

The Dorchester Road 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?	Outstanding	
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 Dorchester Road Surgery on 14 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.
- The practice had carried out a number of risk assessments, action plans, and audits to ensure patient and staff safety. These related to areas such as safeguarding, infection control, medicines, emergency events, and health and safety.
- A legionella risk assessment had been completed, but the practice had not completed all of the required actions identified in the assessment.
- 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.
- The practice provided person centred, holistic services to patients, and particularly patients with mental health and substance misuse difficulties who were living in circumstances that made them vulnerable.
- 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.
- The practice was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and open culture and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw an area of outstanding practice:

- The practice provided a service for patients experiencing substance misuse difficulties. They offered appointments to patients living in the whole of the county and from other practices. They also offered services to patients who had just left prison

Summary of findings

and to temporary residents until they were registered with a permanent practice. The practice had 103 patients receiving substitute prescribing. Over the past year, GPs at the practice had seen 159 patients for substitute prescribing in total and 116 were patients from other practices. An audit in September 2015 showed that 28% of patients using the substance misuse service at the practice tested negative for opiate use.

The areas where the provider should make improvements are:

- The practice should review their risk management policy and processes for legionella and fire safety to meet best practice.

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 verbal or written apology. Where appropriate, they were told about any actions to improve processes to prevent the same thing happening again.
- The practice had conducted numerous risk assessments, audits, and implemented action plans, systems, and policies to improve patient safety. These related to areas including safeguarding, infection control, medicines, emergencies, and health and safety.
- However, not all actions had been implemented from the legionella risk assessment.
- Fire safety procedures were not always carried out.

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.
- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- 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 staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. For example, they had led in the development and delivery of a substance misuse programme provided in collaboration with local substance misuse services.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- We observed a strong patient-centred culture.
- 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.
- 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.
- There was a carers' lead at the practice. Staff were proactive in identifying carers and providing them with health promotion and information about the support services available.

Good



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had obtained funds to complete a renovation of the premises to meet patient needs.
- The practice had carried out a patient survey on satisfaction with appointments. As a result they had reviewed the appointment system and recruited additional members of staff with the aim of ensuring more appointments were available.
- The practice was well equipped to treat patients and meet their needs.
- The practice had carried out a patient survey on access to the practice for patients with difficulties with eyesight, hearing, and mobility. As a result they had developed an action plan to further increase accessibility and usability. Staff told us that actions had been carried out including increasing staff awareness of methods to communicate with patients with hearing difficulties.
- The practice provided a patient centred service to patients who had a dual diagnosis of substance misuse difficulties and mental health problems, and regularly worked with multidisciplinary teams to offer support. They provided a substance misuse service for patients living in the whole of the county and from other practices. They also offered support to patients who had just left prison and to temporary residents until they were registered with a permanent practice.

Outstanding



Summary of findings

- Information about how to complain was available and easy to understand. 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 accessible 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 good 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 was involved in a pilot scheme with a local care home where systems were being put in place so GP patient notes could be accessed by authorised care home staff. Care home staff could also add relevant basic patient information to GP notes if appropriate.
- The practice participated jointly with other practices in the area to provide a dedicated elderly care service aimed at hospital admission avoidance and supporting patients living in residential homes. The practice provided funds to provide a GP and nurse to visit patients in their own homes to provide proactive and preventative care.

Good



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.
- Performance for diabetes related indicators was similar to the Clinical Commissioning Group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, who had an influenza immunisation in the preceding 1 August to 31 March was 100% compared to the CCG average of 97% and national average of 94%.
- 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.

Good



Summary of findings

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 and the practice carried out audits to improve immunisation rates.
- 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 practice participated in a project with a local school where children with high levels of sickness were provided with priority appointments to enable them to return to school more quickly.
- The practice's uptake for the cervical screening programme was 88%, which was high compared to the CCG average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Findings were used by the practice to improve services. For example, a recent audit identified 11 pregnant women who had not received flu immunisation. A letter was sent explaining the benefits of flu immunisation and this resulted in three further women receiving the immunisation.
- The practice promoted breast feeding, and had provided an additional area where mothers could breast feed if they wanted greater privacy.

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 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 offered some early morning and early evening appointments for patients who could not attend in usual hours.

Good



Summary of findings

- Telephone consultations were available.
- Online appointment booking and prescription services were available.
- Patient communications could take place by text message and email if appropriate.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and other vulnerable groups.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had led in the development and delivery of a holistic substance misuse programme provided in collaboration with local substance misuse services. They provided a substance misuse service for patients living in the whole of the county and from other practices. They also offered support to patients who had just left prison and to temporary residents until they were registered with a permanent practice.

Good



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).

- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 85% and national average of 84%.
- The practice had conducted an audit to improve the rates of dementia diagnosis to 78%.
- Performance for mental health related indicators was similar to the CCG and national averages. The percentage of patients

Good



Summary of findings

diagnosed with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented, in the preceding 12 months was 95% compared to the CCG average of 92% and national average of 88%.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia and those with dual diagnoses of substance misuse difficulties and mental health difficulties.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages, 216 survey forms were distributed and 108 were returned. This represented 2.1% of the practice's patient list.

- 82% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 84% and national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and national average of 85%.
- 96% of patients described the overall experience of this GP practice as good compared to the CCG average of 90% and national average of 85%.
- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and 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 46 comment cards which were all positive about the standard of care received. Comments included that staff at the practice were kind, courteous, and helpful and that the care and treatment provided was good.

We spoke with four patients during the inspection. All patients made positive comments about the care they received and thought staff were committed and treated them with respect. However, two patients stated that there was not always enough time in appointments and that they could not always get appointments when they needed them.

The results of the Friends and Family Test showed that for the period between May and September 2016, 824 responses were received. Results were that 97% of patients would recommend the practice to friends or family, 1% would neither recommend nor not recommend the practice, and 2% would not recommend the practice.

The Dorchester Road 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.

Background to The Dorchester Road Surgery

Dorchester Road Surgery is located in Weymouth, Dorset. The practice provides services via a General Medical Services (GMS) contract (GMS contracts are a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice is based in a converted building. The practice is based on two floors. The practice is part of Dorset Clinical Commissioning Group.

The practice has approximately 5,200 registered patients. The practice had patients from all age groups with a slightly higher proportion of patients aged over 65 compared to other age ranges. The area in which the practice is located is placed in the fourth least deprived decile. In general, people living in more deprived areas tend to have a greater need for health services. According to the Office for National Statistics and information provided by the practice, the practice catchment area has a high proportion of people from a White British background.

There are four GP partners consisting of two male and two female GPs. GPs provide approximately 23 sessions per week in total. The practice employs one nurse practitioner, two nurses and one health care assistant. The practice manager is supported by a team of administrative and reception staff. The practice provides training to medical students.

The practice is open between 8.15am and 6.30pm Monday to Friday. Appointments are from 8.30am to 6pm daily. Extended hours appointments are offered between 7.10am and 8am and 6.30pm to 7.15pm every Monday. Telephone lines at the practice are open from 8.30am to 6pm each day. When the practice is closed patients are referred to the Out of Hours Service via NHS 111 service or emergency services via NHS 999. However, NHS 111 services stop providing cover for GP practices at 8am.

Services are provided from the following location:

Dorchester Road Surgery

179 Dorchester Road

Weymouth

DT4 7LE

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 October 2016. During our visit we:

- Spoke with four GPs, two nurses, one health care assistant, two receptionists, one member of administrative staff, and the practice manager.
- Spoke with four patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 46 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 and in hard copy. 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 or verbal apology and where appropriate 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, following a significant event where a patient had felt unwell following a medical procedure, the practice had contacted the patient to ensure their wellbeing and to provide an apology. They had promptly conducted an investigation and then updated consent forms with a section advising patients having this procedure to wait at the practice for a set time period afterwards and to avoid certain activities if feeling unwell. This information was also discussed verbally with patients having this procedure.

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 and flowcharts were accessible to all staff on the computer system and in hard copy. These 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, nurses, and health care assistants were trained to child protection or child safeguarding level three. The practice had conducted safeguarding audits and developed action plans to further refine existing safeguarding procedures.

- Notices 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)
- 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 all staff had signed to say that they had read this. All clinical staff had received up to date training on infection control. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). 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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role and support to attend training. Patient Group Directions had been adopted by the practice to

Are services safe?

allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and the appropriate checks through the Disclosure and Barring Service. The practice manager told us that the lead nurse and GPs were currently responsible for ensuring their own on-going registration with appropriate professional bodies.

Monitoring risks to patients

Risks to patients were assessed and generally 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. The practice had up to date fire risk assessments and the practice manager showed us that recommended actions from this had been completed, such as installing an evacuation aid for patients with mobility difficulties. We saw that servicing of fire equipment had been completed in the past year by an external company. The practice told us that they had not completed a fire drill in the past year, but that they planned to do this as soon as possible. We saw that all staff had completed fire safety training in the past year and had access to fire safety guidance. The electrical installation had been checked when the building was renovated in 2012 and gas safety checks had been completed. Electrical equipment had been 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 health and safety, control of substances hazardous to health, and infection control.
- A legionella risk assessment had been carried out in April 2015 (Legionella is a term for a particular

bacterium which can contaminate water systems in buildings). However, the practice had not completed all required actions. The risk assessment identified ten high risk and six medium risk issues that required resolution. Eight of the high risk issues and one of the medium risk issues had not been completed. On the day of the inspection the practice developed a written action plan for the completion of these tasks by the end of October 2016.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure 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.
- Staff had received basic life support training within the past year. On the day of the inspection one staff member was due to receive refresher training. The practice notified us that this staff member had completed this the next working day after the inspection and we saw evidence of this.
- The practice had a defibrillator available on the premises and oxygen with masks. A first aid kit was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and 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.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. The practice rate of exception reporting was 11%, compared to the clinical commissioning group (CCG) average of 12% and national average of 9%.

The practice had high levels of exception reporting for some indicators related to cervical screening, diabetes, dementia, and chronic obstructive pulmonary disease (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 found that exceptions were recorded in line with appropriate guidance and the practice described appropriate measures they were taking to further reduce exception reporting, such as conducting computer searches to identify patients and inviting them for appointments.

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

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the percentage of patients with diabetes who had an influenza immunisation in the preceding 1 August to 31 March was 100% compared to the CCG average of 97% and national average of 94%.

- Performance for mental health related indicators was similar to the CCG and national averages. The percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95% compared to the CCG average of 92% and national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed since January 2015 and all of these were completed audits where the improvements made were implemented and monitored. We also saw evidence of 16 managerial audits and eight medicine audits.
- The practice participated in local audits, national benchmarking, accreditation, and peer review.
- Findings were used by the practice to improve services. For example, a recent audit identified 11 pregnant women who had not received flu immunisation. A letter was sent explaining the benefits of flu immunisation and this resulted in three further women receiving the immunisation.

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 health and safety and confidentiality. The programme was adapted depending on the employee's job description and role.
- 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, family planning needs, and substance misuse difficulties.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training. 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, training updates, and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

Are services effective?

(for example, treatment is effective)

scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support, safeguarding, infection control, and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice was involved in developing a pilot with a local care home where certain GP patient notes would be accessible to senior care home staff and staff could add basic information to electronic notes if appropriate.

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 on-going 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 to review patient care and treatment.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation, patients with substance misuse difficulties, mental health problems, and patients with sensory or mobility difficulties. Patients received in house support in the form of healthcare assessments and interventions and / or were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 88%, which was better than the CCG average of 84% and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were 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 chlamydia, bowel and breast cancer screening. The percentage of females, aged 50-70 years, screened for breast cancer in the last 36 months was 74% compared to the CCG average of 76% and national average of 72%. The percentage of patients aged 60-69 years, screened for bowel cancer in the last 30 months was 64% compared to the CCG average of 64% and national average of 58%. The practice told us that they were trying to improve bowel cancer screening rates by sending follow up letters to patients who did not attend.

Childhood immunisation rates for the vaccines given were comparable to CCG and national averages. For example, for April 2015 to March 2016 childhood immunisation rates for the vaccines given to under two year olds ranged from 67% to 100% and five year olds from 82% to 98%. However, the practice showed us more recent unverified figures

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

indicating that for April to June 2016 childhood immunisation rates for under two year olds were 99% and for under five year olds 98%. The practice had completed an audit in May 2016 to identify patients under the age of 18 who had not received the full course of measles, mumps, and rubella immunisations. Letters were sent to patients inviting them to receive immunisations resulting in an additional nine children receiving the immunisation.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- 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.
- The practice had put additional sound proofing on doors and installed speakers in the waiting areas so music could be played to ensure confidentiality of conversations.
- 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 46 patient Care Quality Commission comment cards we received were positive about the service experienced. Comment cards highlighted that the practice offered an excellent service and staff were helpful, caring and treated patients with dignity and respect. Patients that we spoke with indicated that staff were usually respectful and provided help when required.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 95% 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%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 98% 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%.

- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

The practice had carried out a patient survey in November 2015 and received 47 responses. Patient feedback about GPs, nurses, and reception staff was that staff were friendly, caring, and respectful.

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. Two patients that we spoke with told us that they did not always have enough time in consultations, particularly if there was a need to discuss more than one health condition. We saw a sign in the reception area offering patients the option of requesting a double appointment if they felt that they needed a longer consultation. Patient feedback from the comment cards was very positive about the care and treatment received. 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 in line with 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%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and 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 CCG average of 88% and national average of 85%.

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

Are services caring?

- Staff told us that translation services could be organised for patients who did not have English as a first language.
- Patient information leaflets and posters were available at the practice to help provide patients with information about a range of conditions.
- The practice website provided patients with information about a range of health topics.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 170 patients as carers (3.3% of the practice list). There was a carers' lead

who attended quarterly meetings to receive updates about carers' services in the area. The practice sent out information packs to carers about support services and upcoming carers' events. They had carried out a recent audit to identify further carers of patients with dementia and identified 15 additional carers who they invited to attend a carers' event. Carers were invited to attend for flu immunisations and health checks and given flexible appointment times where possible. Written information was available on a dedicated notice board in the waiting area to direct carers to various avenues of support available to them. There was also carers' information on the practice website.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and 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. For example, the practice had identified that there was a need to renovate the premises and had obtained funding from the CCG in order to undertake this work.

- The practice offered early morning and early evening appointments for patients and for children requiring appointments outside of working and school hours.
- Telephone consultations were available.
- Online appointment booking and prescription services were available.
- Communications took place by text and email if patients requested this.
- There were longer appointments available for patients with complex or multiple health conditions and for those with learning disabilities or dementia.
- Home visits were available for 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 vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had installed a lift to improve access.
- There were baby changing facilities and the premises were suitable for children and young people.
- The practice was breast feeding friendly, and had provided an additional area where mothers could breast feed if they wanted greater privacy.
- The practice provided appointments for patients with no fixed abode and had 15 patients with no fixed address registered on the day of the inspection.
- The practice had carried out a patient survey to seek opinion on access to the practice for patients with difficulties with eyesight, hearing, and mobility. They had analysed the results and developed an action plan

to further increase accessibility and usability. Staff told us that actions had been carried out including increasing staff awareness of methods to communicate with patients with hearing difficulties.

- GPs and nurses came to the waiting areas to inform patients when it was time for their appointment. This enabled them to provide assistance to patients with sensory or mobility difficulties if required.
- The practice participated in a project with a local school where children with high levels of sickness were provided with priority appointments to enable them to return to school quickly.
- The practice provided a service for patients experiencing difficulties with substance misuse. They offered appointments to patients living in the whole of the county, and from other practices. They also offered services to patients who had just left prison and to temporary residents until they were registered with a permanent surgery. The practice had 103 patients receiving substitute prescribing on the day of the inspection. Over the past year GPs at the practice had seen 159 clients for substitute prescribing in total and 116 were patient from other surgeries. The practice held daily clinics jointly with the substance misuse nurse specialist. They also held further weekly clinics for patients who may have been recently discharged from prison and they provided appointments quickly in order to provide prescriptions where needed.
- GPs employed a holistic approach including health promotion and screening, for example immunisations, blood tests, sexual health advice and support, and advice on smoking. They also offered mental health support and signposting, and also directed patients to sources of health and social care support. We saw the practice carried out regular audits on the substance misuse service and used findings to improve practice, for example improving communications with other GP practices. An audit in September 2015 showed that 28% of patients using the substance misuse service at the practice tested negative for opiate use.
- The practice participated jointly with other practices in a project to provide a dedicated elderly care service aimed at hospital admission avoidance and supporting patients living in residential homes. The practice provided funds for specific GP and nurse to visit patients in their own home to provide proactive and preventative care.



Are services responsive to people's needs?

(for example, to feedback?)

Access to the service

The practice was open between 8.15am and 6.30pm Monday to Friday. Appointments were from 8.30am to 6pm daily. Extended hours appointments are offered between 7.10am and 8am and 6.30pm to 7.15pm every Monday. Telephone lines at the practice were open from 8.30am to 6pm. When the practice was closed patients were referred to the Out of Hours Service via NHS 111 service or emergency services via NHS 999. However, NHS 111 services stop providing cover for GP practices at 8am.

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

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% national average of 76%.
- 82% of patients said they could get through easily to the practice by phone compared to the CCG average of 84% and national average of 73%.

Two patients told us on the day of the inspection that they were able to get appointments when they needed them. However, two other patients stated that they could not always get appointments when needed.

The practice had carried out a survey in November 2015 to review patient satisfaction with appointments. Feedback was mixed in terms of patients' satisfaction with ease of seeing a preferred GP and ease and convenience of making appointments. Following this the practice had met with staff to review the appointment system and implemented an increase in the hours worked by the health care assistant, nurse, and GPs.

The practice had a clearly defined system in place to assess:

- whether a home visit was clinically necessary; and

- the urgency of the need for medical attention.

The practice had developed an information sheet for receptionists which provided clear guidance on appointment triaging. This sheet contained definitions of medical emergencies and guidance about when receptionists should seek advice from the duty doctor, book a home visit, telephone consultation, same day appointment, or routine appointment. It explicitly identified the communications systems that should be used by the receptionist to ensure effective and prompt communication with GPs. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

We looked at five complaints received in the last 24 months and found that these were dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from trends and action was taken to as a result to improve the quality of care. For example, following a complaint about an incorrect appointment booking, the practice investigated, provided the patient with an apology, and provided training and information to reception staff about correct procedures for booking appointments and maintaining confidentiality.

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 and 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 on the computer and in hard copy.
- 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 arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, not all actions relating to legionella had been undertaken.

Leadership and culture

Leaders had an inspiring shared purpose and had identified ways to motivate and support staff. On the day of inspection the partners and practice manager 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, inclusive, and compassionate care. Staff told us the partners and practice manager were approachable and always took the time to listen to all members of staff. Managers and staff told us that the culture at the practice was to value and support both staff and patients.

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 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 or 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 events were held regularly to maintain good staff morale.
- Staff said they felt respected, valued and supported, particularly by the partners and practice manager 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. The PPG communicated via email, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, feedback from the PPG survey was that not all patients were aware of the practice opening hours. We saw that the practice had provided information about these in the waiting area and on the practice website.
- The practice had gathered feedback from staff through staff surveys, through staff away days and generally through staff meetings, appraisals and discussion. Staff

Are services well-led?

Good 

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

told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, reception staff told us that they had been encouraged to provide suggestions on the building renovation plans. They described how these suggestions had been considered and where appropriate implemented, such as ensuring that the reception area was appropriate for staff and patients. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The leadership supported continuous improvement and and there was a proactive approach to seeking out and

embedding new ways of providing care and treatment. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. A systematic approach was taken to working with other organisations to improve care outcomes and tackle health inequalities. For example, the practice had taken a lead in developing and providing a holistic service for patients with substance misuse difficulties in collaboration with the local substance misuse teams. They were also developing a pilot scheme with a local nursing home whereby patient notes would be shared to improve communications. The practice jointly participated in funding a Clinical Commissioning Group scheme to provide an elderly care service.