

# Wareham 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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	12
Areas for improvement	12
Outstanding practice	12

### Detailed findings from this inspection

Our inspection team	13
Background to Wareham Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wareham Surgery on 3 February 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 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.

- Patients said they found it easy to make an appointment with a named GP and that 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.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider should

Review procedures for checking medicines remain in date in GPs bags.

We also saw an area of outstanding practice :

The practice had developed a system which used medical alerts received into the practice effectively to keep

# Summary of findings

patients safe. Once an alert was received a search was undertaken on the clinical system to identify any patients that may be affected by it. For example, an alert was received about the importance of storing blood testing strips appropriately as some issues had arisen with the

quality of testing due to them being stored incorrectly. A letter was generated by the computer system which was then sent to each patient affected to advise them of what actions to take.

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.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Lessons were learned and communicated widely to support improvement.
- Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- There were enough staff to keep patients safe.
- Recruitment procedures and checks were completed as required to ensure that staff were suitable and competent.
- There were suitable arrangements for the efficient management of medicines.
- The practice was clean, tidy and hygienic. We found that suitable arrangements were in place that ensured the cleanliness of the practice was maintained to a high standard.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Systems were in place to ensure that all clinicians were up to date with both locally agreed and with National Institute for Health and Care Excellence (NICE) guidelines.
- All staff were actively involved in monitoring and improving outcomes for patients.
- Data showed that the practice was performing highly when compared to neighbouring practices in the Clinical Commissioning Group.
- The practice used innovative and effective ways to improve patient outcomes.
- High importance was placed on improving patients' wellbeing by offering regular health reviews and various screening checks. For example, 95.07% of women aged 25 to 65 years had received a cervical screening test in the last 5 years, which was above the national average of 81.83%.
- The staff team worked collaboratively with other services to ensure that patients 'received effective care and treatment.

Good



# Summary of findings

High importance was given to the continuing development of staff skills, competence and knowledge to ensure high quality care. Staff were actively supported to acquire new skills and share best practice.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey July 2015 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## 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. For example, the provision of extended hours appointments.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice interacted with the Patient Participation Group (PPG) and shared information with their members.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice was accessible to patients with disabilities and staff relocated to the ground floor to see patients when needed.
- Information about how to complain was available in the practice and on the practice website, it was easy to understand and evidence showed that the practice responded quickly to all complaints. Learning from complaints was carried out and shared with staff and other stakeholders.

Good



## Are services well-led?

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

Good



# Summary of findings

- 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about 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.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as outstanding for the care of older patients.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- Patients over the age of 75 were offered a health check that included a routine blood screen, an ECG (a portable electrocardiogram machine was used in the case of home visits) dementia assessment, blood pressure check, weight, malnutrition scoring and general health promotion advice. This was undertaken by a health care assistant (HCA). This appointment was then followed up by a consultation with the named GP who reviewed the results and addressed any issues raised as well as undertaking a full medicines review. Patients' preferred place of care and end of life choices are also discussed and recorded.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Monthly meetings were held where patients at risk of unplanned admission were discussed and plans made for good coordinated care. These plans were agreed with the patient. If there had been an admission of a patient on this list the aim was to visit them within three working days to review their care.
- There was one care home in the practice area. One GP managed all the patients within the home, staff at the home communicated directly with that GP, to provide proactive and personalized care. The GP also regularly visited to ensure that all chronic disease management was up to date and that these patients were not disadvantaged by not being able to attend the practice.
- The practice had good relationships with the Community Matron. The close contact was very beneficial in supporting the frail and vulnerable and avoiding admissions as well as improving the care of these individuals. Additionally strong links had been forged with the Community Rehabilitation Team who communicated directly with GPs via the computer system to enable prompt responses to any queries or concerns.
- The practice facilitated a weekly surgery for Social Services who provided support and advice to patients who could either self-present or be referred.

Outstanding



# Summary of findings

- A representative of Dorset Partnership for Older People (POPP) attended the practice once a month on different days to offer advice and support for older patients in the waiting room.

## People with long term conditions

The practice is rated as good for the care of patients 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. Long term conditions were managed by the practice nursing team. The nurses had expertise in diabetes management and managed insulin conversions for the patients. The practice had a regular clinic run jointly with a diabetic community nurse specialist. Another practice nurse was undertaking an asthma Diploma and planned to be undertaking a nurse prescribing course later on in the year.
- 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 care professionals to deliver a multidisciplinary package of care.

Good



## Families, children and young people

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

- 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 patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young patients 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.
- Safeguarding was discussed at significant events meetings within the other professionals from the community. The practice had a protocol that identified all patients who attended under the age of 18 and information was collected

Good



# Summary of findings

about who was accompanying the young person and whether they had capacity to consent as outlined in the Gillick competence framework, in addition to details of how to contact and inform the young patient if necessary after any tests.

Missed hospital appointments for children were followed up with a letter from the GP asking for a reason for the non-attendance. If no response was received further attempts at contact were made and these cases were discussed at the Significant Event Analysis (SEA) meeting. Safeguarding codes were added to patient's notes by the safeguarding lead for vulnerable adults and children from police domestic incident reports as they were received.

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

The practice is rated as good for the care of working-age patients (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.
- There was an online appointment and prescription service and the practice responded to requests to direct the electronic prescriptions to the nominated pharmacy of the patient's choice.
- Extended hours appointments after 6:30pm were available up to one month in advance for all GPs. This need was identified by patient questionnaire.
- NHS Health Checks were offered to patients aged 40-74 which provided a routine check including BP, weight, BMI check, cholesterol check, lifestyle monitoring, exercise levels, smoking and alcohol intake.
- The practice had a HealthZone room in the practice where patients could, privately and without appointment, attend and check their blood pressure, weight and height and choose relevant health information. Results submitted by patients were recorded on their medical record and followed up by GPs or nurses at their next routine appointment.

Good



## **People whose circumstances may make them vulnerable**

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

Good



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams 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.
- There was a traveller's site within the practice area. The practice were responsive to this group of patients by always providing an appointment on the day or a home visit, if required.
- The practice kept a register of patients at risk of domestic violence and this was reviewed at the regular significant event meeting. There was a protocol in place on the clinical system that alerted the GP or nurse to the issue of domestic violence when the patient attended for a consultation.

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

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

- The practice carried out advance care planning for patients with dementia. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 100% compared to the national average of 88.47%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



# Summary of findings

- 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 published on 7 January 2015 showed the practice was performing in line with local and national averages. 253 survey forms were distributed and 109 were returned. This represented a response rate of 43.1% and was equal to about 1.4% of the practice's patient list.

- 94.37% of patients found it easy to get through to this practice by phone (Clinical Commissioning Group (CCG) average 85.3% and national average 73.3%).
- 84.1% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89.7% and national average 85.2%).
  - 83.97% of patients described the overall experience of their GP practice as fairly good or very good (national average 84.94%).
  - 82.8% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area (national average 79.11%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all positive about the standard of care received. Patients commented on receiving efficient, well-co-ordinated services and that they felt well supported through their health concerns. Many comments reported how beneficial they found the patient services aspect of the practice had been for them. They reported helpful, professional but friendly staff and they had found the signposting to other services and advice from staff particularly helpful. Patients consistently referred to experiencing good care, GPs who listened and were caring and how access to a GP when they needed one was readily facilitated. Some patients commented on how the specific care from some GPs had significantly improved the quality of their life.

We spoke with two patients during the inspection. Both patients said they were happy with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service SHOULD take to improve

Review procedures for checking medicines kept in GPs bags.

## Outstanding practice

The practice had developed a system which used medical alerts received into the practice effectively to keep patients safe. Once an alert was received by the practice a search was undertaken on their clinical system to identify any patients that may be affected by it. For example, an alert was received about the importance of storing blood

testing strips appropriately as some issues had arisen with the quality of testing due to incorrect storage. A letter was generated by the practice computer system which was then sent to each patient affected to advise them of the issue and what actions to take.

# Wareham Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission Lead Inspector. The team included a GP specialist adviser and a practice manager specialist advisor.

### Background to Wareham Surgery

Wareham Surgery was inspected on Wednesday 3 February 2016. This was a comprehensive inspection.

The practice is situated in the town of Wareham, Dorset. The practice provides a general medical service to approximately 8000 patients of a diverse age group. The practice is a teaching practice for medical students.

There is a team of six GPs partners, two male and four female and one salaried GP. Some GPs work part time and some full time. The whole time equivalent was five, they were supported by a practice manager, three practice nurses, two health care assistants, and additional administration staff.

Patients using the practice also have access to community nurses, mental health teams and health visitors. Other health care professionals visit the practice on a regular basis.

Outside of these times patients are directed to contact the South West Ambulance Service Trust out of hour's service by using the NHS 111 number.

The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

The practice has a General Medical Services (GMS) contract with NHS England.

The practice provides regulated activities from its primary location at Streche Road, Wareham, Dorset, BH20 4PG.

### Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 February 2016. During our visit we:

- Spoke with a range of staff (including GPs, nursing and administrative staff) and spoke with patients who used the service.

# Detailed findings

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

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to patient's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of patients 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 Care Quality Commission at that time.

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a shingles vaccine had been administered twice. A patient attended with their partner for flu and shingles vaccines. The nurse checked the records of one of the patients but then administered both to both patients. On recording it became apparent that one of them had already had the shingles vaccine last year. Action was taken immediately and it was established this would cause no harm to the patient. Learning was shared at a significant event meeting to all staff about the importance of checking patient's records thoroughly.

When there were unintended or unexpected safety incidents, patients received support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening 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 that reflected relevant legislation and local requirements and policies were accessible to all staff. We saw posters and 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 relevant to their role. GPs were trained to Safeguarding level three for children.

- A notice in the waiting room and in each clinical area 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff were receiving up to date training. Annual infection control audits were undertaken, the last one being in September 2015, and we saw evidence that action was taken to address any improvements identified as a result. For example, improvements were being made to those patients who needed their legs washed prior to dressing changes. New and improved equipment was being sought to improve this practice.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). We looked at GPs bags we saw that some medicines had past their expiry date, for example, water for injection. These were immediately disposed of and a member of staff was identified to carry out monthly checks in the future. 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. Prescription 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.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to

## Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The last calibration check was undertaken on 4th December 2015, 87 items were tested and all passed. All portable equipment checks were undertaken in July 2015.

- 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 that enough staff were on duty.
- The practice had developed a system which used medical alerts received into the practice effectively to

keep patients safe. Once an alert was received a search was undertaken on the clinical system to identify any patients that may be affected by it, for example, an alert was received about the importance of storing blood testing strips appropriately as some issues had arisen with the quality of testing due to incorrect storage. A letter was generated by the computer system which was then sent to each patient affected to advise them of the issue and what actions to take.

### Arrangements to deal with emergencies and major incidents

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

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

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 patient's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96.83% of the total number of points available, with 9.7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed;

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the previous 12 months was 87.53% which was similar to than the national average of 88.3%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 100% which was better than the national average of 89%.
- The percentage of patients with physical or mental health conditions whose notes recorded smoking status in the last 12 months was 95.09% which was better than the national average of 94.1%.

- The percentage of patients with atrial fibrillation who had received a face to face annual review was 100% which was better than the national average of 98%.
- The average daily quantity of hypnotic medicine prescribed per specific therapeutic age group was 0.21 which was similar to the national average of 0.25.

Clinical audits demonstrated quality improvement.

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

Findings were used by the practice to improve services. For example, recent information from the Dorset medicines management team showed that some non-steroidal anti-inflammatory medicines (NSAID) were subject to a number of health and safety issues. These included, effects on the kidneys and an increased chance of myocardial infarction (heart attack). The aim was to reduce the amount of prescribing of these medicines in line with national safety guidelines and to produce a robust system that ensured the GP was advised to prescribe an appropriate medicine and to reduce the amount of prescribing of less favoured NSAIDs.

A new protocol was developed in August 2015 which ensured the prescriber was warned of the current guidelines and was then able to make an informed decision about which NSAID to prescribe. Since the initiation of the protocol, there had been a reduction in the amount of less favoured NSAID prescriptions. Where possible when a less favoured prescription was issued it was made clear on the prescription or repeat prescription why this medicine was being used and the patient was aware of the safety issues.

We found positive examples of improved outcomes for patients in response to patients receiving effective care and treatment. For example, a template had been initiated by the practice that all GPs used when prescribing antibiotics. The template, which popped up on the clinical computer system, had to be completed to show the reasoning and diagnosis before anti-biotics could be prescribed.

### Effective staffing

# Are services effective?

## (for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff, including locum GPs. 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 staff reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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. Staff told us the practice was very supportive in allowing them to nurture their own learning and development and there were no restrictions on access to training. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice has good relationships with the Community Matron. The relationship was very beneficial in supporting the frail and vulnerable and avoiding admissions as well as improving the care of these individuals. Additionally strong links had been forged with the Community Rehabilitation Team who communicated directly with GPs via the computer system to enable prompt responses to any queries or concerns.
- The practice facilitated a weekly surgery for Social Services who provided support and advice to patients who could either self-present or be referred.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### 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 patients, staff carried out assessments of capacity to consent in line with relevant guidance. A template had been initiated by the practice for patients under the age of 18. This template popped up on the clinical computer system and was a way of ensuring that clinicians followed the 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

# Are services effective?

(for example, treatment is effective)

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 95.07% which was better than the national average of 81.83%. 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.

Childhood immunisation rates for the vaccinations given were comparable to Clinical Commissioning Group (CCG) and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 90% and five year olds was 90%.

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-up appointments for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice had a 'HealthZone' room in the practice where patients could, privately and without appointment, attend and check their BP, weight and height and choose relevant health information. Results submitted by patients were recorded on the medical record and followed up by GPs or nurses at their next routine appointment.

Patients over the age of 75 were offered a health check that included a routine blood screen an ECG (a portable electrocardiogram machine was used in the case of home visits) dementia assessment, blood pressure check, weight, malnutrition scoring and general health promotion advice. This was undertaken by a health care assistant (HCA). This appointment was then followed up by a consultation with the named GP who reviewed the results and addressed any issues raised as well as undertaking a full medicines review. Patients' preferred place of care and end of life choices are also discussed and recorded.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 32 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Care Quality Commission comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey (July 2015) showed patients felt they were treated with compassion, dignity and respect. The practice was similar to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88.6% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91.9% and national average of 88.6%.
- 87.7% of patients said the GP gave them enough time (CCG average 89.9%, national average 86.6%).
- 93.4% of patients said they had confidence and trust in the last GP they saw (CCG average 96.9%, national average 95.2%)

- 88.5% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 89.2%, national average 85.1%).
- 91.5% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 92.3%, national average 92.3% %).
- 93% of patients said they found the receptionists at the practice helpful (CCG average 89.8%, national average 86.8%)

### 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 on the comment cards we received was also positive and aligned with these views.

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:

- 88.2% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 89.1% and national average of 86.0%
- 82.9% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 86.1% and national average 81.4%)
- 88.6% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 87.4% and national average 87.4%)

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

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

## Are services caring?

Written information was available to direct carers to the various avenues of support available to them. A member of staff had just started to take on the role of carer co-ordinator and was due to attend some training to better understand their role. This was a new initiative and in its infancy.

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/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 extended hours on a Monday and Thursday evening from 6.30pm until 7.10pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulties attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately or they were referred to other clinics for vaccinations available privately.
- The practice had good facilities and was well equipped to treat patients and meet their needs. There were disabled facilities, a hearing loop and translation services available.
- The practice was accessible to patients with disabilities and staff relocated to the ground floor to see patients when needed.

### Access to the service

The practice was open between Monday to Friday 8.30am – 1pm and 2pm to 6.30pm. Appointments were available during these times. Extended practice hours were offered on Mondays and Thursday from 6.30pm to 7.10pm. Also, extended hours appointments after 6.30pm were available up to one month in advance for all GPs.

Outside of these times there was a local agreement that the out of hours service (South West Ambulance Service Trust) took phone calls and provided an out-of-hours service.

Same day appointments were available and routine appointments were bookable in advance. The practice was

above the average in comparison to the Clinical Commissioning Group (CCG) and national averages (GP national patient survey) for patients being able to get through on the telephone when they tried and their experience of making an appointment was good.

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.

- 72.1% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 78.8% and national average of 78.8%
- 94.4% of patients said they could get through easily to the practice by phone (CCG average 85.3% and national average 73.3%).
- 74.4% of patients said they always or almost always see or speak to the GP they prefer (national average 76.1%).

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

### Listening and learning from concerns and complaints

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

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

We looked at eight complaints received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient rang to make an appointment for their relative to have an immunisation. They were given the incorrect information as to whether they were eligible. The patient had received a full apology and learning had been shared with all staff.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. We saw a variety of practice specific policies had been implemented and were available to all staff, who told us they knew how to access these. Staff both clinical and administrative were aware of how the practice functioned and its challenges and successes and gave examples of how they wanted to develop their role further to improve practice performance. The practice had invested in staff development and valued staff, encouraging and enabling them to access internal training and progress to different roles in the practice. For example, one member of staff had commenced an asthma diploma.
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which 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

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents. We saw evidence to demonstrate the practice was open and honest when things had gone wrong. For example, they had had a significant event which required them to notify patients of an event which may have had an impact on the care they received. The practice adopted a robust and thorough investigation involved all relevant agencies and provided an explanation to patients and implemented actions to prevent recurrence. Significant events as a whole were well managed and demonstrated shared learning and a no blame open and honest culture within the practice.

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology
- They 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

# Are services well-led?

Good 

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice. They met quarterly and had been very active in terms of achieving a refurbishment at the practice by lobbying NHS estates management to make improvements.

Other projects that the PPG was involved in included challenging the cessation of the leg ulcer clinic and reviewing dementia care in the Wareham area. They had produced a useful dementia care leaflet for patients and their carers.

They have been active in the formation of a virtual patient participation group (PPG) to engage more patients to get involved with shaping the services provided in the locality.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice has been a research active practice since 2011 during which time it had actively recruited patients into studies which had varied in their complexity from simple mail outs to opportunistic recruitment of patients into academic trials of clinical medicinal products. The research lead GP, held quarterly meetings to ensure all staff and GPs were aware of and informed about the studies in which the practice was involved. There were 18 studies being undertaken involving 158 patients registered at the practice.

The practice was engaging its patient participation group by preparing an information sheet which was circulated to the group prior to its quarterly meeting.