

Littledown Surgery

Quality Report

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Date of inspection visit: 15 June 2016
Date of publication: 11/08/2016

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Outstanding	
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 Littledown Surgery, Bournemouth on Wednesday 15 June 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.
- The practice were committed to working collaboratively with patients who had complex needs to ensure they received coordinated care. For example, one of the GPs provided a project to improve care for patients over the age of 75, in order to reduce hospital admissions and improve recognition of cognitive impairment. The project had reduced hospital admissions and had reduced the length of hospital stay.
- 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.
- 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 a proactive carers lead who had identified 3% of the practice population as carers. The ongoing support included carers coffee mornings, facilitation of outside speakers, carers health checks, links to local services for carers, and an annual newsletter of useful information.

Summary of findings

- The practice had actively sought feedback from patients and dementia specialists about the building which had resulted in changes in signage, flooring and seating. There were 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 was organised and had effective governance structures in place.
- 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 demonstrated a strong, visible, person-centred culture and staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. For example, the practice had been proactive in the care of patients with dementia.
- Patients were truly respected and valued as individuals and were empowered as partners in their care. For example, the practice worked closely with a

voluntary coordinator which had resulted in patients accessing befriending and transport services which increased social activity, reduced isolation and reduced the number of times the patient attended the practice for emotional support.

We saw an area of outstanding practice:

There was evidence of quality improvement which was used by the practice to improve services. For example, one of the GPs provided a project for patients over the age of 75 to improve care, reduce hospital admissions and improve recognition of cognitive impairment. The GP had performed two cycles of an audit which demonstrated avoidable hospital admissions dropped from 33% in 2014 to 22% in 2015. The audit also showed an increase in dementia diagnosis. For example, seven patients had been diagnosed in 2014 and this had increased to 16 patients in 2015. The audit also saw a 50% reduction in the duration of hospital stay.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice were committed to working collaboratively with patient who had complex needs to ensure they received coordinated care. For example, one of the GPs provided a over

Good



Summary of findings

75 project to improve care for patients over the age of 75, in order to reduce hospital admissions and improve recognition of cognitive impairment. The project had reduced hospital admissions and had reduced the length of hospital stay.

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.
- Patients were respected and valued as individuals and were empowered as partners in their care. Feedback from people who use the service, those who are close to them and stakeholders is continually positive about the way staff treat patients. Patients told us that staff go the extra mile and the care they receive exceeds their expectations. For example, the practice worked closely with a voluntary coordinator who described the practice staff as responsive and proactive in referring patients to the voluntary sector.
- The practice demonstrated a strong, visible, person-centred culture and staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. For example, the practice had been proactive in the care of patients with dementia. The practice had been the first Dementia Friendly practice in Bournemouth. The practice had also requested and acted upon specialist advice regarding the environment to ensure it was dementia friendly.
- The practice proactively identified carers within the practice patient list and worked closely with the voluntary services coordinator to signpost patients to services which included coffee mornings, counselling services, support groups and befriending organisations.

Outstanding



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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.

Good



Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as 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 provided a project to improve care for patients over the age of 75, its aim is to reduce hospital admissions and improve recognition of cognitive impairment. The project had reduced hospital admissions and had reduced the length of hospital stay.
- The practice worked well with a voluntary coordinator who signposted patients to most appropriate voluntary sector services – often with older people to address loneliness and social isolation.
- A leg ulcer service was offered by both practice nurses, including one who was a former community nurse and leg ulcer specialist.
- Multidisciplinary team meetings were held and included community matrons, nurses, social services and voluntary services coordinators.

Outstanding



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had a proactive carers lead who had identified 3% of the practice population as carers. The ongoing support

Good



Summary of findings

included carers coffee mornings, facilitation of outside speakers, carers health checks, links to local services for carers, and an annual newsletter of useful information which was targeted at this group of people.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The community health visiting team were based at the practice which enabled effective communication.

Good



Working age people (including those recently retired and students)

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

- The practice offered weekly evening appointments for patients who were unable to attend the practice during normal hours.
- 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.
- The practice had a successful cervical smear uptake rate. The rate for the practice was 89%, compared with 76.2% for the local clinical commission group area.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. Each of the 11 registered patients, with a learning disability, was invited by letter and this had been followed up with a telephone call. The practice had re written the invitation leaflet for the health checks to make it more user friendly and had also communicated with the learning disability specialist nurse for advice. The practice told us this had still resulted in just four patients attending for a health check.
- 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. For example, practice staff have worked with local groups to develop a Carers Café at a nearby Church. This was promoted to carers during the coffee mornings and patient groups.
- 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 listened to feedback from vulnerable groups and made changes to the environment. For example, the practice manager had invited a wheelchair user around the building to discuss how the practice could improve access. In line with their feedback and to improve access for others the exterior door had recently been replaced with an automatic one, and the reception desk had been lowered to become more accessible for wheelchair users.

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).

- 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.

Good



Summary of findings

- In house counselling was available at the practice and the voluntary coordinator signposted patients to support groups where appropriate.
- 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 demonstrated a strong, visible, person-centred culture and inspired to offer dementia care that was kind and promoted people's dignity. For example, the practice had been proactive in the care of patients with dementia. The practice was the first Dementia Friendly practice in Bournemouth. All staff had received Dementia Friends training which had increased staff awareness and had increased dementia diagnosis rates. The practice had also received specialist advice regarding the environment and acted upon this to ensure it was dementia friendly.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016 showed the practice was performing higher than local and national averages. 235 survey forms were distributed and 107 were returned. This represented approximately 2.4% of the practice's patient list.

- 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 85%.
- 97% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received. Patients commented about the kind and caring staff and appreciated the excellent and effective care they received. We also received appreciative and positive comments by email from eight members of the PPG group.

We spoke with ten patients during the inspection. All ten patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients said they had sufficient time in the consultation and were happy to see any of the GPs at the practice.

Patients said it was easy to get repeat prescriptions, receive regular healthcare reviews and had prompt hospital referrals. Patients explained these processes were managed efficiently. We received many comments about individual members of staff. Two patients said they sometimes had to wait to see their GP on the day but added that this was not a problem because they did not feel rushed during their appointment.

We also received eight emails from members of the practice Patient Participation Group. Their views mirrored the above views and added that any issues were managed well and resolved promptly.

We looked at the friends and family patient feedback from the last three months. These showed that of the 26 patients 23 would be extremely likely or likely to recommend the practice to others.

Outstanding practice

There was evidence of quality improvement which was used by the practice to improve services. For example, one of the GPs provided a project for patients over the age of 75 to improve care, reduce hospital admissions and improve recognition of cognitive impairment. The GP had performed two cycles of an audit which

demonstrated avoidable hospital admissions dropped from 33% in 2014 to 22% in 2015. The audit also showed an increase in dementia diagnosis. For example, seven patients had been diagnosed in 2014 and this had increased to 16 patients in 2015. The audit also saw a 50% reduction in the duration of hospital stay.

Littledown Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, GP specialist adviser, a practice manager specialist adviser and an expert by experience.

Background to Littledown Surgery

Littledown Surgery is situated in Littledown which is a suburb of Bournemouth, Dorset.

The practice has an NHSE general medical services contract to provide health services to approximately 4,505 patients. The practice is open between 8.30 and 6.30pm Monday to Friday. Extended hours appointments are offered on Monday evenings until 8.30pm. In addition to pre-bookable appointments that can be booked up to two weeks in advance, telephone appointments are 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 South Western Ambulance Service via the NHS 111 service.

The mix of patient's gender (male/female) is almost 50%. Six % of the patients are aged over 75 years old and 1% of the patients are over the age of 95. The majority of these patients live in their own homes. There was no data available to us at this time regarding ethnicity of patients but the practice stated that the majority of their patients were white British.

The practice has an established team of four GPs. There are two male and two female GPs. Two of the GPs are partners

who hold managerial and financial responsibility for running the business. The GPs are supported by a practice manager and two practice nurses. The team are supported by a team of administration staff who carry out reception, administration, scanning and secretarial duties.

We carried out our inspection at the practice's only location which is situated at:

Harewood Crescent

Littledown

Bournemouth

BH7 7BU

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 Wednesday 15 June 2016. During our visit we:

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

Detailed findings

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

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to 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. For example, a power cut had resulted in fridge temperatures going out of normal range. The practice nurses had reported this as a significant event and contacted the vaccine manufacturers for instructions whether the vaccines were safe to use. The event was also discussed at the practice meeting and a decision made to purchase a temperature data logger to monitor any fluctuations in temperatures within the vaccine fridge 24 hours per day.

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 GP 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 and nurses were trained to the appropriate level of child safeguarding training. For example, GPs to level three and nurses to level two. Administration staff were trained to level one and had access to safeguarding procedures and guidance.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. This had included replacing chairs that could not be cleaned easily and the introduction of wall mounted soap dispensers. The practice had replaced all fabric chairs as part of a recent refurbishment.
- 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 clinical commissioning group (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 and patient specific directions had been adopted by the practice to

Are services safe?

allow nurses to administer medicines in line with legislation. The GPs and practice nurses had signed these agreements in line with the requirements of their role for this task.

- We reviewed three staff personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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.

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 from 2015-16 showed that the practice had achieved 99.3% of the total number of points available. Data from 2014-15 showed the practice had achieved 98.2% which was higher than the clinical commissioning group (CCG) average of 97.7% and national results of 94.7%. Clinical exception reporting rates for the practice in 2014-15 were 6.5% which was lower than the CCG rate of 12.1% and national rate of 9.2%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

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

- Performance for diabetes related indicators was similar to the national average. For example, the practice had achieved 92.2% compared to 89.2%. Figures for 2015-16 had improved. For example the practice had achieved 97.6%

- Performance for mental health related indicators was similar to the national average. For example, data from 2014-15 showed that the practice had achieved 89.5% of the points available compared to the national average of 88.3%.

The practice used data to improve performance. For example, they were aware that the uptake of health checks from patients with a learning disability was lower than expected. The practice had re written the invitation leaflet for the health checks to make it more user friendly and had communicated with a learning disability specialist nurse for advice. Each of the 11 registered patients, with a learning disability, was invited by letter and this had been followed up with a telephone call. This had still resulted in just four patients attending for a health check.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, three 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 services. For example, one of the GPs provided a project for patients over the age of 75 to improve care, reduce hospital admissions and improve recognition of cognitive impairment. The GP had performed two cycles of an audit which demonstrated avoidable hospital admissions dropped from 33% in 2014 to 22% in 2015. The audit also showed an increase in dementia diagnosis. For example, seven patients had been diagnosed in 2014 and this had increased to 16 patients in 2015. The audit also saw a 50% reduction in the duration of hospital stay. The audit also sought patient feedback through a short multiple choice questionnaire. All 24 respondents scored the service as outstanding, excellent, or good for understanding concerns, listening, making a plan of action and making the patient feel at ease.

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. For example, respiratory diseases, diabetes and cervical smears. Training had also been undertaken in respect of the administration of travel vaccinations. 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. The practice manager monitored uptake of training on a spreadsheet. 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, appraisals and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. Staff said the support for development was very good and that there were no restrictions when additional training was identified. Staff also commented on the positive morale and informal support offered to one another.
- 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 had engaged with the local hospital trusts to implement an electronic discharge system and had

been the pilot site for the Royal Bournemouth Hospital electronic discharge process which aimed to speed up information sent to GPs when a patient was discharged from hospital.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice had safety net systems in place to ensure these processes worked effectively.

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. We spoke with an external health care professional who said communication between the practice staff and a community health visiting team was excellent and that practice staff were approachable and supportive. We spoke with the volunteer coordinator who also echoed these views.

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 recorded by the use of templates for each procedure and monitored through patient records audits.

Supporting patients to live healthier lives

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

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, and smoking were signposted to the relevant service. Leaflets displayed in the waiting room and information on the practice website advertised these groups. There was an independent volunteer coordinator who was invited to attend the monthly multidisciplinary team meetings. They were able to offer advice on voluntary service available for patients. For example, how to access counselling and healthy lifestyle groups.
- Patients who needed smoking cessation advice were directed for additional support. Data from 2015-16 showed that 99% of the 356 patients had received advice. Data from the year before showed the practice had offered 94.3% of these patients advice. This was better than the CCG number of 91.2 and national figure of 86.7%.

The practice's uptake for the cervical screening programme for 2014-15 was 90.1%, which was better than the clinical commissioning group (CCG) average of 83.7% and the national average of 74%. The results for 2015-16 showed

that the practice had achieved 89% of the programme which was higher than the CCG average of 76.2%. The practice manager explained that efficient administration and patient follow up had resulted in this increase. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.1% to 97.2% and five year olds from 93.9% to 97.4% compared with CCG averages of between 93.6% and 97.2%.



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

We spoke with 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 in January 2016 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%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 94% 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%.
- 91% 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%.

- 100% 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 90% and the national average of 87%.

Patients were truly respected and valued as individuals and were empowered as partners in their care. Feedback from people who use the service, those who are close to them and stakeholders is continually positive about the way staff treat people. Patients told us that staff go the extra mile and the care they receive exceeds their expectations. For example, the practice worked closely with a voluntary coordinator who described the practice staff as responsive and proactive in referring patients to the voluntary sector. We were given examples of this working well. For example, the practice manager had independently contacted the voluntary service coordinator about a patient who had recently suffered bereavement. This had resulted in the patient accessing befriending and transport services which increased social activity and reduced isolation.

Relationships with patients was highly valued by all staff and promoted by leaders. We were given examples where staff had worked effectively to build and maintain relationships with patients who had been unable to stay registered as a patient at other practices in the area.

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 higher than local and national averages. For example:

- 93% 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%.



Are services caring?

- 87% 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%.
- 95% 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

The practice demonstrated a strong, visible, person-centred culture and staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. For example, the practice had been proactive in the care of patients with dementia. The practice had been the first Dementia Friendly practice in Bournemouth. All staff had received Dementia Friends training which had increased staff awareness. Training on dementia had been offered to all staff including the volunteers, Patient participation group (PPG) members and other health care professionals. For example, the volunteer coordinator informed us their team had undertaken the training. Staff awareness had increased dementia diagnosis rates. For example, referrals of patients with a diagnosis of dementia had increased from 23 in October 2014 to 30 in May 2016. These patients were then referred to external support groups and carers groups and then invited for face to face reviews with their GP.

The practice had received specialist advice regarding the environment and had acted upon this in order to ensure it was 'dementia friendly'. For example, the chairs alternated in colour to assist patients with visual impairment and identify where the seating was located. A large clock and clear signage had also been part of the improvements to assist patients with time and place orientation.

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had a carers champion (lead person) who had identified 135 patients as carers. This equated to 3% of the practice patient list. The carers lead worked closely with the voluntary services coordinator to signpost patients to services which included counselling services, support groups and befriending organisations. Carers support offered at the practice included bi monthly carers coffee mornings, carers health checks were offered, links to local services for carers, an annual mail out of useful information, and a carer's newsletter. The carers lead facilitated speakers to attend the coffee mornings. Examples included talks on grants for carers, home safety checks from the fire service, advocacy for carers and selected support groups.

Relationships between people who used the service, those close to them and staff were strong, caring and supportive. For example, the practice invited the voluntary coordinator to the multi-disciplinary team meetings and worked well with charities and volunteers. This had resulted in an average of five referrals per month with patients accessing community transport, trips to the pub, shopping trips and befriending schemes. We spoke with the coordinator who told us the practice staff worked well with the voluntary sector and promoted and incorporated these services in their care packages.

Staff told us that if families had suffered bereavement, their usual 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 evening appointments every Monday until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients who required it, for example those with mobility problems, mental health needs or those 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.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8.30 and 6.30pm Monday to Friday. Extended hours appointments were offered on Monday evenings until 8.30pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, telephone appointments were available. Urgent appointments were also available for people that needed them. Patient feedback had resulted in additional telephone slots being introduced on Fridays so patients had increased access to the services of a GP.

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.

- 85% 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.

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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, there was information on the website and within the practice.

We looked at six complaints received by the practice in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a complaint about a missed diagnosis had resulted in a significant event analysis, apology to the patient and review of the processes used for referrals.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- 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 structured, kept under review and easily accessible 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.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Patients, health care professionals and staff told us the partners and practice manager 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. We were told of mutual respect shared between all staff, health care professionals and volunteers.

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.

- There was a structured programme of meetings. Staff told us these were constructive and inclusive.
- 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 were informed of away days and training sessions for all staff. The practice manager explained there had been a recent social event to thank staff for their patience during the construction work.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There were approximately 80 members of the PPG group who mostly communicated by email. There were a small number of the group who met face to face. We received eight emails from the members and met with one representative. Feedback showed patients were satisfied with the service. We were told the group met every three months, carried out patient surveys and

Are services well-led?

Good 

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

submitted proposals for improvements to the practice management team. For example, the PPG had been consulted on the building, on music played at the practice and about future projects.

- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and informal 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 voluntary coordinator told us that the practice staff had offered to trial a patient liaison and voluntary service. They added that the practice had subsequently driven the project forward and had been open to ideas and suggestions to improve patient care.