

# Kinson Road Medical Centre

## 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

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

# 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 Kinson Road Medical Centre on Wednesday 6 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- The practice were proactive in the care of their patient's needs, For example, the practice was part of the North Bournemouth Poly-pharmacy review project which had seen more than 100 patients having their medicines reviewed.
- Patients over the age of 75 had access to a specialist nurse as part of the local North Bournemouth project. This meant that GPs were able to refer to this service where there is an identified gap in community services provision, for example where a routine BP check is required and patient is unable to access the practice.
- 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.
- The practice had strong links with community matrons and district nurses to support the care management of patients with long term conditions. Patients were discussed at monthly Multi-Disciplinary Team (MDT) meetings where practitioners shared information to support improvements in health and wellbeing. The district nursing team were in the process of moving to the practice to strengthen communication and the delivery of care to patients further.
- One of the GPs offered an Epidural injection service for patients from the practice and nearby practices who were suffering with long term back pain.
- Feedback from the national patient was in line or slightly below national averages. However, feedback on the day of the inspection was overwhelmingly positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

# Summary of findings

- 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 GP, although added there was sometimes a delay getting an appointment with a named GP. There was continuity of care, with urgent appointments available the same day. The practice had recognised that 58% of the practice patients were aged between 19 and 65 years old and had provided extended hours each week opening at 7:30am on Monday and Friday mornings, as well as access to GP's until 19:00 on a Monday evening.
- The practice had good facilities and was well equipped to treat patients and meet their needs. 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.
- The practice was run efficiently and was well organised. 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.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Recruitment procedures and checks were completed as required to ensure that staff were suitable and competent.
- There were appropriate arrangements for the efficient management of medicines.
- Health and safety risk assessments. For example, a fire risk assessment, infection control audit and legionella risk assessment had been performed and were up to date.
- The practice was clean, tidy and hygienic. We found that suitable arrangements were in place that ensured the cleanliness of the practice was maintained to a high standard.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice in line with or slightly below others for several aspects of care. However, feedback on the day of inspection was overwhelmingly positive.
- 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.

## 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.
- 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 patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- 10.7% of the practice population were over 75 years of age. The practice offered proactive, personalised care to meet the needs of these people.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was part of the North Bournemouth Poly-pharmacy review project which had seen more than 100 patients having their medicines reviewed.
- Patients over the age of 75 had access to a specialist nurse as part of the local North Bournemouth project. This meant that GPs were able to refer to this service where there is an identified gap in community services provision, for example where a routine BP check is required and patient is unable to access the practice.
- The practice offered home visits and had established links with care homes. Joint working with other agencies, such as the Dorset wide community provider and Local Authority ensured patient care needs were met or referred to the appropriate provider. Access to intermediate care services was also available through the single point of access referral process.

Good



### People with long term conditions

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

- Data from Public Health England 2014-15 showed that 68.5% of the practice population had been diagnosed with a long term condition. National data showed this rate was 54%. 2% of the practice population with long term conditions were also housebound
- The practice nursing team took the lead in managing patients and provided care and services including 24 hours blood pressure monitoring, heart monitoring (ECG's), blood tests, breathing tests (Spirometry for chronic obstructive pulmonary disease), nebulizers for asthma patients and a diabetes service to help patients to manage their condition. These services were offered each day to cater for patient's lifestyles and availability.
- The practice held specialist clinics for diabetes with the diabetic nurse visiting from the Bournemouth acute hospital.

Good



# Summary of findings

- GPs were able to refer patients to the community matron for support to housebound patients in their care management. The practice nurse travelled to patient's homes to administer flu injections and obtain other health data, such as BP.
- The practice had strong links with community matrons and district nurses to support the care management of patients with long term conditions. Patients were discussed at monthly Multi-Disciplinary Team (MDT) meetings where practitioners shared information to support improvements in health and wellbeing. The district nursing team were in the process of moving to the practice to strengthen communication and the delivery of care to patients further.
- One of the GPs offered an Epidural injection service for patients from the practice and nearby practices who were suffering with long term back pain.
- Minor surgery was also available for the removal of 'long term' legions and other skin conditions.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- Contraceptive and sexual health services were provided. These include contraceptive implant fitting/removal, and prescribing of pregnancy avoidance medicines.
- All patients eligible for cervical screening were provided smear tests during flexible appointments. The practice currently had 81% of eligible patients making use of this service which was comparable to national figures.
- Flexible appointments were available outside of school hours. The reception was pushchair accessible and the waiting room was suitable for children and young people with toys available on request. The practice nurse was available all day Monday to Friday for child immunisations and travel vaccinations.

Good



# Summary of findings

- All staff were aware of safeguarding responsibilities, through training and accessing policies, including what warning signs to look for.
- Reception staff prioritised and added 'extra' appointments in the event of a sick child needing attention, even if the appointment book was full.
- The North Bournemouth health visitor attended the regular practice clinical meeting to discuss and inform of updates concerning children and share other relevant patient information and case updates. This ensures strong links with the community service.
- 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.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The GPs referred patients between the ages of 13 and 19 to a local service (SUSSED- a young persons group. SUSSED does not stand for anything) for support for any issues affecting young people. This included information and advice on contraception, emotional health, sexual health, and employment and training.

## **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).

- 58% of the practice patients were aged between 19 and 65 years old. Recognising this demographic the practice had provided extended hours each week opening at 7:30am on Monday and Friday mornings, as well as access to GP's until 19:00 on a Monday evening. The practice actively promoted online services, such as prescription ordering and appointment booking.
- Electronic prescribing also supported patients who were of working age, as any non-controlled medicines could be sent electronically to their chemist of choice which may be closer to their place of work if required.
- The practice used social media and the revised website to provide patients with practice and health updates. For example, the move to electronic prescribing, flu clinic dates and a

Good



# Summary of findings

monthly update on missed appointments had been communicated using the website and social media sites. The practice leaflet also provide guidance and advice on what action to take, before contacting the surgery for appointments.

- 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.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. 5% of the practice population were considered vulnerable and included on this register.
- The practice offered longer appointments for patients with a learning disability. 76% of the 74 patients on the practice learning disability register had received an annual review.
- The GP's work with other agencies. For example, at Multi-Disciplinary meetings, monitoring patient updates and care plans, providing access to voluntary sector organisations and befriending services.
- The practice recognises that those patients where English is not their main language can also be considered vulnerable. The practice had identified eight registered patients that required an interpreter, which was facilitated by the practice
- 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.

Good



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

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

- 5% of current patients have been diagnosed with a mental health condition.

Good



# Summary of findings

- The dementia diagnosis rate at the practice was 66.3%. This was above the clinical commissioning group (CCG) average of 60.8% and national average of 62%. Data showed that 85.9% of these patients had had their care reviewed in a face to face meeting in the last 12 months, which was slightly better than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Patients with dementia were discussed at the 'Virtual Ward Multi Disciplinary Team (MDT) meeting', to access alternative support services including those provided by the Local Authority and falls prevention services, patients were supported by a care plan.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95.6% which was slightly higher than the national average of 88.4%.
- All of the patients on the practice mental health register had received a physical health check in the last year.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- All GPs monitor those patients who had been referred to or self-referred to community mental health services, ensuring education about alternative services, for example 'steps to wellbeing', and these services can be accessed.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line or slightly below local and national averages. 287 survey forms were distributed and 112 were returned. This represented about 1.3% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 85% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 72% 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%.

Findings at our inspection did not reflect these negative views. For example, as part of our inspection we asked for CQC comment cards to be completed by patients prior to

our inspection. We received nine comment cards which were all positive about the standard of care received. These cards referred to the helpful, cheerful staff and 'great' service. There were no negative comments received.

We also spoke with 14 patients during the inspection. All 14 patients said they were satisfied with the care they received and thought staff were kind, caring, and attentive. Patients told us they appreciated the appointments system but added that they sometimes had to wait to see a GP of their choice.

We looked at the friends and family patient feedback from the last three months. These showed that of the 423 patients 379 (89%) would be extremely likely or likely to recommend the practice to others and 36 (8%) would be extremely unlikely or unlikely to recommend the practice. The practice had looked at the feedback from these findings and had introduced the changes they could. For example, changing the music played at the practice, looking at the layout of the reception area and changing the locum GP appointment times.

# Kinson Road Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

## Background to Kinson Road Medical Centre

Kinson Medical Centre is situated in Kinson which is a suburb of Bournemouth, Dorset.

The practice has an NHSE general medical services contract to provide health services to approximately 8,705 patients. The practice is open between 8.30 and 6.30pm Monday to Friday. Extended hours appointments are offered on Monday and Friday mornings from 7.30am and Monday evenings until 7pm. In addition to pre-bookable appointments that can be booked up to two weeks in advance, telephone appointments are available. Urgent appointments are also available for patients that needed them.

The practice has opted out of providing out-of-hours services to their own patients and refers them to South Western Ambulance Service via the NHS 111 service.

The mix of patient's gender (male/female) is almost 50%. 14.7% of the patients are aged over 75 years old which was slightly lower than the CCG average of 15% but higher than the national average of 10%. 20% of the practice population were under the age of 20 years. 65.8% have a

long standing health condition which was higher than the national average of 54%. There was no data available to us at this time regarding ethnicity of patients but the practice stated that the majority of their patients were white British.

The practice had an established team of four GPs. There are two male and two female GPs. One of the GPs is a partner who holds managerial and financial responsibility for running the business. The GPs are supported by a practice manager, two practice nurses and a health care assistant. The team are supported by a team of 17 part time administration staff who carry out reception, administration, scanning and secretarial duties. There is a vacancy for a GP which is currently being covered by regular locums.

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

440 Kinson Road

Kinson

Bournemouth

Dorset

BH10 5EY

However, GPs from the practice also lease an office and provide consultations at West Howe clinic which is a purpose built facility owned and run by the Dorset community services (Dorset Healthcare University Foundation Trust). This was not inspected on this occasion.

## 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

# Detailed findings

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 6 July 2016. During our visit we:

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

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

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

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the electricity power to the practice was temporarily interrupted for some essential maintenance work. Both fridges were not opened whilst work was being done but a temperature data logger showed the internal temperature in one fridge showed a rise in the internal temperature to 18 degrees. Guidelines were followed; vaccines identified as being unstable were removed and all others managed appropriately. Regulatory bodies were informed and the incident logged as a significant event. The issue was initially discussed and a new fridge purchased. The event was then reviewed to ensure processes were still being followed.

### 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. Partner was the lead for safeguarding children and vulnerable adults. GPs were trained to child protection or child safeguarding level three and nurses to level two. All administrative staff had received basic safeguarding training and were aware of where to find policies and how to handle concerns and disclosures.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the last audit had been performed in September 2015. This had resulted in hand gels being replaced, a new toilet seat being purchased and posters being laminated to make them easy to be cleaned.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to track and monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended

## Are services safe?

role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. Two of the files were for the GPs working at the practice, these did not contain evidence of the appropriate checks through the Disclosure and Barring Service which had taken place. However, this was provided shortly after the inspection.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use. The last check was performed in November 2015 and was due for retest in November 2017. A system was in place to ensure all clinical equipment was checked to ensure it was working properly. This had been last done in February 2016 and was due retest in January 2017. 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). This risk assessment had been performed in May 2016 where no concerns had been identified.

- 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 telephones 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 centrally in the office area.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). Current results for 2015/16 showed that the practice had achieved 94% of the total number of points available. Published QOF results from 2014/15 showed that the practice had performed comparably with other practices nationally and was not an outlier for any QOF (or other national) clinical targets. Data showed:

- Performance for diabetes related indicators were all comparable or slightly higher than national scores. For example, the patients who had a blood test result within normal limits was 86.2% compared with a national average of 77.5% and 92.9% of patients had received a foot examination, which compared to the national average score of 88.3%
- Performance for mental health related indicators were all comparable or slightly higher than national scores. For example, the patients who had been diagnosed with dementia and had a care review was 85.9% compared with a national average of 84%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the last 12 months was 95.6% compared with the national average of 88.7%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years. We looked at three of these which showed they were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, and peer review.
- The nursing staff saw audit as a tool to show good practice. For example, the lead nurse conducted an annual infection control audit and the health care assistant looked at histology results to ensure they had been returned following minor surgery.
- Findings were used by the practice to improve services. For example, planned action taken as a result of a recent audit of the two week referral rates for January to April. GPs had shared data with each other and shared learning of why they referred certain patients. Further action included planned discussions and investigation for GPs who were identified as being a significant outlier. The reason for this was unclear at present because findings had only recently been discussed and each GP was reviewing their patients. We saw additional examples of repeated medicine audits which demonstrated the safe and appropriate use of high risk medicines.

The practice were proactive in improving outcomes for patients and had volunteered to be part of the North Bournemouth Poly-pharmacy review project. Poly pharmacy is where patients take a number of medicines (usually 10 or more). The aim of the project aimed to improve the quality of prescribing for patients over the age of 75 and had seen more than 100 patients having their medicines reviewed and reduced.

### Effective staffing

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

- The practice had a general induction programme for all newly appointed staff which was then adjusted for each staff member. There was an orientation folder for locum staff. The induction covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

# Are services effective?

## (for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. For example, training updates were seen for asthma, diabetes and travel vaccines.
- Staff administering influenza vaccines, childhood 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 told us they were supported and encouraged to 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, and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

The practice had carried a GP vacancy for the last 18 months following retirement of previous GPs. The practice were in the process of attracting new GPs but had secured two locum GPs to provide continuity for patients.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. Monthly multidisciplinary team meetings were held to improve communication. 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. The district nursing team were in the process of relocating to the practice to improve communication.

### Consent to care and treatment

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

- Staff explained formal consent was obtained through the use of templates on the computer system and by written consent for minor surgery and the epidural procedures performed by one of the GPs at the practice.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and had received appropriate training.
- 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 then signposted to the relevant service. For example, gym membership.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 84% and the national average of 81%. 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

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

patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 99% and five year olds from 95% to 97%.

Flu vaccinations compared well to clinical commissioning group (CCG) and national averages. For example the practice had achieved 73% of flu vaccinations compared with the CCG average of 72.3% and national average of 73%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients.

# 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. For example, we heard a member of the reception team managing a difficult phone call with patience and professionalism.

- 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.

Results from the January 2016 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable or slightly below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%
- 73% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%

All of the nine patient Care Quality Commission comment cards we received or the 14 patients we spoke with did not reflect these findings. All comments 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. Comments included staff 'going above and beyond' and staff being supportive and treating patients with kindness.

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

### 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 January 2016 national GP patient survey showed patients responded comparably with local and national averages to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%

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

- Staff told us that the majority of patients had English as a first language but that translation services were available for the eight 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

## Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified about 4% of the practice list as having a carers role. Written information was available to direct carers to the various avenues of support available to them. This included information on financial assistance, self-help groups and information on the health

and wellbeing check. There was a carers lead at the practice who was in the process of identifying further ways of supporting patients. One of the comment cards was written by a carer who referred to the kind, caring and very supportive staff at the practice.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- One of the GPs offered an epidural injection service for patients from the practice and nearby practices who were suffering with long term back pain
- 58% of the practice patients were aged between 19 and 65 years old. Recognising this demographic the practice had provided extended hours each week opening at 7:30am on Monday and Friday mornings, as well as access to GP's until 19:00 on a Monday evening. There were longer appointments available for patients with a learning disability or for those that needed it.
- 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 as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- There was level access to the building which also had a call bell for additional assistance.
- There were three ground floor toilets, including a disabled facility.

### Access to the service

The practice was open between 8.30 and 6.30pm Monday to Friday. Extended hours appointments were offered on Monday and Friday mornings from 7.30am and Monday evenings until 7pm. In addition to pre-bookable appointments that can be booked up to two weeks in advance, telephone appointments are available. Urgent appointments are also available for patients that needed them. Staff told us that patients would never be turned away and systems were in place to facilitate these appointments.

Results from the January 2016 national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

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

Patient comment cards and feedback on the day of inspection did not reflect these percentages. Patients told us on the day of the inspection that they were able to get appointments when they needed them, although sometimes had to wait to get an appointment with their named GPs who worked part time.

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

We looked at the 19 complaints received since January 2015 and found that both written and verbal complaints were robustly managed and acted upon and displayed evidence of patient apology and further learning. Complaints had been handled in a timely way and with transparency. There were systems in place to monitor complaints for trends, although none had been identified. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient had complained about a delay in referral for treatment. This had been managed as a significant event. Action included reminding staff about the procedure and guidelines when making

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

urgent referrals. A further review of this incident showed that the GP process had been changed to make sure referrals were made if criteria were met by the reissue of the checklist to all clinical staff at the practice.

The practice also logged compliments which were shared with 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 set of aims and objectives and a mission statement which was displayed in the waiting areas and staff knew and understood the values. There were 12 aims and objectives, one of which stated the practice aimed to provide 'the best possible quality service for patients and their families within a confidential and safe environment through effective collaboration and teamwork'.
- The practice had a robust strategy and supporting business plans which were forward thinking and reflected the vision and values. These were regularly monitored.

### Governance arrangements

The practice had a structured 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. Clear job roles for the nursing team were available for reception staff to use when making appointments.
- Practice specific policies were implemented and were available to all staff. These were kept under review and available to any member of staff on any computer with the practice.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the findings and evidence demonstrated that the GP partner, salaried GPs and practice manager had the experience, capacity and capability to run the practice and ensure high quality care.

The staff were able to prepare for the inspection and were knowledgeable of the evidence required. Staff told us that as a team they prioritised safe, high quality and compassionate care. Staff told us the GPs and practice manager were approachable and always took the time to listen and communicate with 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 and training for all staff on communicating with patients about notifiable safety incidents and complaints. 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, written correspondence and evidence of further action taken. For example, training, staff disciplinary or change of policy.

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

- Staff told us the practice held regular team meetings but added communication was also informal and effective on a daily basis.
- 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. For example, the lead nurse gave examples where suggestions to improve infection control processes were responded to.
- Staff said they enjoyed working at the practice, felt respected, valued and supported, particularly by the practice manager and GPs 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. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. We spoke with three members of the PPG group who said feedback was requested through email and face to face meetings. The practice manager had been in post for eight months and had reviewed the membership. PPG members told us they felt that the group was very effective at giving patients a voice, a time where they are able to put forth suggestions and/or complaints. Another member said that as well as a useful tool for patients to be heard, they considered that the group was a great place to meet other people in the community to bring up any issues they had.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the North Bournemouth poly-pharmacy review project and access to a specialist nurse as part of the local North Bournemouth project. The GPs were also looking at possibility of being part of relocation to a primary care centre with other practices in the area and looking at ways a pharmacist could be used within the practice.