

The Royal Crescent and Preston Road Practice

Quality Report

Royal Crescent Surgery
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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?

Outstanding 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

| | Page |
|---|------|
| Overall summary | 2 |
| The five questions we ask and what we found | 4 |
| The six population groups and what we found | 7 |
| What people who use the service say | 11 |

Detailed findings from this inspection

| | |
|--|----|
| Our inspection team | 12 |
| Background to The Royal Crescent and Preston Road Practice | 12 |
| Why we carried out this inspection | 12 |
| How we carried out this inspection | 12 |
| Detailed findings | 14 |

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Royal Crescent and Preston Road Practice at the Royal Crescent Surgery on 20 October 2016. Overall the practice is rated as outstanding.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. We received consistently positive feedback from patients including the 73 comment cards we reviewed.
- Staff were motivated and inspired to offer kind and compassionate care and would deliver prescriptions when there was an urgent need and drive patients home when they or their carers had been taken unwell at the practice.
- The practice had worked with people with a learning disability in the development of information about the annual review process and the easy read invite letter included a photograph of the clinician who would be undertaking the review.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the management team. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider should make improvement is:

- The practice should consider how they monitor the quality and outcomes framework exception rates so they are more in line with national averages and patients receive appropriate services.

We saw three areas of outstanding practice:

- One of the GPs within the practice had been supported to develop a range of services to some of the most vulnerable patients within the Weymouth and Portland area and had secured funding for two community nurses to provide physical and mental health support to the homeless population. Alongside this the GP provided one session per week to the community alcohol detox addictions service supporting 60-70 patients in receipt of substitute prescribing.
- The practice had a visiting team providing services for the over seventy five year olds. A GP was supported by nurse practitioners and a community matron in the provision of weekly or fortnightly visits to 18 nursing

homes within the catchment area supporting 208 residents . The team also provided home visits to 160 housebound patients. The practice met regularly to review the impact of this service and conducted nursing home surveys, and analysed data about hospital admission rates and uptake of vaccines. We were told that emergency hospital admission rates from nursing homes had decreased by 30% since 2014 and that requests for same day GP visits from care homes had decreased by 57% between 2014 and 2016. 90% of care home residents and 95% of housebound residents had received a flu vaccine at the time of the inspection.

- The practice had developed a service called 'Community Angels', which was provided from the branch Preston Road Surgery. This was a joint venture between the practice and the local church. It provided a volunteer befriending service, transport for patients to attend hospital appointments and a support scheme to address social isolation. The practice employed a coordinator who managed this service.

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.

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 outstanding for providing caring services.

- The practice had scored consistently above the local and national averages in the GP national survey. The survey showed that patients felt their GP listened to them and they had confidence in the treatment received.
- Reception staff were helpful and staff spoke of many occasions when they had supported patients above and beyond their role.
- Nurses and doctors involved patients in decisions about their care.

Outstanding



Summary of findings

- Patients' emotional and social needs were seen as being just as important as their physical needs.
- 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 outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example one of the practice GPs was active in promoting healthy life choices for the homeless as well as other patient groups. Through collaboration with the voluntary sector and NHS England funding was made available to develop a local outdoor exercise programme using walks, conservation work, bird watching and cycling to compliment the pre-existing GP gym referral scheme
- 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.
- There was good access to a range of services including those for the most vulnerable patient groups.
- The practice had developed a practice visiting team providing services for the over seventy fives.
- 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.

Outstanding



Are services well-led?

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by the management team. 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 good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a 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 outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population. This included a rapid response service, providing home visits from 8.30am and a deputising advanced nurse practitioner who was able to visit if the named GP was in surgery or away from work.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice had developed a practice visiting team where a GP, nurse practitioners and a community matron provided weekly or fortnightly visits to 18 nursing homes within the catchment area. We saw evidence of positive feedback from patients about the care they received and viewed the assessment template which ensured people's emotional and social needs were as important as their physical needs. The practice reported a 30% decrease in the number of emergency admissions from nursing and care homes and a 57% reduction in the number of requests for same day GP visits from care homes between 2014 and 2016.
- The practice provided enhanced integrated care reviews for patients with the most complex needs at their place of residence. This was a 1-2 hour review with the patient's named GP, the patient, family or carers and anyone else significantly involved in the patient's care.
- 'Community Angels' had been developed working from the branch Preston Road Surgery. This was a joint venture between the practice and the local church to provide a volunteer befriending, transport and support scheme to address social isolation.

Outstanding



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice had worked with patients and the nursing

Outstanding



Summary of findings

team to implement a holistic approach to long term condition reviews for those patients with more than one long term condition and had up-skilled the practice nursing team to enable patients to receive one comprehensive review.

- 82% of patients with diabetes had a blood pressure reading, within the tolerable recognised limits in 2014-2015 compared to a CCG average of 80% and national average of 78%.
- 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 outstanding for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident & Emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 83% of eligible women received a cervical smear in the preceding five years, which is similar to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice ran a Saturday flu immunisation clinic to assist patients who could not attend in usual hours, to have easier access to the service.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Outstanding



Working age people (including those recently retired and students)

The practice is rated as outstanding for the care of working-age people (including those recently retired and students).

Outstanding



Summary of findings

- 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.
- Results from the national GP patient survey published in July 2016, showed that 85% of patients were satisfied with the surgery's opening hours compared to the CCG average of 78% and the national average of 76%.
- 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 outstanding for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability. Two community nurses provided physical and mental health support to the homeless population. Alongside this the GP provided one session per week to the community alcohol detox addictions service supporting 60-70 patients in receipt of substitute prescribing.
- The practice had developed a dedicated service for people with a learning disability. This included a named GP, who visited fortnightly, 26 patients at the two homes for people with a learning disability, easy read literature about the annual review process and a dedicated administrator who coordinated the service.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. One of the GPs actively promoted healthy life choices to this patient group. Through collaboration with the voluntary sector and NHS England funding was made available to develop a local outdoor exercise programme using walks, conservation work, bird watching and cycling to compliment the pre-existing GP gym referral scheme.
- 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.

Outstanding



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- 84% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed care plan recorded, which is similar to the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia. The practice had collaborated with local organisations, patients and carers in adopting a more dementia friendly environment. For example, changes to the waiting room layout and installation of red toilet seats.
- A practice GP had worked to ensure that existing mental health provision was maintained and developed and provided GP advisory input into the local roving homeless person's team.

Outstanding



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was consistently performing above local and national averages. 220 survey forms were distributed and 118 were returned. This represented less than 1% of the practice's patient list.

- 92% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 90% 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 76%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 73 comment cards which were all positive about the standard of care received. Patients commented on the professionalism of the doctors and nurses and found staff to be polite, caring and respectful. There were two negative comments about the attitude of some reception staff.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients we spoke to commented on the good access to urgent appointments and the ability to see their named GP.

The Royal Crescent and Preston Road Practice

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 a practice manager specialist adviser.

Background to The Royal Crescent and Preston Road Practice

The Royal Crescent and Preston Road Practice, Royal Crescent Surgery is located in Weymouth on the South Coast of England. It has two sites.

Royal Crescent Surgery, 25 Crescent Street, Weymouth, Dorset, DT4 7BY and

Preston Road Surgery, 102 Preston Road, Weymouth, Dorset, DT3 6BB

The practice has approximately 18,000 registered patients and provides services under an NHS Personal Medical Services Contract. It is part of Dorset Clinical Commissioning Group (CCG).

Royal Crescent Surgery is located in the Park District of Weymouth, an area of relatively high deprivation. The practice told us they had the highest prevalence of patients with a learning disability in Dorset and high care home numbers.

Preston Road Surgery is located in Preston, an area of relatively low deprivation and a higher than average over 65 population. The practice told us the number of patients aged over 75 is 50% higher than other practices in Weymouth and Portland.

A total of 67% of patients at the practice have a long-standing health condition which is higher than the CCG average of 57% and the national average of 54%. Approximately 1% of the practice population describe themselves as being from an ethnic minority group.

The practice has 15 GP partners, six male and nine female and one non clinical executive partner. Together the GPs provide care equivalent to approximately 87.5 sessions per week or just under 9.7 whole time equivalent GPs. The GPs are supported by four advanced nurse practitioners, eight practice nurses, and three healthcare assistants. All the nursing team are female and together provide care equivalent to 6.8 whole time nurses. Seven members of the nursing team are non-medical prescribers. The clinical team are supported by a non clinical executive partner who is the practice manager, a practice business manager, a deputy practice manager and 21 reception and administrative staff. The practice is a training practice for foundation year two doctors, student nurses and medical students. At the time of our inspection the practice was supporting two doctors as part of their foundation training.

The Royal Crescent and Preston Road Practice, Royal Crescent Surgery is open between 8am and 6.30pm Monday to Friday. Extended hours are not offered at either site. Patients are encouraged to use the NHS 111 service or the out of hours GP service delivered by South Western Ambulance Service before 8am and after 6.30pm.

Detailed findings

We inspected the Royal Crescent Surgery in full and visited the Preston Road Surgery on the day of the inspection. Neither location had been previously inspected by the Care Quality Commission.

Preston Road Surgery is registered with the Care Quality Commission as a separate location. Following discussion with the practice, it was agreed that this location was a branch surgery and the practice have applied to remove it as a condition of their registration.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 20 October 2016. During our visit we:

- Spoke with a range of staff including seven GPs, a registrar, five nurses, two managerial staff, ten administrative and reception staff completed a questionnaire and spoke with patients who used the service.

- Observed reception areas 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 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 living 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. Staff, including receptionists, administrators and nursing staff knew how to raise an issue for consideration and felt encouraged to do so.
- 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. We were told of such an event where the learning from the incident was shared with other local practices.
- The practice carried out a thorough analysis of the significant events. There was a lead GP for significant events and complaints who reviewed all events on a quarterly and annual basis. The practice had a system for monitoring actions arising from events, to ensure they had been implemented and to share learning. We saw evidence of meetings where learning from events and trends had been discussed.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The practice had a protocol in place to ensure all staff received appropriate alerts and a checking system to confirm staff had received them. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, in response to an alert that a glucose monitor might give faulty readings, the practice checked all the patients' records and found no patients were affected.

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 but there were gaps in safeguarding training.

- The practice had a safeguarding team each of whom had clearly defined roles and responsibilities for safeguarding. The team consisted of a lead GP for safeguarding, a deputy lead who was also a GP and an administrative lead.
- The arrangements in place to safeguard children and vulnerable adults from abuse 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and attended level three content training twice a year. Nurses received appropriate training relevant to their role. Four of the nurses were trained to level three and eight were trained to level two. All other staff had received level one training.
- 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. One of the advanced nurse practitioners 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.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept

Are services safe?

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 monitor their use. Seven of the nurses had qualified as an Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended 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 five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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 and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to

monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had identified the number of partners required through a benchmarking process. This included the number of advanced nurse practitioners that were required to deputise for the GPs. There was a rota system in place for all other staffing groups to ensure enough staff were on duty. Some receptionists had received training to undertake the role of a health care assistant.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- With one exception, all staff received annual basic life support training and there were emergency medicines available in the treatment rooms. We spoke to the practice about the training and were informed this had been arranged for the beginning of December.
- The practice had a defibrillator available at each of the premises and oxygen with adult and children's masks. A first aid kit and accident book were also 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

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). The most recent published results were 100% of the total number of points available with overall clinical exception reporting of 14% (the CCG average was 12% and the national average exception reporting was 9%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-2016 showed:

- Performance for diabetes related indicators was similar to the national average. The percentage of patients with diabetes whose last measured total cholesterol (measured in the preceding 12 months) was within the tolerable limit was 84% compared to the CCG average of 82% and the national average of 81%.
- Performance for mental health related indicators was similar to England and local averages. 93% of patients with schizophrenia, bipolar affective disorder had a comprehensive care plan documented in the preceding 12 months compared to a CCG average of 91% and national average of 89%.

There was evidence of quality improvement including clinical audit.

- There had been 16 clinical audits completed in the last two years, eight of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, following an audit of the use of pain killers, the practice identified that four patients were continuing to receive a prescription of a particular pain medicine that was no longer recommended. The medication was removed from the repeat prescription lists and patients were informed of the change of medication by letter. The practice also looked at the use of a particular medicine that has been recognised as a potential drug of abuse and which carries particular risks if used inappropriately. The practice carried out a two cycle audit to identify if the medicine was being prescribed appropriately and if patients taking the medicine had received a recent review. The second cycle of the audit showed an improvement with 100% being prescribed within licence and the dose being appropriate. Some improvement was also seen in the numbers of patients receiving a recent review and the quantities of the medicine ordered matching the prescribed dose. As well as improving the quality of prescribing of this medicine, the audit had raised awareness amongst clinicians of it being a potential drug of misuse.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Information about patients' outcomes was used to make improvements. The practice had identified GP leads for the different clinical areas of the quality outcome framework. They would take an overview of the quality marker achievement and alert the patient's GP to any outstanding reviews required. GPs were aware of the practice performance in relation to quality prescribing indicators and where they might be an outlier. They ensured changes were made to prescribe in line with best practice guidelines.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice had a structured training plan in place and had introduced a mentoring scheme for newly appointed administrative and reception staff. Staff told us how valuable this had been in learning all the necessary skills to fulfil their role.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff told us they were supported to attend relevant training. For example one nurse had recently completed a certificate in practice nursing and another completed training to become a nurse prescriber. We saw evidence that other role specific training had been completed for example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. The advanced nurse practitioners were mentors for student nurses and had supported a return to practice nurse. 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.
- This included care and risk assessments, care plans, medical records and investigation and test results. Test results were not always viewed as quickly as they could be and we found that due to part time working some results could wait for three working days before being viewed with the delay extended if over the weekend. We discussed this with the practice on the day of the inspection and they developed an action plan to improve the process.
- 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. 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 practice had introduced enhanced integrated care reviews for patients with the most complex needs. This involved the GP, the patient, family or carers and anyone else significantly involved in the patients care. Nearly 200 reviews had been completed since it was introduced 12 months ago. This meant this group of patients received the most appropriate care to meet their needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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.

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

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice was part of Two Harbours Healthcare that provided a range of healthy lifestyle services such as smoke stop and NHS health checks. Two Harbours Healthcare is a federation of eight practices in the Weymouth and Portland area.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 84% and the national average of 82%. 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. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. A total of 77% of eligible women attended screening for breast cancer which is similar to the CCG average of 76% and national average of 72%. Sixty three per cent of eligible patients were screened for bowel cancer in the last three years, which is similar to the CCG average of 63% and national average of 58%.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 72% to 99% and five year olds from 81% to 98%.

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



Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Low level background music was played in reception and waiting rooms to reduce the possibility that conversations could be overheard.
- Staff were motivated and inspired to offer kind and compassionate care and would deliver prescriptions when there was an urgent need and drive patients home when they or their carers had been taken unwell at the practice.

All of the 73 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We received two negative comments about staff attitude.

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

The practice had scored consistently above the local and national averages in the GP national survey. The survey showed that patients felt their GP listened to them and they had confidence in the treatment received. Reception staff were helpful and staff spoke of many occasions when they had supported patients above and beyond their role. For example one member of staff, on closing the practice, noticed a patient with dementia was alone and disorientated outside the premises. Having gained skills through dementia training, the receptionist was able to

approach and communicate with the patient and provided support and help to return the patient to their home albeit several hours later. Nurses and doctors involved patients in decisions about their care.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses and told us how proud they were of this achievement. For example:

- 98% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 95% 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%.
- 94% 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%.
- 99% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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



Are services caring?

- 94% 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%.
- 94% 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%.
- 90% 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 translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format. The practice had worked with people with a learning disability in the development of information about the annual review process and the easy read invite letter included a photograph of the clinician who would be undertaking the review.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 366 patients as carers (2% of the practice list). The practice had two dedicated members of staff that had responsibility for supporting carers, one at each practice. In addition to identifying and supporting carers, these staff were proactive in raising the profile of caring and in finding new ways to help both the carer and the person they cared for. For example, attending and providing an information stand at all the practice's walk in flu clinics, attended by 3500 patients in a community setting and in the development of the practice's bereavement process ensuring carers are not inadvertently contacted following bereavement. Written information was available to direct carers to the various avenues of support available to them.

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



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example one of the practice GPs was active in promoting healthy life choices for the homeless as well as other patient groups. Through collaboration with the voluntary sector and NHS England funding was made available to develop a local outdoor exercise programme using walks, conservation work, bird watching and cycling to compliment the pre-existing GP gym referral scheme. We were told that 600 people had signed up for activity and 75% had opted to do this outdoors.

- The practice had developed a dedicated service for people with a learning disability. This included a named GP, who visited fortnightly, 26 patients at the two homes for people with a learning disability, easy read literature about the annual review process and a dedicated administrator who coordinated the service.
- The practice had developed a practice visiting team providing services for the over seventy fives. A GP was supported by nurse practitioners and a community matron in the provision of weekly or fortnightly visits to 18 nursing homes within the catchment area, supporting 208 residents. The team also provided home visits to 160 housebound patients. The practice met regularly to review the impact of this service and conducted nursing home surveys, and analysed data about hospital admission rates and uptake of vaccines. We were told that emergency hospital admission rates from nursing homes had decreased by 30% since 2014 and that requests for same day GP visits from care homes had decreased by 57% between 2014 and 2016. 90% of care home residents and 95% of housebound residents had received a flu vaccine at the time of the inspection. One dementia care home manager told us that flu vaccines had always been a traumatic event in the home but with the known nurse practitioner administering them, it was done calmly and uptake increased as a result.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.

- Patients were able to receive travel vaccines available on the NHS 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 at each of the practices.
- There was a lift to the first floor reception area at Royal Crescent Surgery to improve access for patients who could not manage stairs.
- Online services were available and patients were able to book appointments and order repeat prescriptions.
- A range of services were provided at the practice including minor surgery, family planning, chiropody and maternity services.
- The practice had developed a service called 'Community Angels', which was provided from the branch Preston Road Surgery. This was a joint venture between the practice and the local church. It provided a volunteer befriending service, transport for patients to attend hospital appointments and a support scheme to address social isolation. The practice employed a coordinator who managed this service.

Access to the service

The practice was open between 8.20am and 6.30pm Monday to Friday. Telephone lines were open from 8.30am. Appointments were from 8.30am to 11.30am every morning and 3pm to 5.30pm daily. Extended hours appointments were not available. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

The practice offered proactive, personalised care to meet the needs of the older patients in its population. This included a rapid response service, providing home visits from 8.30am and a deputising advanced nurse practitioner who was able to visit, if the named GP was in surgery or away from work.

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

- 85% of patients were satisfied with the practice's opening hours compared to the national average of 78%.



Are services responsive to people's needs?

(for example, to feedback?)

- 92% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice were working to improve access to community services for the homeless. One of the GPs had secured funding for two community outreach nurses to provide physical and mental health support to this patient group. This meant that instead of homeless patients' only accessing services in crises, community health support was available. Alongside this the GP provided one session per week to the community alcohol detox addictions service (CADAS) supporting 60-70 patients in receipt of substitute prescribing. CADAS was a multidisciplinary team of specialist workers who provided confidential assessment and treatment services including psychosocial interventions.

Patients told us on the day of the inspection that they were able to get appointments when they needed them and mainly with the doctor of their choice.

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.

The duty doctor would telephone the patient to establish the best action to take. This might be advice, a home visit or a prescription. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

The practice had received seven complaints in the last 12 months, one at Preston Road Surgery and six at Royal Crescent Surgery. We reviewed one complaint and found the practice had acknowledged, investigated and responded to the complaint in an appropriate timeframe. The practice told us that they would try to resolve any concerns prior to a complaint being made. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a patient and their relative who complained about the length of time their diagnosis had taken had been seen by the practice manager and lead GP. Their issues had been discussed at length, update training was provided for GPs and a change in practice implemented. The patient had been satisfied with the outcome of their complaint.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which staff knew and understood the values.
- The practice were in the process of developing a strategy and supporting business plans to reflect the recent changes in the local economy and to continue to build on the progress the practice had made.
- Several partners in the practice had taken a strategic role in the locality to improve care outcomes, tackle health inequalities and obtain best value for money. A collaborative approach had been adopted across the health and social care economy and the practice had been instrumental in developing a shared purpose for the local economy by engaging and forming trusting relationships with other GP practices and community services within the locality.
- The practice's patient booklet provided information about the services offered and included the patient's charter which identified the practice commitment to delivering high quality care.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of 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. The practice described the staffing structure as 'the family tree' and had identified lead clinical and managerial roles for key areas of governance.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained with key staff responsible for monitoring specific areas. The practice had identified GP leads for the different clinical areas of the quality outcome framework. They would take an overview of the quality marker achievement and alert the patient's GP to any outstanding reviews required. A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

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

Leadership and culture

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

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team social events were held every six months.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. 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 at Preston Road Surgery met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following feedback from patients about the time waiting in the practice to see the GP, the PPG suggested a change in the appointment system. The practice reorganised their appointment allocation process and introduced the electronic booking in system. The practice told us that the PPG at Royal Crescent Surgery had not been active for a while. On the day of the inspection we were told they were in the process of trying to recruit members and establish an active PPG.
- The practice had gathered feedback from staff through staff events and 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. For example staff told us how valuable the mentor scheme was for new staff. A number of suggestions had been made to improve this scheme, which the practice had implemented. 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 one of the GPs was the chair of the Dorset Care Record Project Board, which had set up a universal computer system to make patient records more accessible for clinicians. The practice was a member of Two Harbours Healthcare (2HH) which is a collaboration between eight practices in Weymouth and Portland. 2HH had been successful in bidding to provide services at a local urgent care centre. This provided appointments for many temporary and local patients who present with urgent primary care problems and/or minor injuries. The service was open from 8am to 11pm seven days a week.