

Providence 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

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as outstanding overall.

(Previous inspection October 2015 – Outstanding)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Outstanding

Are services well-led? – Outstanding

As part of our inspection process, we also look at the quality of care for specific population groups. Due to two key questions being rated as outstanding, this applies to all population groups which are rated as:

Older People – Outstanding

People with long-term conditions – Outstanding

Families, children and young people – Outstanding

Working age people (including those recently retired and students – Outstanding

People whose circumstances may make them vulnerable – Outstanding

People experiencing poor mental health (including people with dementia) – Outstanding

We carried out an announced comprehensive inspection at Providence Surgery on 20 to 22 February 2018.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice had introduced a call centre hub to enable patient access and implemented workflow optimisation to manage correspondence received in a timely manner.
- A GP from the practice visited the local night shelter for homeless people on Monday to Friday evenings to provide medical care.

Summary of findings

- The practice provided a service once a week on a local Health Bus for patients who were rough sleepers.
- The leadership team had been restructured since the mergers with other practices to provide designated leads on areas such as long term conditions across all sites.

We saw areas of outstanding practice which included:

All GPs had received specialist training on substance misuse and detoxification protocols. Care for patients with mental health and/or substance misuse was shared with the mental health team and detoxification programmes were offered at the practice. This ensured consistency of care and consistent parameter for the type of care provided.

The practice had in-house MRI scanning, X-ray and ultrasound facilities to enable patients to have examinations carried out promptly. This was self-funded by the practice.

The practice worked with a local school to provide care and treatment for young people.

The practice had developed and employed staff to provide a Frailty and Anticipatory Care Team (FACT) consisting of paramedics, a practice nurse and a health care assistant. Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

The areas where the provider should make improvements are:

- The practice should review arrangements for storage of emergency medicines and equipment at one of the branch sites.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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

Providence Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice manager adviser, and a second CQC inspector.

Background to Providence Surgery

Providence Surgery is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

There are approximately 15,300 patients registered at the practice which consists of a main location and three branch sites. Since our previous inspection on 22 October 2015 the practice had merged with The Village Medical Practice and Crescent Surgery. This is the first full year (2017/18) that the main location and all three branch sites have been under one contract.

Each site has differing demographics across the patient population groups and services are tailored for each geographical area that the site covers.

Some parts of the practice area are situated in one of the most deprived areas in England and has a higher proportion than the national average of patients aged between 20 to 49 years of age.

There is a higher than national average incidence of patients who are of no fixed abode in this area. There are 38 different languages spoken within the practice

area and 20% of the population are unable to read or write well. One of the branch sites is situated in an area where there are higher numbers than the national average of older patients.

The practice has 17 GPs, six of whom are partners, the remainder are salaried. Teams of practice nurses and health care assistants; three pharmacists and reception and administration teams.

Out of hours and when the practice is closed at lunchtimes patients are directed to out of hours services via the NHS 111 number.

We visited all sites as part of this inspection:

Main location:

Providence Surgery

12 Walpole Road

Bournemouth

BH1 4HA

Branch sites:

Strouden Park Medical Centre

2a Bradpole Road

Strouden Park

Bournemouth

BH8 9NX

Village Medical Practice

164 Station Road

West Moors

Detailed findings

Ferndown

BH22 0JB

Crescent Surgery

66-68 Palmerston Road

Boscombe & Springbourne Health Centre

Boscombe

Bournemouth

BH1 4JT

Are services safe?

Our findings

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. All staff we spoke with were able to identify the safeguarding lead and gave examples of when they had had to report concerns.
- Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- There was an effective system to manage infection prevention and control. Records showed that there were safe systems in place for managing risks such as Legionella, across all sites for example there were records confirming temperatures checks, flushing through of little used outlets and cleaning and de-scaling of water storage was carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was a designated practice nurse who took responsibility for infection control practices across all sites. They had carried out infection control audits and standardised policies and procedures that were used, in order that staff could work safely at any site.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- Providence Surgery was in the process of implementing standard risk assessments across the location and the three branch sites. It had carried out a review of documentation and reviewed risk assessments where necessary. At all sites there was a health and safety folder which included premises risk assessments; records of checks on equipment; and fire safety.
- A fire assessment carried out at The Crescent branch site indicated that fire evacuation signs were needed. The provider showed us documentation confirming they had requested that the landlord, who was responsible for this work, carried it out. However, there had been no response. The provider assured us that they would again report this issue. They would also request that automatic door closers were fitted to doors, particularly the one leading from the reception area into the main office. This was so that the door could be left open, as staff usually worked at reception on their own.
- A fire risk assessment had been carried out at The Village site and all required recommendations had been addressed, this including increasing fire detection and emergency lighting on the first floor. The provider showed us plans for the refurbishment of the building, which was due to start the week following our inspection and said they would re-do the assessment after all the work had been completed to ensure it met requirements.

Are services safe?

- The provider had designated staff at each site who had received training as fire marshals. We noted that regular fire drills had been carried out across all sites. Improvements could be made by recording the time it took to evacuate premises.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- The practice monitored the temperatures of medicine fridges and records showed that vaccines were kept at the required temperature. There were data loggers available for each medicine refrigerator, but were not consistently in use across all sites. This was due to staff needing training on how to download the data, which was being organised. This would give the provider added assurance that medicine items that needed to be kept refrigerated were stored at safe temperatures and enable them to identify any breaks in the cold chain.
- The practice had carried out an appropriate risk assessment to identify medicines that it should stock and we found there were appropriate medicines available at each site. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Improvements were needed to ensure that patient group directions (PGD) and patient specific directives (PSD) had been signed off appropriately. We reviewed five PGDs and found that they had been signed but not dated to indicate when they were authorised. We discussed this with the lead GP who rectified the situation prior to the end of the inspection and checked all the other PGDs and PSDs as well.
- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- The practice had a system of clinical safety netting to ensure they provided a safe service. This included quality audits of prescribing and daily prescribing reviews. The practice employed a pharmacist to assist with this work. One piece of work focused on the use of opiate medicines (strong painkiller which patients can become addicted to), following a review of patients medicines at The Village site. The review showed that there were high numbers of patients who were prescribed this medicine. The review was carried out to ensure the medicine was relevant and necessary for the patients who had been prescribed the opiates.

Track record on safety

Are services safe?

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. There had been an incident where the cold chain of vaccines was interrupted at The Crescent site, due to a power cut, which resulted in the medicines not being stored at the correct temperature. The provider contacted manufacturers for advice and subsequently disposed of all vaccines. They then contacted all of the patients due to receive a vaccine and rearranged their appointments and ordered more stock of the vaccines. As a result, updated guidance of what to do in the event of a cold chain failure for the vaccines affected was provided to all sites.

- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Arrangements to deal with emergencies and major incidents

- The practice had appropriate 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 at each site and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We checked the emergency medicines and equipment at each site. Consideration should be given to reviewing where these were stored at The Crescent site, to ensure that unauthorised people were not able to access them.
- 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

We rated the practice as good for providing effective services overall.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines. Two of the three pharmacists employed by the practice were in the process of training as independent prescribers and one was receiving training to monitor patients who had long term conditions and mental health needs. The other pharmacist was undertaking a course on prescribing for pain.
- The practice prescribed less hypnotics than other practice in their clinical commissioning group (CCG) area and compared with national averages. The practice figure was 0.36, compared with the CCG figure of 0.88 and national figure of 0.90.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice had blood pressure monitors which it could loan out to patients; it had in-house MRI scanning and ultrasound. Text message reminders were also used for appointments.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Due to two keys questions being rated as outstanding this applies to all population groups. Therefore all population groups were rated outstanding for effective.

We found:

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medicines.
- The practice and its branch sites had been accredited as Dementia friendly.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- For patients aged 75 years and older there was a Frailty and Anticipatory Care Team (FACT). This team would visit patients in their homes and provide care and support to reduce unnecessary hospital admissions.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Paramedics who worked in the practice had received training on interpreting blood tests results; telephone triage and chronic disease management. All contacts made by patients with the paramedics were reviewed by GPs.
- There was a comprehensive recall system in place with designated co-ordinators at the main location and branch sites. The practice used the computer system

Are services effective?

(for example, treatment is effective)

and placed alerts on patients' records to identify what reviews they were due for and were able to opportunistically carry out checks, when patients attended for other appointments.

- The practice employed pharmacists to carry out medicines reviews for patients with long term conditions.
- The practice had identified an area for improvement related to diabetic foot examination. They had carried out an audit of the number of patients eligible at the four sites, and the number who had had the examination carried out in January 2018. They found that only 482 patients out of a possible 778 had received a foot examination. Further interrogation of the data showed that nine patients had declined a foot examination and eight had been seen by a chiropodist.
- Of the remaining 279 patients, 206 had attended the practice for other reasons. As a result the practice had put an action plan in place, which included patient education, use of text reminders for appointments and alerts being placed on records. They had also ensured that appropriate equipment was present in consulting rooms for use in the examination. There were plans to re-audit and also look at the frequency of foot examinations in line with relevant guidance.

Families, children and young people

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Data which related to the time period before the practice had merged fully with two of the branch sites showed that take up for childhood immunisations was below the standard expected of 90% in three out of the four areas measured.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. The practice provided us with published data for 2016/17 and unverified data for 2017/18. This showed an improvement and they were on target to achieve the required standard.

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- A GP attended a local school weekly to speak with young people about their health needs and a consultant psychiatrist contracted by the practice visited the school on a monthly basis to provide care and treatment.
- The GP had developed educational sessions for the school based on themes raised by the school, students and families in difficulty. Students benefited from having health prevention advice and support tailored to their needs and brought to them in their school setting.
- A full range of contraceptive services were offered, including intrauterine devices.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 60%, (prior to mergers) which was below the 80% coverage target for the national screening programme. An action plan was put in place in April 2017 to address the low figures. This involved the practice reviewing recall procedures. From October 2017 staff across all sites were responsible for taking action when talking with eligible patients. A practice nurse told us that there had been an increase uptake in cervical smear tests by patients. Checks had also been made on another system to cross check whether a patient had attended elsewhere for a cervical smear test. A report was generated weekly to achieve this.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Walk in physiotherapy sessions were available at weekends, along with minor surgery.
- Extended hours appointments were available.

Are services effective?

(for example, treatment is effective)

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice employed a permanent GP to work at a local homeless shelter on weekday evenings, supported when required by the practice.
- The practice provided care and treatment on the Health Bus, to patients who were rough sleepers. When needed a practice nurse would arrange for these patients to be seen the same day at the practice for further health checks and treatment.
- All GPs who worked in the practice were training in drug and alcohol addiction treatment.

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

- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average.
- 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 84% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to the national average.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis. The main location and all three sites had achieved recognition as being dementia friendly.

Monitoring care and treatment

The practice had merged with two other practices and the quality and outcome framework figures relate to when the Providence Surgery had a main location and one branch

site. The most recent published QOF results (2016/17) were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 97%. The overall exception reporting rate was 19% compared with a national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

The practice provided us with unverified data which showed that as of the 16 February 2018 the exception rate was 8%.

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. There was a rolling annual plan of audits in place, which covered areas such as ensuring medicine allergies were recorded appropriately; fracture assessments for older patients and monitoring of kidney function for patients who were receiving medicines to treat high blood pressure, as there could be a decrease in kidney function.

Where appropriate, clinicians took part in local and national improvement initiatives. For example, they had contacted all patients who were prescribed benzodiazepines, which are addictive sedative medicines, to inform them they would no longer prescribing them for new patients long term. For patients already on the medicines they would start a programme of reduction with the aim to cease prescribing for long term use.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for

Are services effective?

(for example, treatment is effective)

health care assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice had introduced workflow optimisation. Which is where documents and letters are triaged according to whether a GP needs to act on them, against strict protocols. For example, staff had been trained to read hospital discharge letters and action blood tests and code information, prior to a GP reviewing the letter.
- The practice had carried out an audit following the first three months of the process being in place. They found that on average 10,500 documents were received on a monthly basis for the 17 GPs and one nurse practitioner. GPs were processing 7300 documents per month.
- Results showed that in the first month 40% of incoming correspondence was coded and actioned by the workflow team; by the third month this had increase to 60% completed by the workflow team and 10% by a pharmacist employed by the practice.
- GPs were now handling on average 700 pieces of correspondence per month, which had already been coded and actioned as far as possible. This had enabled the practice to free up approximately 30 minutes of the average session that they usually had to manage correspondence and gave a projected figure of 120 hours more of clinical time being made available per month across all GPs employed

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients receiving end of life care, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice good for caring.

The practice was rated as good for providing caring services because:

- Staff consistently treated patients with kindness, respect and compassion.
- The practice received positive feedback from patients who used the service. The practice proactively sought feedback via the Family and Friends Test.
- Staff supported patients to access the service and provided information in different formats when needed.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff recognised and respected the totality of patient's needs. Some of the patients who used the services could display challenging and unpredictable behaviours. We witnessed two occasions on our inspection where staff dealt with situations such as these in a calm and respectful manner. They ensure that patients were listened to an appropriate help and support was provided when needed.
- Patient's emotional and social needs are seen as being as important as their physical needs. Staff recognised that patients need to have access to, and links with, their advocacy and support networks in the community and they supported patients to do this. For example, when visiting them at home to monitor health needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 63 patient Care Quality Commission comment cards we received were positive about how they were treated when they used the service. Comments included words such as: excellent, brilliant, professional and highly recommended. All respondents considered the environment was clean and hygienic and staff were kind and caring and some staff were singled out for particular praise. This is in line with the results of the NHS Friends

and Family Test and other feedback received by the practice. Cumulative results for the end of 2017 showed that on average 82% were likely or extremely likely to recommend the practice to others. Results for January 2018 showed on average that 82% would recommend the practice. The results for January 2018 relate to the main location and all three branch sites.

- Staff said they chose to work at the practice due to the caring ethos embedded in every day practice and patients being at the centre of the work they carried out.

The practice merged with two other practices since our inspection in March 2016 and therefore data in this report does not cover the main location and all three branch sites in all cases. Results from period January to March 2017 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. (Please note this data refers to Providence Surgery and the branch site of The Crescent only). A total of 369 surveys were sent out and 104 were returned. This represented just under 1% of the practice population. The practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 94% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 96%.
- 85% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 89%; national average - 86%.
- 92% of patients who responded said the nurse was good at listening to them; (CCG) - 94%; national average - 91%.
- 91% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 93%; national average - 91%.

Involvement in decisions about care and treatment

Are services caring?

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers, by promoting carers' support available in the area on TV screens in the receptions at each site. Patients were asked when registering with the practice whether they were a carer and prescription forms had information about being a carer.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 254 patients as carers (approximately 1% of the practice list).

A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. This member of staff attended yearly updates on supporting carers. They told us they would assist carers with making appointments and signpost them to relevant support groups. They had also recently commenced working with a member of staff at The Village location to plan social activities for patients who were carers in that area.

- Staff told us that if families had experienced 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.

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. (Please note this data refers to Providence Surgery and the branch site of The Crescent only). Results were in line with local and national averages:

- 89% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 90% and the national average of 86%.
- 80% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 87%; national average - 82%.
- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 86% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice outstanding for providing responsive services.

The practice was rated as outstanding for providing responsive services because:

- Providence Surgery consistently tailored its services to meet the needs of the registered patients. Such as offering in-house MRI scanning and ultrasound.
- The practice worked with a local school to provide care and treatment for young people.
- A range of appointments including extended hours and same day appointments were available for patients.
- The practice responded appropriately to concerns and complaints and ensured learning was shared appropriately.

Responding to and meeting people's needs

- The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.
- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments and advice services for common ailments, such as coughs and colds.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. There were disabled facilities and translation services available.
- The practice informed us that 20% of their practice group in the Providence Surgery and The Crescent area were unable to read and write well. They offered text based reminders, telephone calls and used times when patients came into the practice to offer care and treatment opportunistically. Support was also given to complete official forms.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

- There were same day appointments available for children and those with serious medical conditions.
- The practice had in-house MRI scanning for limbs, X-ray and ultrasound facilities to enable patients to have examinations carried out promptly. The ultrasound service was developed and paid for by the practice and had a waiting time of one week for a scan to be done. The practice had access to a consultant radiologist to advise on the results of scans when needed. When needed the practice funded urgent MRI scans for the body and head privately to reduce waiting times and obtain a faster diagnosis for patients.
- Patients were able to be referred or refer themselves to an in-house physiotherapist.

Due to two keys questions being rated as outstanding this applies to all population groups. Therefore all population groups were rated outstanding for responsive.

We found:

Older people:

- Home visits were available for older patients. Since our previous inspection the practice had increased the availability of home visits by employing paramedics. There were protocols in place detailing what types of visit paramedics were able to make.
- Since our previous inspection in March 2016 the practice had developed and employed staff to provide a Frailty and Anticipatory Care Team (FACT) consisting of paramedics, a practice nurse and a health care assistant. The role of the FACT was to provide support to patients aged over 75 in their homes to review their condition and prevent unnecessary admissions to hospital. The team planned to visit all of the 2,000 patients on the admission avoidance at least once every three years.
- The practice provided care for two care homes in their area and cover for a rehabilitation ward for older patients at the local hospital. GPs told us that they usually visited the care home daily to provide care and treatment.

People with long-term conditions:



Are services responsive to people's needs?

(for example, to feedback?)

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Practice nurses and paramedics had received specific training to carry out reviews for patients with long term conditions and provide this service in the patient's home when needed.

Families, children and young people:

- Since our previous inspection the practice has worked in partnership with a local school to address young people's mental health needs. The service originally started as one to one sessions a week with a GP. This has developed into offering one to one sessions with a GP weekly, alongside one session a month by a psychiatrist contracted by the practice to carry this out. A young person's capacity to consent was always assessed. In addition the practice carried out group sessions on topics such as mental health awareness, sexual health and bullying.
- Implant and insertion of intrauterine devices for contraceptive services were offered by the practice to other GP practices.
- The practice has a policy for ensuring all family members were registered with them and liaised closely with health visitors and midwives to meet patient need.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary. It was practice policy to ensure all children under the age of five years old were seen the same day.

Working age people (including those recently retired and students):

The practice offered extended hours clinics on Mondays for working patients who could not attend during normal opening hours.

- Telephone GP and paramedic consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Physiotherapy walk in clinics were available on Saturdays and Sundays, along with minor surgery appointments.
- Students were actively encouraged to receive age appropriate vaccines and health checks. The practice attended the local university fresher's week to inform them of what services they could provide.
- In-house diagnostics including MRI scanning of limbs, X-rays, ultrasounds and echocardiograms were available.

People whose circumstances make them vulnerable:

- At our previous inspection GPs from the practice visited the local night shelter for rough sleepers on Monday to Friday evenings to provide medical care. This service was now provided by a dedicated GP from the practice on a permanent basis.
- Patients of no fixed abode were able to register using the practice address. Where patients needed to access e-referrals this was facilitated by the reception staff in the practice and undertaken immediately after the patient's consultation with a GP.
- The practice worked with the local community police support unit and Boscombe Forum, a local community group, to understand the populations specific needs, such as isolation and poverty and to offer support if able.
- The practice worked closely with health visitors, the substance misuse team and social services to manage the care and treatment of vulnerable patients and their families.
- Since our previous inspection in March 2016, they had provided practice nursing support to the local Homeless Bus, which enabled rough sleepers' access to health care. The bus was available on Thursday mornings in an area by a rough sleepers drop in centre. Services provided included prescriptions and sick notes, blood testing for blood borne viruses, immunisation and drug



Are services responsive to people's needs?

(for example, to feedback?)

and alcohol advice. An example of where support had made a difference was the introduction of supplying the medicine Naloxone, which is used to reverse heroin overdoses. An audit showed that since this was introduced in December 2017, 15 lives had been saved and patients had been given appropriate support and referral to other services when needed. Figures provided by the practice showed that there had been 18 drug related deaths through overdose on the same two month period, where there had been no access to Naloxone.

- All GPs who worked at the main location and branch sites had received training in drug and alcohol management and patients received care from the same GP each time when presenting with these conditions.
- There were longer appointments available for patients with a learning disability.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. The main location and the three branch sites had been accredited as dementia friendly, which involved reviewing signage and décor in the premises to be accessible for patients living with dementia, for example not using dark colours on floors which could be interpreted as holes.
- The practice held psychiatric led dedicated monthly mental health clinics. Patients who failed to attend were proactively followed up by a phone call from a GP. The practice worked with the local mental health services to co-ordinate care and treatment for patients. They were in the final stages of jointly funding a community psychiatric nurse to provide care and treatment.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice had implemented a call hub, which allowed patients to contact the relevant site more easily.

The practice merged with two other practices since our inspection in March 2016 and therefore data in this report does not cover the main location and all three branch sites in all cases. Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. (Please note this data refers to Providence Surgery and the branch site of The Crescent only). This was supported by observations on the day of inspection and completed comment cards. A total of 369 surveys were sent out and 104 were returned. This represented just under 1% of the practice population.

- 85% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 84% and the national average of 80%.
- 69% of patients who responded said they could get through easily to the practice by phone; CCG - 84%; national average - 71%.
- 76% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 84%; national average - 76%.
- 77% of patients who responded described their experience of making an appointment as good; CCG - 82%; national average - 73%.

The practice had identified shortfalls in its telephone answering times and had created a 'Hub' in May 2017 to receive all incoming calls and allow for calls to be routed directly to one of the four sites to reduce waiting times.

- There was a dedicated team in place to manage calls and triage systems with paramedics had been put into place to make sure that all patients had contact by telephone as a minimum when they contacted the practice for appointments.



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

- The practice was also able to log call volumes and adjust staffing for busier times, such as Monday mornings. All calls were recorded and information was collected on calls that were abandoned before they were answered. A message was played at the start of the call informing patients that calls were recorded.
- Data received from the practice showed that the average number of calls had reduced from 325 to 275 a day between the period of May 2017 to January 2018, as patients were able to select which site they wished to contact if they did not require an appointment.
- In addition the number of calls abandoned over the same period had reduced from an average of 1,688 to 665 per month. Staff said that they were now contacting patients who had abandoned calls to find out whether they needed assistance.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. A total of 20 complaints were received in the last year. We reviewed complaints log and found that themes and trends were identified and learning was shared via email, meetings and with individuals when needed. We looked at three examples of complaints which had been responded to and found they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

Outstanding



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

Our findings

We rated the practice as outstanding for providing a well-led service.

The practice was rated as outstanding for well-led because:

- The merger with the two other GP practices had been incorporated into the daily running of the practice. With policies and procedures being aligned at all sites.
- There was strong leadership and the management structure had been refined and improved to provide clear lines of support and reporting.
- Staff had clear roles and responsibilities.
- The culture was one of openness and transparency.
- Governance and quality assurance systems ensured that a safe and effective service was provided to meet patient needs.
- The practice welcomed feedback from patients, staff and external partners and acted on concerns when needed.
- The practice worked with other GP practices, the clinical commissioning group (CCG) and voluntary organisations to meet the needs of its patients.

Leadership capacity and capability

- The partners in the practice have the experience, capacity, and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.
- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. Five salaried GPs had applied to become partners in the practice and were in the process of completing the necessary CQC registration forms.

- The practice had employed a management consultant for six months to review governance processes and create a clear management structure, which was regularly reviewed and updated.
- The skill sets of practice nursing teams were being reviewed to tailor services more effectively for patients across all sites.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- Strategies and plans were fully aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership. The practice worked with the local clinical commissioning group and other GP practices in the locality to develop shared sustainable services. For example, shared phlebotomy services.
- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The strategy and objectives were challenging and innovative, whilst remaining achievable and focused on ensuring patients' needs were met. In particular those patients in vulnerable groups or with mental health needs. One main aim was to provide as many services in house in response to the local populations needs.
- The practice had a mission statement which was displayed in the waiting areas and website. The mission statement was to provide 'Good health for all in the Boscombe area.' Staff knew and understood the values to promote good health for the population and become a centre of excellence
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service had a leadership role in its health system to identify and proactively address challenges and meet the needs of the population. For example, providing health prevention advice to students based on needs which the students had identified. In addition providing services in the community to homeless patients.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Are services well-led?

Outstanding 

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

Culture

The practice had a culture of high-quality sustainable care.

- Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond.
- There were high levels of satisfaction across all staff. Staff stated they felt respected, supported and valued. They were proud to work in the practice. Staff consistently told us that they were listened to and supported to develop. Social events were regularly organised to promote team building and cross site working was in place for all staff.
- The practice focused on the needs of patients. There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and patients' experiences. For example, the Frailty and Anticipatory Care Team visited for immediate health problems, but also assessed holistic needs of patients and assisted them with accessing support for social needs.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. Governance arrangements were proactively reviewed and reflected best practice.

- For example, when the practice merged with two other practices they found that paper patient records for one branch site were not systematically filed and maintained. A process was put in place to transfer all documentation onto a computer system and create a paperless system.
- This process took six months to achieve and at the time of this inspection a total of 1,500 pieces of documentation had been scanned and coded onto the computer system. This enabled a patient's medical history to be accessed and appropriate recall systems to be in place to monitor patient's health.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. There was an overarching business and action plan which covered all aspects of the service provided, including frequency of audits; reviews of workflow optimisation and monitoring of Quality and Outcomes framework. This was regularly reviewed to ensure outcomes were achieved.
- There was a management team in place to oversee the systems, ensuring they were consistent and effective. Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The management team were responsible for making sure policies and procedures were up to date and staff received training appropriate to their role. The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Are services well-led?

Outstanding



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

- Significant events were reported using a CCG system, as part of the Wessex Safer Practice Framework, which allow identification of themes and trends and learning across the CCG area.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. This was evidenced in minutes of meetings and discussion with all members of staff. This included seeking alternative income streams in the face of a reduction in financial resources and included working within the locality and with other GP practices to provide services.
- The practice had implemented standard procedures and protocols at the main location and all the branch sites to promote consistency.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- There were high levels of staff and patient satisfaction with the care and treatment provided. Staff were proud of working at the practice and spoke highly of the inclusive culture of the GP partners.
- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. Feedback had been received regarding the Health Bus, from the local rough sleeper team, the team had found that they were better able to engage with rough sleepers who had become entrenched in their lifestyles and enabled the team to find long term solutions to homeless issues. For example, engaging with health care professionals and facilitating swift admissions to hospitals when needed. Comments received from patients who used the Health Bus also confirmed these views, with some saying that they had been kept alive due to the service.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

Are services well-led?

Outstanding



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

- There was a focus on continuous learning and improvement at all levels within the practice. Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was part of a group of 35 GP practices which had formed a Federation to look at how assessed health needs would be met across their geographical area and provide those services, for example blood taking services.
- The practice continued to work with the local community in particular the Boscombe Community Forum an independent forum run by volunteers to shape the future of the community. The forum's purpose was to raise awareness of issues affecting the community and acting as an information exchange of what services are available to people.
- Areas discussed at the forum included access to health; question and answer sessions with local councillors about regeneration of the Boscombe area; and talks by the local police force. Such as local Healthwatch, Citizen's Advice and Drug and Alcohol support. The Forum aims to identify the opportunities as well as tackling the issues, to bring people together to be fully informed, discuss and co-ordinate action.
- The practice was working towards becoming an accountable care organisation.