were held each week and women's health clinics were held twice a week.

Summary of findings

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 practice was open until 8pm on Mondays and Wednesdays and offered a 'Stour Access System' of GP telephone triage with named patient lists.
- There was a nurse led daily minor illness walk-in clinic which ran every morning from 8.30am to 10.30am. This clinic was supported by the duty GP should patients need prescriptions or further treatment.
- 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.
- Text reminders were used to remind patients of their appointment. Text messages could be used to cancel appointments in an attempt to reduce any 'did not attend-DNA' appointments.
- The practice had started to introduce systems in place to identify military veterans and ensured their priority access to secondary care in line with the national Armed Forces Covenant 2014.

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.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients who needed more time.
- 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.

Summary of findings

- The practice had identified 4.13% of the practice list as carers and facilitated a carers group who met monthly for social or educational sessions.

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).

- The practice had a dedicated mental health lead who communicated any best practice changes in the care of patients mental health.
- 79% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is slightly lower 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 in July 2016 showed the practice was performing in line with local and national averages. 218 survey forms were distributed and 118 were returned. This represented about 1.2% 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%.
- 96% 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%.
- 87% 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 38 comment cards which were all positive about the standard of care received. Patients described care and treatment as very good or excellent and said they had no complaints. When describing staff patients used the words kind, caring and helpful. There were no negative comments.

We spoke with 16 patients during the inspection. All 16 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

We looked at the friends and family patient feedback between July and September 2016. These showed that of the 300 patients who had responded, 286 would be extremely likely or likely to recommend the practice to others. Five respondents did not know and nine unlikely to recommend the practice.

Outstanding practice

We saw two areas of outstanding practice:

- The practice employed a SCOT nurse and Stour Outreach Sister (SOS) who worked with vulnerable, mainly elderly patients or patients with long term conditions to reduce hospital admissions and improve their quality of life. This model of care was appreciated by local care homes and had been adopted locally and had contributed to a reduced number of emergency hospital admissions. For example, Stour surgery had the second lowest number of emergency admissions for the year and the lowest on a rate per 1000 patients across a rolling year, which saved the CCG just under £27,000. The data also showed a continual downward trend in emergency admissions.
- The practice had historically set up a befriending project called Christchurch angels. The scheme, involving volunteers initially aimed to improve the health and wellbeing of people who live in the locality and had won an award in 2013. The scheme was very successful and was now run by another agency elsewhere in the town but was still promoted and supported by the practice. Since the scheme started at the end of September 2013, Stour had referred 70 patients which was the highest source of referral the scheme had received.

Stour Surgery

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 and an Expert by Experience.

Background to Stour Surgery

Stour surgery is located in Christchurch Dorset and has an NHS England general medical services (GMS) contract to provide health services to approximately 9950 patients. The practice is open between 8.30am and 6pm on Tuesday, Thursdays and Fridays and until 8pm on Mondays to Fridays. In addition, open surgeries were available each morning and pre-bookable appointments could be booked up to four weeks in advance. Telephone triage and telephone appointments are also available. Urgent appointments are also available for patients that needed them.

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

Data from public health England showed that the mix of patient's gender (male/female) is almost 50% each. 11% of patients were above the age of 75 which is higher than the England average of 7.8%. 3.7% of the patients are aged over 85 years old which is higher than the England average of 2.3%. There was no data on ethnicity however staff said they thought the majority of practice patients are white British. The practice informed us that 8160 of the 9950 patients are recorded with English as their first language, 24 Mandarin, 17 Polish, 10 Russian and a number of various European Languages. The practice added that the Summer months sees an increase in foreign language school students so had translation facilities available. The deprivation score for the practice area is recorded as eight on a scale of one to ten. One being more deprived and ten being less deprived.

The practice is a teaching practice for doctors who wanted to become GPs with good feedback from trainees and the local NHS health education team. One of the GPs had been identified as a suitable trainer for GP trainees who had experienced difficulties with the training programme. Three partners are currently trainers and there are usually two or three trainees based at the practice. Four of the GPs working at the practice had previously been trainees at Stour surgery. In addition the practice provided a learning environment to paramedics and student nurses.

The practice has an established team of seven GPs (three male and four female). Four of these GPs are partners who hold managerial and financial responsibility for running the business. The GP partners are supported by two GP registrars and a salaried GP who together provide just under four whole time equivalent. The GPs are supported by a practice manager, assistant practice manager, finance manager, five practice nurses, three outreach nurses, two health care assistants and additional administration and reception staff.

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

49 Barrack Road

Christchurch

Dorset

BH23 1PA

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 October 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 38 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, a cervical smear was labelled incorrectly with a similar patient name. No harm came to the patient. The incident was investigated and reviewed. Staff were reminded about correct processes and the staff member was supported through the process to reduce the likelihood of similar occurrences.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses were trained to level two and administration staff to level one.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. The practice employed their own cleaning staff who also carried out checks such as legionella water temperature checks. We observed the premises to be very clean and tidy. The lead 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 and cold chain policy 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. For example, an audit in July 2016 had indicated a need to update the infection control policy and include infection control as a standing agenda item in nurses meetings. A new infection control checklist had also been introduced and performed in October 2016.
- 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. The practice promoted electronic prescribing and had been the highest adopter of electronic prescribing in Dorset.

Good

Are services safe?

- 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 flu vaccines against a patient specific prescription or direction from a prescriber.
- The practice used liquid nitrogen for certain treatments. Appropriate policies and storage facilities and protective equipment were in place.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice were proud of the fact that they had recruited additional GP staff, despite the national shortage of GPs and were in the process of welcoming two new GP partners.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. An environmental risk assessment had been performed in August 2016 and had not highlighted any areas of concern. The practice had up to date fire risk assessments and carried out regular fire safety training. A fire safety inspection had been performed in April 2016. All electrical equipment was checked to ensure the equipment was safe to use and had last been checked in February 2016. Clinical equipment had been checked in June 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.
- 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.

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 prescribing formularies and guidelines from NICE and used this information to deliver care and treatment that met patients' needs. This was done by incorporating the guidelines onto the patient computer system which prompted staff to carry out all investigations and screening for the common long term conditions.
- 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). Data from 2014/15 showed that published results were 100% of the total number of points available which was higher than the CCG average of 98% and national average of 95%. Data for 2016 showed the practice continued to perform well.

Exception reporting was comparable with local and national averages. For example, exception reporting for clinical domains was 11% compared to the CCG average of 12% and national average of 9%. 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. We saw that exception reporting was within acceptable range and that the GPs were able to explain the reasons for any exceptions.

Data from 2014/15 showed:

- Performance for diabetes related indicators were comparable to the national average. For example, the percentage of patients who had a normal cholesterol level recorded was 80% compared to the national average of 80%
- Performance for mental health related indicators was slightly better than national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 96% compared to a CCG average of 92% and national average of 88%.

There was evidence of quality improvement including clinical audit.

- We looked at six clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve and monitor services. For example, recent action taken as a result included an audit was performed to make sure the practice were prescribing a type of anti-inflammatory medicines in line with CCG and national guidance. Both cycles of this audit demonstrated that the guidelines were being followed.
- Audits were also performed on non-clinical systems. For example, the annual audit programme included audits for financial processes, fire systems, use of smart cards and infection control processes.

The GPs told us they also carried out random case analysis of the nurse led minor injuries and minor illness clinics. An analysis of these clinics showed that since 1999 the nurses have on average seen 1500 patients a year as a nurse consultation. During this time there had been no minor illness or injury clinic significant events recorded.

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.

Good

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Nurses at the practice ran a daily walk in minor illness clinic. The nurses had undergone further accredited minor illness and injury training. This had involved history taking, patient assessment, physical examination and formal assessment of areas including respiratory, cardiovascular, neurological, glands, abdominal exams. The nurses worked to standard and annually reviewed protocols such as sore throat, diarrhoea, earache, and urinary tract infection.
- 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, appraisals 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.
- GPs at the practice had a specialist interest in women's health, diabetes, musculoskeletal medicine, elderly care, sexual and reproductive health, respiratory medicine and cancer care.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.
- The SOS nurse worked with patients and their families living in care homes to discuss end of life wishes and care.
- Anticipatory care plans were in place for patients who were most at risk of hospital admission.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Patients had access to the Parkinson's disease specialist nurse who visited the practice.
- A dietician and podiatry services were available.

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

Good

Are services effective?

(for example, treatment is effective)

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

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, in 2014/15 65% of eligible patients had taken up bowel screening which was comparable to the CCG average of 64% and better than the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 98% which was better than the national averages of 73% and 95%. Vaccination rates for five year olds ranged from 85% to 100% which was better than the national averages of between 81% and 95%.

Patients had access to appropriate health assessments and checks. The practice offered NHS health checks. 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.

All of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered very good or an excellent service and said staff were kind, helpful, caring and treated them with dignity and respect.

We spoke with a member 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 either comparable or slightly above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% 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%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 90% 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%
- 89% 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%
- 89% 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%.
- 91% 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 slightly better than 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%.
- 88% 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%.
- 89% 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.

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.

Good

Are services caring?

The practice had identified 403 patients as carers, 4.13% of the practice list. Written information was available to direct carers to the various avenues of support available to them. The practice facilitated a carers group who met monthly for social or educational sessions. Topics had included talks on medicines management, home safety and birds and wildlife. Patients told us the group was mutually supportive and bereaved carers continue to attend. The group had an annual Christmas party and a Summer cream tea outing funded by the surgery.

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 the SCOT nurse providing 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.

The practice had started to introduce systems in place to identify military veterans and ensured their priority access to secondary care in line with the national Armed Forces Covenant 2014.

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 practice offered evening appointments on a Monday and Wednesday evening until 8pm for patients who could not attend during normal opening hours.
- The practice offered 'minor illness clinics' each morning along with a telephone triage system to ensure patients had a choice of access.
- There were longer appointments available for patients who required them.
- Home visits were available for patients who needed them. These were carried out by the SOS (Stour outreach service) and offered an earlier visiting time and prompt treatment if required.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- There was a children's area which included a small range of toys and pictures to entertain children.
- Patients requiring blood samples were signposted to the nearby hospital. The GPs and nurses said blood results were usually available quicker and only two of the 16 patients we spoke with found this a problem.

The practice had responded to the needs of the elderly, vulnerable, housebound and those with long term conditions and introduced a 'SCOT' nurse. (Stour Community Outreach Team nurse). The SCOT nurse was funded by the practice and acted as a sign post for vulnerable mainly elderly patients or patients with long term conditions to reduce hospital admissions and improve the quality of life. This model of care had been adopted locally with various vulnerable patient teams set up and then then further developed into an over 75's team running alongside SCOT. The criteria for SCOT patients included frequent attendance at the practice, two or more hospital admissions, recently bereaved patients or those with little social support.

The practice, in collaboration with another medical centre, employed an experienced nurse (Stour Outreach Sister-SOS) to visit patients over 75 years old early in the day to try and avoid unnecessary admissions. The SOS nurse visited patients in their own homes and in care homes and proactively managed patients care and treatment needs.

The practice held weekly multi-disciplinary team (MDT) meetings. GPs reviewed the acute admissions end of life patients, safeguarding issues and education on a rota basis in the meetings. This MDT had been held on a Friday lunch time and had been a major factor in encouraging communication both within the surgery and with outside teams such as Community Nurses, Health Visitors, local pharmacist and Palliative care teams. In addition, weekly cluster group meetings were run by the SCOT and SOS nurses. The SCOT and SOS staff found this was a useful communication tool and had contributed to reducing unscheduled care in the vulnerable.

Together the SCOT and SOS had contributed to a reduced number of emergency hospital admissions for patients with long term conditions. For example, data from the Dorset CCG showed that compared with seven practices in the Christchurch locality, Stour surgery had the second lowest number of emergency admissions for the year and the lowest on a rate per 1000 patients across a rolling year, which saved the CCG just under £27,000. The data also showed a continual downward trend in emergency admissions.

We received positive feedback from a care home manager regarding the SOS service and also about the practice as a whole.

The practice had responded to the needs of isolated patients in the community and had set up a befriending project called Christchurch angels. The scheme, involving volunteers initially aimed to improve the health and wellbeing of people who live in the locality and had won an award in 2013. The scheme was very successful and was now run by another agency elsewhere in the town but was still supported by the practice. The GPs referred patients to the befriending service with an aim to integrate vulnerable adults back into the community following a crisis, ill health and to give support to those who are lonely and isolated, with no family or friends nearby. Since the scheme started at the end of September 2013, Stour had referred 70 patients which was the highest source of referral the scheme had received.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Access to the service

The practice was open between 8.30am and 6pm Tuesdays, Thursdays and Fridays and until 8pm on Mondays and Wednesdays. Appointments were available between these times.

The practice offered a 'Stour Access System' of GP telephone triage with named patient lists. Patients were telephoned by their registered GP or Duty Doctor on the day of request and appointments arranged as appropriate, usually within 48 hours. Access at the practice included enabling the GPs to book flexible appointments, accommodating needs of more complex conditions. This allowed the GP, who knows what the patient's needs are, to plan the consultation in advance, making the necessary time available.

There was a daily minor illness and minor injury walk-in clinic which ran every morning from 8.30am to 10.30am. Nurses at the practice ran this service and would refer to the duty GP for any further treatment. There was a duty GP available working alongside the nurses to oversee safety and support the nurse team on a daily basis.

In addition to the open surgery each morning and telephone triage system, pre-bookable appointments could be booked up to four 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 better than local and national averages.

- 85% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 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 and appreciated the minor illness appointments provided.

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. This service was then provided by the SOS team.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, in the practice or on the website.

We looked at 17 complaints received in the last 18 months and found these had been satisfactorily handled, dealt with in a timely way, with openness and transparency. We saw examples 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). The practice manager kept an overview of complaints to monitor trends. We looked at this and could not identify any patterns or trends. Lessons were learnt from individual concerns and complaints. For example, a complaint about time of referral to hospital services had identified that although national and local guidance had been followed the process did not satisfy age discrimination. As a result the practice changed referral policies to ensure they included all age groups.

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 read "To provide the best possible clinical care. To have respect for our patients, their family and carers at all times and to respond to their needs and to the needs of the local community." Staff knew and understood the values.
- The practice had a 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.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. For example, the practice had an action plan to address areas where they had identified areas for improvement. This had included re organisation and updates of the policies on the shared drive, the need to respond to online feedback and the need to organise staff files and capture additional information for staff.
- There were 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.
- 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. We noted team protected learning days were held every three months.
- 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 provided a 'you said, we listened' poster which listed the practice response to feedback from the friends and family test.
- The practice used social media to inform patients of events at the practice and welcome feedback. The practice also responded promptly to feedback on the NHS choices website.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG

Are services well-led?

Good

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

started in 1990 and was called the Patients Circle. Their initial remit was to support patients and the practice alike and focused on fund raising. The group had raised over £50,000 since their inception for equipment for the benefit of patients at the practice. The practice recognised the need of a more proactive feedback group and had recently formed a newer PPG and were in the process of gathering new members and using the group for feedback.

- The practice produced a quarterly newsletter which provided patients with information about the practice. The newsletter also provided details of how patients could offer feedback.
- The practice had gathered feedback from staff through generally 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 liked working at the practice and felt involved and engaged to improve how the practice was run.
- There were daily 15 to 20 minute coffee mornings held in the staff room where staff could meet and discuss any issues. Staff told us this was an open session and very useful.

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 was involved with local schools and had participated in a project addressing poor attendance in school. The practice also arranged mock interviews for prospective medical students.

The practice were in the early stages of being a Dementia friendly surgery with the support of the Alzheimer's Society.