

Care Quality Commission

Inspection Evidence Table

The Blackmore Vale Partnership (1-542008101)

Inspection date: 15 May 2018

Date of data download: 30 April 2018

Safe

Safety systems and processes

Source	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Reports and learning from safeguarding incidents were available to staff.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required	Y
Staff who acted as chaperones were trained for the role and had a DBS check.	Y

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Y
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Y
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Y 10/2017
There was a record of equipment calibration Date of last calibration:	Y 10/2017
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion	Y 07/2016
Health and safety Premises/security risk assessment? Date of last assessment:	Y 07/2017
Health and safety risk assessment and actions Date of last assessment:	Y 07/2017

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The provider acted on any issues identified</p> <p>Detail: The Provider had developed an action plan which detailed when action was required to be completed. For example, the last infection control audit had identified that a pedal bin was broken. The action plan detailed that a replacement bin had been ordered, in accordance to the allocated time frame.</p>	<p>Y</p> <p>05/2018</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Y</p>

Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Y
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Y
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Y

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Y
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y

Safe and appropriate use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHSBSA)	0.77	0.97	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017)(NHSBSA)	8.2%	8.2%	8.9%	Comparable to other practices

Medicine Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Partial
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	Y
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	N
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Partial

Explanation of any 'No/Partial' answers:

All Patient Group Directives (PGDs), used by nursing staff to administer vaccines and immunisations, were signed by nurses and the authorised manager at the time of inspection. However, seven of the 25 PGDs used at the practice, which had been issued between May 2017 and March 2018 had not been signed by a practice nurse or the authorised manager until May 2018. We discussed this with managers who had not been aware of this. The practice was not able to demonstrate what alternative arrangements had been in place for the practice nurse to administer the seven PGDs from May 2017 until they had signed them in May 2018.

Emergency medicines were stored appropriately. At the location emergency medicines were checked monthly, this was recorded, signed and dated. However, quantities or expiry dates of each medicine were not recorded. We discussed this with the practice who subsequently updated the emergency medicines log to include stock levels and expiry dates of each medicine.

At the Abbey View Medical Centre branch, there was a system to check emergency medicines which included the quantities of each medicine. However, we found that emergency medicines had not been checked regularly. For example, medicines had been checked in November and December 2017, and in February and May 2018 but not in January, March or April 2018.

Medicines that required refrigeration were stored and monitored appropriately at the location. We saw that staff checked and logged the temperature of the fridges daily to ensure it remained within acceptable parameters of between 2°C and 8°C. However, at the Abbey View Medical Centre branch we found that temperatures had not been checked each day. For example, records showed that the fridge had not been checked on five separate days when the branch was open, between January 2018 and May 2018.

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	17
Number of events that required action	16

Example(s) of significant events recorded and actions by the practice;

Event	Specific action taken
A clinician had administered an incorrect vaccination to a child under 5 years old.	The practice sought advice and were reassured that the patient was not at risk of harm for receiving the wrong vaccine. The practice contacted that patient's parents and apologised. The event was discussed during a nurses meeting and staff were reminded to make thorough checks before administering vaccines.
A patient attended the practice and told a receptionist that they were feeling very unwell but did not have a GP appointment. The receptionist showed the patient into a private consultation room; however, there was a delay until an available GP was able to assess the patient.	The event was discussed at a partners meeting. It was agreed that there must be a clinician available to support receptionists, who were not medically trained to support patients who were unwell. It was agreed that the duty GP must attend to patients who were unwell. The duty GP appointments list was updated to ensure there was a blocked session every morning and afternoon for the duty GP to catch up if they have been delayed due to attending to patients who presented as unwell but did not have an appointment.
A clinician had administered a vaccine to a patient. The clinician had checked the vaccination history before, however, after the patient had left the practice, the clinician rechecked the patient's history and realised the patient had already had the vaccine.	The event was discussed during a clinical meeting. Staff were reminded to scrutinise the vaccination history before administering vaccines. The clinician received supervision and support from their line manager to promote development and skill. The practice informed the patient, sought advice and were reassured that the patient was not at risk of harm for receiving the wrong vaccine.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.32	0.88	0.90	Variation (positive)

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	82.3%	82.6%	79.5%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.6% (161)	18.0%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QoF)	81.1%	78.5%	78.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.1% (179)	12.2%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QoF)	84.5%	81.5%	80.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.1% (269)	17.3%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QOF)	73.0%	76.6%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.6% (179)	11.7%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	83.6%	91.6%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.3% (37)	16.0%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	82.2%	84.3%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.4% (134)	5.3%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	87.6%	87.9%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.0% (22)	9.6%	8.2%	

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	172	180	95.6%	Met 95% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	202	209	96.7%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	204	209	97.6%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	201	209	96.2%	Met 95% WHO based target Significant Variation (positive)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	73.3%	74.7%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	71.7%	75.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	64.7%	62.5%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	48.3%	63.8%	71.2%	N/A

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	96.9%	91.9%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.3% (13)	14.0%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.3%	89.9%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.3% (13)	14.0%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	82.3%	86.4%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	23.4% (45)	7.0%	6.8%	

Any additional evidence
<p>The practice was aware that Quality and Outcome Framework (QOF) exception reporting statistics were above national and local averages for patients with diabetes and dementia. The practice felt this may have been due to an error in coding those patients. For example, the practice supported patients living in five nursing and care homes, some of which had been diagnosed with dementia. The practice told us that although patients had been reviewed by a clinician at the nursing and care homes, this may not have been recorded properly.</p> <p>The practice employed a community psychiatric nurse (CPN) as a nurse practitioner at the practice for two days a week. This member of staff maintained close links with the local NHS Mental Health Trust through working there three days a week. The CPN supported patients with a wide range of mental</p>

health issues both at the practice and during home visits.

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	556	548	539
Overall QOF exception reporting	6.8%	6.6%	5.7%

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Partial
The learning and development needs of staff were assessed	Y
The provider had a programme of learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
<p>If no/partial please explain below:</p> <p>All staff had up to date and relevant mandatory and specialised training. However, we found that only three clinicians had received Mental Capacity Act 2005 training. Staff we spoke to demonstrated that they understood their responsibilities under the mental Capacity Act 2005.</p>	

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.8%	94.8%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.9% (56)	1.0%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	51.0%	51.6%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

The practice records written consent for all minor surgery procedure. Verbal consent was recorded on the patients' records before administering medicines by injection. We saw that the GPs completed annual audits of minor surgery, which included a domain for assessing if appropriate consent had been undertaken.

Any additional evidence

The health care assistants visited frail patients at home and coordinated care and treatment with the Clinical Commissioning Group (CCG) locality frailty team which the practice could refer patients to if they were identified as living with frailty.

The practice's pharmacist provided hypertension clinics and medicines reviews for patients.

The practice referred patients to 'steps to wellbeing Dorset' which was a free talking therapy service for patients experiencing low mood and anxiety.

The practice directed patients with long term conditions to a 'my mhealth' app which was an NHS approved digital solution for the self-management and education of long term conditions for patients. The app was used to promote independence and self-directed care as an addition to care and support

provided by the practice.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	18
Number of CQC comments received which were positive about the service	15
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	2

Examples of feedback received:

Source	Feedback
Comments cards	Comment cards stated that staff were kind, listened to patients and treated them with dignity and respect. Negative comments were regarding access to the practice by phone and frustration with booking routine appointments.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
24,184	222	1%	134	60.36%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017) (GP Patient Survey)	59.5%	84.5%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	76.0%	91.3%	88.8%	Variation (negative)
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)	87.1%	96.6%	95.5%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	78.2%	89.3%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	85.7%	93.7%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	85.0%	93.2%	90.7%	Comparable to other practices

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	N

Any additional evidence
The practice was aware that patient satisfaction results were below national averages regarding GPs being good at listening to patients and patients having confidence in their GP. The practice believed this was because three GP partners had recently retired and there had been subsequent staff changes.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Patients told us that GPs and nurses were good at explaining test results and different treatment options and that they felt involved in decisions about their care and treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	81.1%	90.1%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	78.7%	86.5%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	82.1%	92.2%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	76.0%	88.5%	85.4%	Comparable to other practices

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	626 patients were identified as carers; this represented approximately 2.5% of the practice list.
How the practice supports carers	We saw information was available in the waiting room for carers and staff signposted carers to local services and external support. A carer's pack was sent to patients who were newly identified as a carer. The practice's computer system alerted GPs if a patient was also a carer.
How the practice supports recently bereaved patients	A GP made contact with bereaved patients by phone and offered them a GP appointment as well as signposting them to services and external support available.

Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y

	Narrative
Arrangements to ensure confidentiality at the reception desk	Patients were requested to wait behind a sign in reception, to promote confidentiality at the reception desk.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y

Source	Feedback
Staff	Staff demonstrated that they understood how to ensure patients privacy and dignity. For example, by not discussing patient identifiable information on the telephone.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:30
Tuesday	08:00-18:00
Wednesday	08:00-18:30
Thursday	08:00-18:30
Friday	08:00-18:30

Appointments available	
	<p>Appointments were available between 8.00am and 6.30pm, Monday to Friday at the location, Sturminster Newton Surgery and the Abbey View Medical Centre branch.</p> <p>Appointments were available at the Marnhull Surgery branch surgery from 8.45am until 12.30pm every Monday, Tuesday, Wednesday and Friday.</p> <p>Appointments were available at the Fontmell Magna Surgery between 8.30am and 12pm every Monday, Tuesday, Wednesday and Thursday.</p> <p>Patients could book routine appointments four weeks in advance, the practice offered longer appointments if patients wished to discuss more than one issue.</p>
Extended hours opening	
	<p>Extended hours appointments were available at the location between 6.30pm until 7pm every Tuesday and Thursday and between 6.30pm until 7.30pm every Monday and Wednesday.</p>

Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
<p>Requests for home visits were triaged by the practice paramedic who was supported by the duty GP if required. The paramedic visited patients at home if appropriate. The duty GP visited patients with complex needs or those who were at the end of their life.</p>	

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	77.5%	83.8%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	63.9%	83.8%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	80.2%	84.4%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	64.5%	81.7%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Patient interviews	Patients told us they could get through to the practice by phone and could always get an appointment. One patient told us that appointments did not always run on time but that receptionists had always come into the waiting room to apologise and provide an approximate time that the patient would be seen by a GP or nurse.

Listening and learning from complaints received

Question	Y/N
The complaints policy and procedures were in line with recognised guidance and contractual obligations. (See <i>My expectations for raising concerns and complaints</i> and <i>NHS England Complaints policy</i>)	Y
Information was available to help patients understand the complaints system.	Y

Complaints	Y/N
Number of complaints received in the last year.	41
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

Any additional evidence
<p>In response to wanting to promote social prescribing, the PPG had developed a 'self-guided health walks' leaflet that set out seven different walking routes in Sturminster. GPs and nurses had copies of the leaflet to give to patients who wished to promote health and exercise.</p> <p>The practice also signposted patients to a local 'Walking for health' service which offered patients a one hour guided walk by trained walk leaders, each week, to promote health and social inclusion.</p> <p>The practice used a text message service to send appointment reminders to patients.</p> <p>The practice had a dementia champion and were working towards a 'Dementia Friendly' accreditation by undertaking dementia training for all staff and implementing changes to toilet facilities and signage at the practice to enable patients who had dementia to access the practice more easily.</p>

Well-led

Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice

The practice had employed a paramedic and a pharmacist to support the care needs of patients who did not require support from GPs. This had increased the capacity of GP appointments available to patients.

Vision and strategy

Practice Vision and values

The objectives of the practice were to provide high quality responsive healthcare to the local population. To work with patients to ensure they were able to manage their own conditions and to keep themselves well. The practice described themselves as the heart of the community. The PPG had designed the Practice's logo which reflected this.

Culture

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff interviews	Staff told us they enjoyed working at the practice and felt part of a hardworking and dedicated team who were proud of what they had achieved and services they continued to offer to patients. Staff told us managers were approachable, supportive, listened and addressed concerns raised.

Examples of changes made by the practice as a result of feedback from staff

Source	Example
Staff feedback	Administrators had requested a second monitor for staff who were checking more than one document at a time. The practice had purchased these for relevant staff
Staff feedback	The practice had fulfilled a request from a health care assistant to be allocated protected time to organise and sort blood and urine samples.

Examples of the practice responding to incidents and concerns and how they communicate with patients and those involved (consider duty of candour)

Source	Example
Practice complaints records	A patient had complained after they attended for an appointment which had been cancelled and the patient had not been informed. The practice undertook an investigation and found that a practice nurse's clinic had been cancelled due to annual leave, reception staff had contacted affected patients to rebook appointments but had not attempted to re-contact the patient who was initially not available by phone. The practice had written an apology to the patient and rebooked the appointment. Reception staff were reminded to ensure all patients were contacted if a clinic was cancelled and to place a team message on the computer if further attempts to contact a patient were required.

The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.

Y

Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Staff training records	Staff had undertaken conflict resolution training, Fire training and health and safety training.
Policies and procedures	All Health and Safety policies and procedures had been reviewed within the last 12 months.

Examples of action taken by the practice to promote equality and diversity for staff

Source	Example
Policies and procedures	The practice had an equality and diversity policy and procedure which was accessible to staff.
Training records	All staff had completed equality and diversity training.

Examples of actions to improve quality in past 2 years

Area	Impact
The practice employed four personnel assistants.	The personnel assistants directly supported the GPs to promote response times to patient's needs and requests.
Gold Standard framework accreditation achieved in September 2016.	The practice used the gold standard framework to identify and support patients who were at the end of their lives, ensuring the practice was able to holistically meet the needs and wishes of those patients.

Examples of service developments implemented in past 2 years

Development area	Impact
Implementation of an 'urgent same day care' team from 11 th July 2018 consisting of a GP, a nurse practitioner, a pharmacist and a health care assistant from 8am until 6pm	At the time of inspection, patients accessed same day appointments by telephoning the practice before 1pm. From the 11 th of July, the practice told us patients will be able to phone with requests for same day appointments between 8am and 6pm which will improve access to the practice by telephone and access to appointments.
Integrated telephony	The practice integrated the telephony system in 2017 which enabled all administrators to be able to book appointments at the location and the branches regardless of which site they were answering the call from.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from complaints and significant events	We saw the practice had implemented positive changes to the care and treatment of patients following reviews of complaints and significant event analysis. Lessons learned had been shared with staff on each occasion.
Management arrangements for branch surgeries	Managers regularly visited and worked from all branches surgeries. staff were invited to relevant meetings which the practice alternated between the location and the branch surgeries. Staff told us they were informed about changes to procedures via meetings, emails and notifications. Staff felt managers were accessible and approachable.
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Managing risks, issues and performance

Major incident plan in place	Y
Staff trained in preparation for major incident	Y

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understand what this entails.	Y

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Information on website, social media and in waiting room.	Information was available on the practice website, in the waiting room, and on Facebook and Twitter.
	Patient participation Group (PPG)	The practice manager met regularly with the PPG to provide updates on service developments and improvements. The PPG communicated with patients via newsletters, email, post and information published in local magazines in Marnell and Sturminster each month.
	Practice staff attended local events with a stall to raise awareness of services provided at practice.	The paramedic attended and offered members of the public health checks. The PPG supported the practice to facilitate an 'Ideal Health Exhibition', over 40 different external service providers had a stall. Over 600 people attended and were provided with a booklet containing information for each service provider. The event was funded by money that had been raised by the PPG to facilitate the exhibition in 2016.
Staff	Annual appraisals, regular staff meetings.	Staff suggestions were regularly discussed and implemented where appropriate. Appropriate training identified by staff had been provided.
	Team building events	The practice invited staff to an annual staff BBQ and Christmas party.
External partners	Communication with the CCG	External partners reported positively on communication with the practice.

Feedback from Patient Participation Group;

Feedback

The PPG was formed of approximately 30-40 members who met four times per year. The PPG also had a steering group of 15 members who met every six weeks. The PPG commented positively about the practice. They described the practice as open and transparent and receptive to suggestions and feedback. The practice regularly discussed changes and improvement and shared actions taken and learning from complaints and significant events, if appropriate. The PPG had undertaken patient surveys, had been involved in staff interviews and suggested having an information screen in the waiting room at the location, which the practice had recently installed.

Examples of specific engagement with patients and patient participation group in developments within the practice;

Examples	Impact
Following a suggestion from the patient participation group (PPG), the practice installed water tanks for patients to independently access water whilst waiting for an appointment at the location and all branches.	This promoted the well-being of patients waiting for appointments.
Following a suggestion from the PPG the practice changed the procedure for the duty GP contacting patients who had requested a same day telephone call or appointment. Previously patients were informed that the duty GP would contact them during the day. Patient feedback was that this arrangement was not always convenient. The practice responded by informing patients to expect the duty GP to make contact either in the morning or afternoon.	Patients found the new arrangement more convenient.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
The practice worked closely with local care homes and nursing homes to promote continuity of care for registered patients who lived in those homes. For example, the nurse practitioner had arranged to deliver sepsis training to staff who worked at local nursing and care homes.	This encouraged multi-disciplinary working and support for external stakeholders, continuity of care and promotion of patients' health and wellbeing.
Receptionists were due to commence 'care navigation' training to enable them to undertake enhanced roles in active signposting.	Patients who required support to access external services would be effectively signposted which would improve the practice's capacity of appointments available for patients who required support from GPs and nurses.

Examples of improvements demonstrated as a result of clinical audits in past 2 years

Audit area	Impact
Urgent dermatology referrals for patients presenting with potential skin malignancies.	The practice had reviewed referrals made to dermatology and had reviewed the National Institute for Health and Clinical excellence (NICE) guidance. When the practice repeated the audit, results showed an improvement in referral rates.
Prescribing of medicines to lower blood pressure for patients with heart failure.	The practice had audited patients who had been diagnosed with heart failure to ensure they were being prescribed with a medicine used to lower blood pressure which is critical in the treatment of heart failure. The practice had reviewed NICE guidance and when the audit was repeated, results showed an increase in patients being prescribed the correct medicine.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a z-score, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

N.B. Not all indicators are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for banding variation:

Significant variation (positive)

- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>