

Milborne Port Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Milborne Port Surgery on 15 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice was involved in local pilot schemes to improve the outcomes for patients, this included Health Coaches, to enable patients to identify issues and manage their own health, social and emotional needs.

The area the provider should make improvement:

- The provider should ensure there is a comprehensive oversight of fire safety systems and processes at the branch surgery at Templecombe.

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.

Good



- 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.
- The provider should ensure there is a comprehensive oversight of fire safety systems and processes at the branch surgery at Templecombe.

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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.
- End of life care was delivered in a coordinated way.

Are services caring?

The practice is rated as good for providing caring services.

Good



- 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.
- The practice supported a pilot scheme for Health Coaches. This role had been created, to enable patients to identify and manage their own health, social and emotional needs.

Summary of findings

- The practice employed a Carers Champion to support carers and provide information for patients about the services available.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions, including people with a condition other than cancer and people with dementia.
- 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.

Good



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.

Good



Summary of findings

- 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 virtual patient participation group was active.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- There was a strong focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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.

Good



- Staff were able to recognise the signs of abuse in older people and knew how to escalate any concerns.
- 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 identified at an early stage older people who may be approaching the end of life. It involved older people in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice proactively identified patients at risk of developing long-term conditions and took action to monitor their health and help them improve their lifestyle.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- There were systems 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 accident and emergency (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 practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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).

Good



- 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, including a full range of health promotion and screening that reflects the needs for this age group.

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



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- 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.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

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).

- 85% 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 national average of 85.5%.
The practice had a system for monitoring repeat prescribing for people receiving medication for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- People at risk of dementia were identified and offered an assessment.
- The practice carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and a diagnosis of dementia.

Good



Summary of findings

What people who use the service say

The NHS England - GP Patient Survey was published July 2016. This contained aggregated data collected from July-September 2015 and January- March 2016. The results showed the practice was performing in line or above with local and national averages. 215 survey forms were distributed and 140 were returned. This represented 2.5% of the practice's patient list.

- 86% of patients were able to get an appointment to see or speak to someone at the practice, the last time they tried compared to the national average of 76%.
- 97% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 94% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards for Milborne Port Surgery and 12 for the branch surgery at Templecombe. All the cards had positive comments about the standard of care received. Patients told us they were satisfied with the care provided by the practice and said they had observed that patients had been treated with dignity and respect. Two patients commented about their experiences in regard to access to appointments.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We spoke with two patients following the inspection who confirmed the positive experiences expressed by others and included how they felt cared for, and also told us that communication between the practice and other health care providers was

good and effective. The practice did not have at present a Patient Participation Group (PPG) who met together formally but it did have a small number (150) of patients who were in contact who provided feedback to the practice.

- 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%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 97%.
- 97% 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 the national average of 85%.
- 98% 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 the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

The practice was piloting a local scheme for Health Coaches, this role had been created to enable patients to identify and manage their own health, social and emotional needs. Evidence to support that the Health Coaches were having a positive effect could be seen in the feedback the practice had obtained. Many patients expressed deep gratitude for the caring, listening support they had received.

Milborne Port 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, a CQC Pharmacy Inspector and an assistant inspector.

Background to Milborne Port Surgery

Milborne Port Surgery is located in a residential area of Milborne Port. They had approximately 5900 patients registered from around the local area which is mainly rural and which included supporting patients from Wincanton, Stalbridge and Sherbourne.

Milborne Port Surgery

Gainsborough

Milborne Port

Sherborne

Dorset

DT9 5FH

A branch surgery is located at:

Templecombe Surgery

Rock House

Station Road

Templecombe

SomersetBA8 0JR

Milborne Port Surgery is situated in a purpose built building. There are consulting rooms, treatment rooms, reception and waiting rooms on the ground floor. On the first floor, which was accessible by a lift, there are offices, meeting rooms and a staff room and areas for storage. There is a large car park to the front of the building.

Templecombe Surgery is a small two storey converted domestic dwelling situated in Templecombe approximately 6 miles away. There are consulting, examination and treatment rooms and a reception area on the ground floor. The upper storey is used for storage. There is limited parking and outside space and there is restricted access to the building for people with difficulty with mobility.

Patients can attend at either practice locations and there are dispensaries at both Milborne Port and Templecombe. The practice was able to provide pharmaceutical services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy premises. Approximately 50% of the practice population who have regular medicines obtain them from the practices dispensaries.

The practice is provided by a partnership of five GP partners with one salaried GP, four male and two female. The practice's core team of employed staff including two practice nurses and two health care assistants. The practice had a practice manager who is supported by a team of senior reception staff, reception staff, administrators, secretaries and a cleaner. The practice supports medical students.

Milborne Port Surgery is open from 8am until 6.30pm, Monday to Friday, and on Saturdays 8.30am until 11.30am. At Templecombe the surgery is open from 9am until 3pm Mondays, Tuesdays, Thursdays and Fridays. GP appointments are available at Milborne Port from 8.30am until 10.30 am and again from 3.30pm until 5.30 each day, Saturdays 8.30 until 11.30 by prior appointment only.

Detailed findings

Nursing staff have slightly longer appointment availability each day until 12.30 am, earlier start and finish for the afternoons on Monday, Tuesday and Fridays at 2.30pm until 4pm. On Wednesdays and Thursdays each week the nursing staff hold surgeries from 3.30 until 6pm.

At Templecombe, GP appointments are available from 9am until 11.10am Monday and Thursday and from 9am until 11.20am on Tuesday and Fridays. Nurse or health care assistant appointments are from 9am until 11.30am each day. The practice is closed on Wednesdays.

Patients can attend either practice should they wish to. Records, administration of the service is carried out at the Milborne Port Surgery.

The practice has a General Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice). The practice is contracted for a number of enhanced services including extended hours access for patients, children in the area

were able to benefit from receiving childhood immunisations, the assessment and provision of services for patients living with dementia and were involved in the unplanned hospital admission avoidance scheme.

The practice does not provide out of hour's services to its patients, this is provided by VOCARE. Contact information for this service is available in the practice and on the practice website.

Patient Age Distribution

0-4 years old: 4.5% (the national average 5.9%)

5-14 years old: 11% (the national average 11.4%)

15- 44 years old: 21% (the national average 40.5%)

65-74 years old: 16% (the national average 17.1%)

75-84 years old: 7.6% (the national average 7.8%)

85+ years old: 3.2% (the national average 2.3%)

Other Population Demographics

% of patients with a long standing health condition is 54% (the national average 54%)

% of patients in paid work or full time education is 60% (the national average 61.5%)

0% of the practice population was from a Black and Minority Ethnic background.

Practice List Demographics / Deprivation

Index of Multiple Deprivation 2015 (IMD): is 12.8 (the national average 21.8). The lower the number the more affluent the general population in the area, is.

Income Deprivation Affecting Children (IDACI): is 13% (the national average 19.9%)

Income Deprivation Affecting Older People (IDAOPI): is 9.7% (the national average 16.2%)

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 19 October 2016. During our visit we:

- Spoke with a range of staff We also 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?

Detailed findings

- 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 (QOF) data, this relates to the most recent information available to the CQC at that time. The practice does not participate in the QOF system, and works within the Somerset Practice Quality Scheme. The aims of the scheme were achieving sustainable general practice service by working in a federation with other GP services.

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, it was identified in April 2016, by a nurse who was temporarily working at the Templecombe surgery, on a routine check of emergency medicines that a medicine, when it had reached its expiry date had not been removed. Staff had ensured that a replacement had been acquired but had not removed the previous medicine. This event was discussed and shared across the practice team and led to a complete audit of other medicines at the branch surgery where two other medicines were identified as out of date. The practice implemented a new check system and protocol which ensured that this did not reoccur again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. The practice nurses share the role of the infection control clinical lead. 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. However, we did see that floor mops for the whole building were stored in the kitchen area at Templecombe, which posed a risk for cross infection. Appropriate signage was available throughout the practice that reminded staff and patients about good hygiene practices. Staff were taken through good hand hygiene training as part of their induction. A daily record of areas such as the treatment and consulting rooms being cleaned and checked was maintained by health care assistants and nursing staff. Personal protective equipment such as examination gloves and plastic protective aprons were available and were stored appropriately. Medical equipment used in patient examinations was single use items which were disposed of appropriately. Waste bins were foot operated and lined with the correct colour coded bin liners. Clinical waste was stored safely, sharp objects such as needles, were disposed of in accordance with best practice guidance. The practice manager had a system of audits of cleaning standards at the practice. We saw that there

Are services safe?

were good records of the cleaning schedule being completed at Milborne Port but there were gaps in the cleaning staff recording the schedule being completed at Templecombe.

- 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) medicines optimisation team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. A Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed two 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 (DBS).
- 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. To ensure continued competence in accordance with professional codes of conduct, staff who were sample takers conducted continuous self-evaluation. This included an annual audit and reflection on their individual rates of inadequate tests and abnormal test results compared with the rates reported by the local laboratory.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- Milborne Port Surgery was located in a purpose built environment. The building is leased. The practice take most of the responsibility of the care of the environment and the health and safety at the practice. Templecombe Surgery is an adapted residential building owned by the partnership who are wholly responsible for the upkeep, safety and security at these premises. The practice manager told us they were the health and safety lead for both locations and has informed us that they are in the process of obtaining up to date training for this role. We saw the audits and maintenance plans for both the practice locations. There was a process in place to ensure defects were reported and actioned. There were procedures in place for monitoring and managing risks to patient and staff safety carried out, including infection control.
- We saw that there were systems in place for fire safety at both locations. However, we saw that there was not a process in place for regular fire drills at Templecombe, although staff told us what they would do in such an emergency. We also found that none of the staff working at Templecombe were trained as fire marshals. Following the inspection we were informed that training for staff was arranged to ensure that additional staff had the skills should a fire occur at Templecombe.
- Practice staff completed fire risk assessments for both locations. However, the last fire risk assessment carried

Are services safe?

out at Templecombe by a fire safety specialist was over five years previously and we observed that the premises did not have a fire alarm system but did have smoke detectors in the building. We were informed following the inspection that an external fire safety specialist would be carrying out a fire safety check before the end of November 2016.

- 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 rooms. The practice had arrangements in place to manage emergencies. Most of the staff had completed basic life support training recently, a small number were waiting to complete their update training. Staff were able to tell us the location of all emergency medical equipment and how it should be used. Equipment was available in a range of sizes for adults and children. We were told there was always a first aider and first aid equipment available on site when the practices were open.
- 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 and details of key service providers such as gas, electric and water suppliers.

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. Medicines and Healthcare products Regulatory Agency (MHRA) are dealt with in a similar way; they are received in by a specific member of staff, shared with the lead GP for medicines management at the practice and disseminated to clinicians if relevant to the service.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice monitored that these guidelines were implemented through peer sampling of patient records and through the root cause analysis of significant events and complaints.

Management, monitoring and improving outcomes for people

This practice along with a number of practices in Somerset Clinical Commissioning Group had opted out of national Quality and Outcomes Framework (QOF). QOF is a system intended to improve the quality of general practice and reward good practice). Arrangements were replaced for 2014/15 in order to participate in an alternative, locally developed quality scheme the Somerset Practice Quality Scheme (SPQS). The aims of the scheme were about achieving sustainable general practice service by working in a federation with other GP services. This means that reporting on individual clinical indicators will appear lower than practices who have continued to deliver national QOF. This does not mean that there was any drop in the quality of clinical care; practices were continuing to provide care in accordance with NICE guidelines from NHS England. Also this practice does not use the system of exception reporting. The QOF includes the concept of 'exception reporting' is to ensure that practices are not penalised where, for example, patients do not attend for review, or

where a medication cannot be prescribed due to a contraindication or side-effect. Using information supplied by the practice we saw evidence SPQS was in place and working well. For example for 2015/2016:

- Over 81% of patients with a diagnosis of Chronic Obstructive Pulmonary Disease (COPD) had a review of their health, including an assessment of their breathlessness by a health care professional; the national average was 90%.
- Over 86% of patients, on the register with a diagnosis of diabetes had a foot examination, the national average for 2014/2015 was 88%
- Around 71% of patients diagnosed with mental health disorders such as schizophrenia, bipolar affective disorder and other psychiatric disorder had a care plan documented in their records that was agreed with the individual, their family or carers, the national average 88%.
- The practice had identified and put care plans in place for 52 (1% of the practice population) for patients living with dementia the practice population group.

We reviewed examples of the care plans for patients living with dementia, asthma and Chronic Obstructive Pulmonary Disease (COPD). We saw from one example, a patient with a diagnosis of COPD, they had in place an escalation plan should their symptoms or condition deteriorate. This information was held with the patient to be shared with other health care professionals or services that they came in contact with.

We saw how the practice had recognised and was implementing change to support patients with a significant mental health need. One of the GPs was engaged in enabling a trial with the Community Mental Health Service with placing Community Psychiatric Nurses at the practice and supporting patients and the practice to provide a comprehensive holistic plan of care to these patients. There was evidence of quality improvement including clinical audit.

- There had been a number of clinical audits completed in the last year; seven of these were completed audits for medicines and prescribing management. We saw from one audit where changes were made in the support for women of child bearing age who were prescribed a specific medication that was usually used

Are services effective?

(for example, treatment is effective)

for the treatment of epilepsy. The audit highlighted any patients who were in that group; checks were made in regard to ensuring they had been provided with the right information and contraceptive advice. A second audit highlighted new patients in this group and all but one had detail of what support and advice that they had been given included in their patient record. Where information was not in detail the patient was contacted, confirmation was obtained from the patient they had the information they needed and advice given. GPs were made aware of the issue and a regular medication reviews were set up in the patient records to ensure that these patients were monitored and appropriate support given.

- The practice participated in local audits, national benchmarking, accreditation and research.
- Findings were used by the practice to improve services. For example, in response to NICE guidance actions were taken as a result to review the care and treatment given to patient prescribed with blood thinning medications to prevent the risk of further cardiac events. All patients in this group were reviewed and offered the treatment if appropriate that was advised in the NICE guidance. Although not all of the patients accepted this treatment, this meant their needs were regularly reviewed, patients following treatment by an external specialist were identified when they returned to being under their GPs care. New lines of audit and patient checks for patients on similar drug combinations were identified.

Information about patients' outcomes was used to make improvements such as:

A nurse protocol was developed as part of the practice's 'Near Patient Testing' enhanced role to ensure that effective monitoring of a patient is carried out by the GP service on behalf of the hospital consultant leading their care. For example, certain medicines used for the treatment of rheumatoid arthritis. The practice had developed a clear and detailed protocol, giving the nursing staff and others information to support the reason why checks and testing was in place. The protocol provided photographic detail of signs and symptoms for the nursing and other staff to look for and the plan of monitoring and care that should be in place for individuals, such as regular blood testing. The protocol also highlighted the areas of risk for patients and what course of action, urgent care they may possibly need should concerns arise.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, training had been undertaken in order to support patients with diabetes. GPs had additional training for enhancing care for patients requiring palliative care, dermatology and sports injuries. Nursing and health care assistants had been on update training for women's health, wound care and infection control.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. We found all staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Locum staff, GPs and nursing staff, received a locum pack of information and undertook induction training when they first worked at the practice.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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 like others in the local area had been using a patient focussed approach to providing patient care. This included working in 'Huddles' to discuss and identify patients with significant or complex care needs, in order that there was a shared approach to meeting their specific needs. These meetings took place at least three times per week and included input from members of staff from across the whole team, such as those from the dispensary and reception team.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. We were told patient correspondence from other health and social care providers was scanned into patient records once the GPs had seen the results. This ensured the patient records were current and held electronically to be accessible should they be needed, for example, for a summary care record to take to the hospital.
- Community nurses teams could access a restricted area of the patient records remotely for any test results and to add details of their visits.
- Patients' blood and other test results were requested and reported electronically to prevent delays. All of the results were reviewed on the day they were sent to the practice to minimise any risks to patients so that any necessary actions was taken.

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.

A representative of a local nursing home provided positive feedback in regard to the support their patients received from the practice and GPs. We were told they worked well with them and that all the staff were friendly and helpful.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Information from the National Cancer Intelligence Network (NCIN) indicated the practice's uptake for cervical screening programme was 78%, which was higher than the national average of 74%.

And:

- 65% of patients aged 60-69 years were screened for bowel cancer within six months of invitation which was similar to the clinical commissioning group (CCG) average of 63%, and the national average of 58%.
- 80% (practice figures) of females, aged 50-70 years were screened for breast cancer in the last 36 months, which was above the CCG average of 76%, and national average of 72%.

Childhood immunisation rates for the vaccinations given were higher than clinical commissioning group (CCG)

Are services effective?

(for example, treatment is effective)

averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 68% to 98% compared to the CCG average from 72% to 97% and five year olds from 62% to 100% compared to the CCG average from 70% to 98%.

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; 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.
- Same sex clinicians were offered where appropriate.

We received 45 comment cards for Milborne Port Surgery and 12 for the branch surgery at Templecombe. All the cards had positive comments about the standard of care received. Patients told us they were satisfied with the care provided by the practice and told us that they had observed that patients were treated with dignity and respect.

We spoke with two people who had contributed feedback as part of the virtual patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said they had observed that patient's dignity and privacy was respected. Comment cards also highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey undertaken in July 2016 showed that patients felt they were treated with compassion, dignity and respect. The practice was comparable or 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%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.

- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 97% 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 the national average of 85%.
- 98% 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 the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 97% of patients said the last GP they saw was good at explaining tests and treatments compared to the clinical commissioning group (CCG) average of 90% and the national average of 86%.
- 94% 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 the national average of 82%.
- 98% 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 the 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 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.
- The practice was piloting a local scheme for Health Coaches. This role had been created to enable patients to identify and manage their own health, social and emotional needs. Evidence to support the Health Coaches were having a positive effect could be seen in the feedback the practice had obtained. Many patients expressed deep gratitude for the caring, listening support they had received.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

Staff had recently undertaken training to be able to support patients living with dementia, and had become Dementia Friends so that they could communicate and respond appropriately when caring for patients at the practice.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 86 patients as carers (1.46% of the practice list). The practice was involved in a pilot scheme through another provider organisation to enable Health Coaches to support patients to care for themselves through access to other external support groups and voluntary services. These Health Coaches as part of their role acted as a carers' champion to help ensure that the various services supporting carers were sought and would visit vulnerable patients who were of concern.

Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone. 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 pre-booked appointments on Saturday mornings at Milborne Port Surgery for patients who could not attend during normal opening hours.
- Patients had access to on-line booking service for appointments and repeat prescriptions.
- Patients had access to telephone consultations.
- There were longer appointments available for patients with a learning disability, mental health needs and patients with complex health needs.
- 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 and were referred to other clinics for vaccines available privately.
- There were accessible facilities and designated parking bays for blue badge holders at Milborne Port Surgery. Patients were made aware of the restricted facilities at Templecombe Surgery.
- The practice was participating with and supporting Health Coaches to enable patients to manage their own health, social and emotional needs.

Access to the service

Milborne Port Surgery is open from 8am until 6.30pm, Monday to Friday, and on Saturdays 8.30am until 11.30am. At Templecombe the surgery is open from 9am until 3pm Mondays, Tuesdays, Thursdays and Fridays. GP appointments are available at Milborne Port from 8.30am until 10.30 am and again from 3.30pm until 5.30 each day, Saturdays 8.30 until 11.30 by prior appointment only. Nursing staff have slightly longer appointment availability each day until 12.30 am, earlier start and finish for the afternoons on Monday, Tuesday and Fridays at 2.30pm until 4pm. On Wednesdays and Thursdays each week the nursing staff hold surgeries from 3.30 until 6pm.

At Templecombe, GP appointments are available from 9am until 11.10am Monday and Thursday and from 9am until 11.20am on Tuesday and Fridays. Nurse or health care assistant appointments are from 9am until 11.30am each day. The practice is closed on Wednesdays.

Patients can attend either practice should they wish to. Records, administration of the service is carried out at the Milborne Port Surgery.

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

- 85% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 79% and the national average of 73%.
- 98% of patients said they could get through easily to the practice by phone compared to the clinical commissioning group (CCG) average of 79% and the national average of 73%.

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

The practice had a system in place to assess:

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

Listening and learning from concerns and complaints

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

- Its complaint 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 complaint system on the website and a practice leaflet.

We looked at the two complaints received by the practice in the last 12 months and found these were dealt with in a timely way to achieve a satisfactory outcome for the complainant. For example, complaints were responded to

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

by the most appropriate person in the practice and wherever possible by face to face or telephone contact. The information from the practice indicated at what stage the complaint was in its resolution.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. We found the learning points from each complaint had

been recorded and communicated to the team or appropriate action taken. For example, a complaint was made in regard to amending the personal details of a child registered at the practice without the full consent of the responsible adults. The event was discussed at practice meeting, staff made aware of ensuring consent is assured, before carrying out the change in details.

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 primary care medical service in a clean, suitably equipped and safe environment. They also aimed to provide appropriate on going treatment and care to all their registered patients and temporary residents, taking account of their specific needs and including the provision of advice on relevant health promotion. They also wished to ensure they involved patients in decisions made regarding their care.

- The partners shared this vision with staff through practice meetings, training and the appraisal system and when we spoke with staff it was clear that staff knew and understood these values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

We saw that all staff took an active role in ensuring high quality care on a daily basis and behaved in a kind, considerate and professional way.

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. All of the partners undertook responsibility in different areas of practice such as,
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a formal schedule of meetings to plan and review the running of the practice, for example, the GPs and practice manager met weekly for business planning.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Good 

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

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 practice had gathered feedback from staff 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. The practice used their website, notices and newsletters to inform those patients who may not use GP services frequently about upcoming events.
- The practice had a suggestion box and ran the family and friends test.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was participating with and supporting Health Coaches to enable patients to manage their own health, social and emotional needs. This trial scheme was through Symphony Healthcare Limited an organisation which is a partnership between GPs and hospital services, with its aims to create high-quality, joined-up care. There were three Health Coaches based in the practice and the scheme had been running for approximately six months, which was too soon to properly evaluate the effectiveness in regarding meeting patients' needs for appointments, treatment and support. However, we were given examples of the positive outcomes already identified for some patients. For one elderly gentleman, the GP was aware of mobility problems and referred this to a Health Coach who undertook an independent living team assessment, this led to an occupational health assessment and support was provided within his home and respite care had been organised.