

Mile Oak Medical Centre

Quality Report

Chalky Road
Portslade
Brighton
East Sussex
BN41 2WF

Tel: (01273) 426200

Website: www.mileoakmedicalcentre.nhs.uk

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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.

Summary of findings

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Summary of findings

Overall summary

Mile Oak Medical Centre provides general medical services to 7,465 patients who live in and around the town of Portslade in East Sussex. Its opening hours are 8.30 am to 6.00pm Monday to Friday and also on a Thursday from 6pm to 8pm for patients who cannot attend during normal working hours.

We spoke with four patients on the day of our inspection and had feedback from 15 patients who had completed comment cards that CQC left in the waiting area before the inspection. All the feedback we received from patients was positive. The service was consistently described as caring, helpful and professional. All the patients we spoke with said they would recommend the practice to their family and friends.

We found that the practice had arrangements in place to ensure that the care it provided to patients was effective and safe. Clinical staff implemented best practice guidelines in delivering care and treatment and regularly participated in clinical audit and peer review. The practice had effective policies and procedures in place for safeguarding children and vulnerable adults, which meant that patients were protected from the risk of avoidable abuse and harm. However we found that the practice had not always undertaken appropriate recruitment checks for all staff.

The practice responded to patient feedback. There was a patient group and the practice actively sought comments and complaints from patients and implemented improvements as a result.

The staff we spoke with were all happy working at the practice. They said they received training and felt well supported in their roles. We saw that clinical and managerial leadership arrangements were clearly defined.

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Mile Oak Medical Centre, Chalky Road, Portslade, Brighton, East Sussex, BN41 2WF

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Overall the service was safe. The clinical staff we spoke with were able to describe the arrangements in place to ensure safe clinical practice. This was backed up by the documentation that we saw. There was evidence that learning took place from incidents. The practice had effective systems in place to ensure that children and vulnerable adults were safeguarded from abuse. There were arrangements in place to deal with on-site medical emergencies. We found that the practice did not always undertake appropriate recruitment checks before people started work.

Are services effective?

Overall the service was effective. Clinical staff were familiar with and implemented best practice guidelines in the delivery of care and treatment. The clinical staff actively participated in clinical audit and peer review. Care for people with complex health and social care needs was planned and co-ordinated with other agencies. The practice had systems in place for managing patients with long term conditions.

Are services caring?

Overall the service was caring. All the feedback we reviewed from patients about the service they received was complimentary. They described staff as caring, understanding and helpful. We saw evidence that the practice emphasised the need to respect patients' privacy and dignity.

Are services responsive to people's needs?

Overall the service was responsive to people's needs. The practice worked closely with its patient group and acted on the feedback received. The practice actively sought comments and complaints from patients and implemented improvements as a result. Patients were able to access the service when they needed to and those we spoke with told us they were confident about being seen appropriately for urgent and routine requests. The practice had arrangements in place to ensure people in vulnerable circumstances had access to primary care.

Are services well-led?

Overall the service was well led. There was clear clinical and managerial leadership. The staff we spoke with felt well supported in their roles. However, the vision and strategy for the practice needed

Summary of findings

to be developed so that overall organisational objectives could be translated into individual objectives for staff. The practice needed to develop a formal succession plan so that it could identify and develop staff to take on leadership roles in the future.

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 proportion of the population aged 65 and over was average, although this was higher than average for the CCG area. The practice was actively engaged with commissioners of services to provide integrated care for its frail and vulnerable patients, to help ensure they offered co-ordinated and seamless care from the most appropriate specialist. The practice invited all patients aged 65 and over for an annual flu vaccination.

People with long-term conditions

The practice had systems in place for managing patients with long term conditions. We spoke with one of the practice nurses who told us that there were dedicated clinics for people with asthma, diabetes, heart disease and lung disease. They told us that the practice kept a register of people with these long term conditions and ensured that they were recalled for regular screening and review appointments. This meant that there were systems in place to monitor patients whose health was at risk of deteriorating, to ensure early intervention.

Mothers, babies, children and young people

The practice provided a range of services for mothers, babies and young children. These included children's immunisation clinics, maternity services and a teenage drop-in clinic. The practice actively promoted awareness of sexual health issues to its under 25 population. There were effective systems in place for ensuring that children were safeguarded from abuse.

The working-age population and those recently retired

People of working age were able to access services as the practice offered appointments from 8.30 am to 6pm Monday to Friday. Extended access operated on a Thursday evening from 6pm to 8pm, which meant the practice was able to meet the needs of patients who were unable to attend during normal working hours.

People in vulnerable circumstances who may have poor access to primary care

The practice ensured local homeless people were registered permanently with the practice and that they had a named GP to ensure continuity of care. They were all offered an appointment when joining the practice so that their health needs could be identified and attended to if they so wished.

Summary of findings

People experiencing poor mental health

The practice provided an initial assessment for people who may be experiencing mental health problems and if necessary referred patients to the Community Mental Health Team or to local counselling services. The practice had a dedicated member of staff responsible for contacting people with learning disabilities, dementia or mental illness to ensure they were able to access to an annual review either at the practice or in their own home if they preferred.

Summary of findings

What people who use the service say

We spoke with four patients on the day of the inspection. They told us they were very happy with the service they received. They told us that they could access the service when they needed to and were confident about being seen appropriately for routine and urgent matters. They all said that they would recommend the practice to family and friends.

Fifteen patients completed comments cards, which CQC asked the practice to make available before the inspection. The comments received were overwhelmingly positive. The service was consistently described as caring, helpful and professional.

Areas for improvement

Action the service **MUST** take to improve

- The practice must carry out a formal risk assessment for using medical chaperones who had not received a criminal record check undertaken with the Disclosure and Barring Service (DBS).
- The practice must ensure that all staff provide photo identification to be placed on their staff files.

Action the service **COULD** take to improve

- The practice could support staff better by having annual appraisals, regular supervision and appropriate training.

Good practice

- The practice had made links with a local homelessness charity to ensure homeless people were registered permanently and that they had a named GP to ensure continuity of care. All of these people were offered an appointment when joining the practice so that their health needs could be identified and attended to if they wished.
- The practice was actively promoting awareness of sexual health issues to its under 25 population. It provided a drop-in service for advice and investigation for anyone under 25 – not just its own patients

Mile Oak Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector a GP Specialist Advisor and a second CQC Inspector.

Background to Mile Oak Medical Centre

Mile Oak Medical Centre provides general and enhanced medical services to 7,465 patients who live in and around the town of Portslade in East Sussex. The practice population has a higher than average number of people under the age of 18 and a higher than average deprivation score for both children and the elderly. The practice has six GPs, a nurse practitioner, two practice nurses and a healthcare assistant. As a training practice, it also often has a GP Registrar (trainee) working with the staff.

The medical centre is open from 8.30am to 6pm Monday to Friday and also on a Thursday from 6pm to 8pm for patients who cannot attend during normal working hours. Patients can book urgent appointments on the same day only, and routine doctors appointments can be booked up to four weeks in advance. Appointments can be booked by telephone or online through the practice website.

Why we carried out this inspection

We inspected this practice as part of our new inspection programme to test our approach going forward. This practice had not been inspected before and that was why we included them.

How we carried out this inspection

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

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

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problem.

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew about the service. We carried out an announced visit on Thursday 22 May 2014. During our visit we spoke with a range of staff including, the GPs, the practice manager, the nurse practitioner, practice nurses, a health care assistant, administrative staff and receptionists. We spoke with four patients on the day of the inspection.

We observed how staff talked to people on the telephone and in the reception and waiting area. We also reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Summary of findings

Overall the service was safe. The clinical staff we spoke with were able to describe the arrangements in place to ensure safe clinical practice. This was backed up by the documentation that we saw. There was evidence that learning took place from incidents. The practice had effective systems in place to ensure that children and vulnerable adults were safeguarded from abuse. There were arrangements in place to deal with on-site medical emergencies. We found that the practice did not always undertake appropriate recruitment checks before people started work.

Our findings

Safe Patient Care

We saw that the practice had arrangements in place for reporting and recording significant events, which included medication errors, near misses, delayed or misdiagnoses and health and safety issues or incidents. We looked at the records of significant events and saw that the practice clearly recorded the details of the event, the key risk issues, the learning outcomes and actions required. This meant that there were systems in place to ensure learning took place when things went wrong and that measures were put in place to improve safety as a result.

Learning from Incidents

The practice manager and GPs we spoke with told us that significant events were discussed at weekly team and clinical meetings to ensure that learning was shared. There was evidence that lessons learned were shared internally through minuted meetings. The practice was able to provide examples of action that had been taken as a result of significant events.

Safeguarding

The practice manager informed us that all staff had up-to-date training on safeguarding children and vulnerable adults. The training records we looked at confirmed this. All of the staff we spoke with were able to show that they understood the relevance of safeguarding children and vulnerable adults in general practice. They were able to describe the types of abuse that could occur and signs that might suggest someone was being abused or neglected. Details of who to contact if staff had concerns about children or adults at risk were clearly displayed around the practice. They included the contact details for designated adult and child safeguarding leads in the clinical commissioning group. The practice also had a designated GP to take the lead on safeguarding issues. The staff we spoke with knew who to contact if they had any concerns. This meant that the practice had reliable systems in place to keep people safeguarded from abuse.

Monitoring Safety & Responding to Risk

The practice manager showed us the practice's system for ensuring all external safety alerts were responded to appropriately. This involved the practice manager reviewing all incoming alerts, ensuring that information was disseminated and that appropriate action was taken.

Are services safe?

We saw clear records of actions taken as a result. We saw that the practice had undertaken risk assessment for the control of substances hazardous to health (COSHH). A risk assessment had also been undertaken for fire safety.

Medicines Management

There were up-to-date medicines management policies in place. We saw that the practice had arrangements in place to ensure that the cold chain was maintained for the storage of vaccines. The fridge temperatures were checked and recorded daily and we saw that they were in the correct range. We spoke with the healthcare assistant who told us that they checked the expiry dates of medicines weekly. There were no records of these weekly checks but all the medicines we looked at were within the expiry date. Medicines were kept securely with appropriate staff access.

Cleanliness & Infection Control

The practice had up to date infection control policies and procedures in place. The practice nurse was the designated lead for infection control. They told us it was their responsibility to ensure that infection control policies and procedures were implemented in the practice. They told us that they had received up-to-date training in infection control and that they shared any key infection control issues at the practice team meetings. Staff we spoke with could recall that infection control was discussed regularly at meetings. However, this was not clear from the meeting notes that we looked at. We saw that the practice had undertaken an audit of infection prevention and control to ensure that it was implementing good practice, but there was no record of action that had been taken as a result.

The practice employed a cleaner and we saw that cleaning schedules and checklists were in place to ensure key tasks had been undertaken. Each surgery had a good supply of hand soap, paper towels and alcohol gel. There were hand washing guidelines above all the basins. The practice had a good supply of personal protective equipment for staff. The practice provided a visibly clean and hygienic environment for patients.

Staffing & Recruitment

The practice had sufficient staff in post to meet the needs of patients. We observed that telephones were answered on time and that patients were dealt with promptly at the reception desk, without the need to queue. The practice

had successfully managed a period of short medical staffing by employing locum GPs. The practice had recently appointed two additional GPs on a permanent basis to meet increased patient demand.

The practice manager told us that all staff were required to submit a curriculum vitae before being invited to an interview. They described the checks that the practice undertook for all clinical staff, which included checking the relevant nursing and medical registers and criminal record checks with the Disclosure and Barring Service (DBS). References and photo identification were also needed before applicants started work. The practice manager explained that criminal record checks via DBS were not undertaken for administrative staff because they were not left alone with children or vulnerable adults in the course of their duties. However, there was no formal risk assessment for this. Also, we noted that some administrative staff acted as a medical chaperone as part of their duties, which could involve them being left alone with patients. Without a criminal record check the provider could not assure themselves that staff undertaking these duties were suitable to work with vulnerable adults and children.

We looked at the recruitment records of four members of staff, and saw that all relevant checks as described by the practice manager had been made before employment. However, only one member of staff had evidence of photo identification on their file. Without criminal records checks for staff who could be left alone with patients and photo identification for all staff, the practice did not have the information required for workers engaged in a regulated activity as set out in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Dealing with Emergencies

There were arrangements in place to deal with on-site medical emergencies. We saw evidence that all staff had received up-to-date training in basic life support. We saw that emergency medicines and equipment, which included oxygen cylinders and a defibrillator, were kept in the practice and that these were checked weekly by one of the practice nurses. This meant they would be fit for purpose in the event of a medical emergency.

The practice had arrangements in place to deal with foreseeable emergencies. We saw that there was a comprehensive and up-to-date business continuity plan in

Are services safe?

place. The plan outlined the arrangements to deal with foreseeable events such as loss of energy supplies, severe weather, loss of the computer system and essential data and fire.

Equipment

We saw records to demonstrate that equipment was well maintained and serviced regularly.

Are services effective?

(for example, treatment is effective)

Summary of findings

Overall the service was effective. Clinical staff were familiar with and implemented best practice guidelines in the delivery of care and treatment. The clinical staff actively participated in clinical audit and peer review. Care for people with complex health and social care needs was planned and co-ordinated with other agencies. The practice had systems in place for managing patients with long term conditions.

Our findings

Promoting Best Practice

The clinical staff we spoke with were able to articulate how they used recognised best practice guidelines, which included the National Institute of Health and Care Excellence guidelines and local clinical commissioning group care pathways. They were also aware of current legislation such as The Children Act 2006, the Mental Capacity Act 2005 and the Gillick competencies. This meant that care was delivered in line with current legislation and nationally recognised evidence-based practice. There was evidence that the practice had arrangements in place to learn from clinical audit. Lessons learned were shared internally through minuted meetings and externally through the locality and clinical commissioning group peer review meetings.

Management, monitoring and improving outcomes for people

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF is a national group of indicators, against which practices score points according to their level of achievement in the four domains of clinical, organisation, patient experience and additional services. There was evidence that the practice regularly monitored and discussed its performance against the QOF indicators and had improved outcomes for patients as a result. For example, the practice purchased additional blood pressure machines for patients with hypertension to take home. This enabled the patients to monitor their own blood pressure regularly to help ensure it was maintained at appropriate levels.

There was evidence that the practice reviewed the effectiveness of care. All the GPs regularly participated in clinical audit and shared the results. This helped to improve outcomes for patients.

Staffing

The practice manager informed us that all staff completed an induction checklist when they started employment, which included staff policies, health and safety, information security, confidentiality and areas relevant to the specific role. All the staff we spoke with confirmed that they had been taken through the induction when they started in post. However, when we looked at the staff records we found that only two out of four had completed induction checklists.

Are services effective?

(for example, treatment is effective)

The practice manager told us that the training needs for staff would usually be identified from annual appraisals and one-to-one supervision. However, they said that these had not taken place for two years. They told us that appraisals for all staff had now been booked for this year, and we saw evidence that confirmed this. In the meantime the practice manager explained that training needs had been identified from complaints and significant events. They told us that there was no formal training plan for staff or overall record of training but that this would also be developed over the next year. This meant that at the time of our inspection, there were no formal, overall arrangements in place for identifying and addressing staff training needs or recording that they had been met. Staff therefore may not have the up-to-date skills and knowledge they needed to undertake their roles.

All of the staff we spoke with felt they had received sufficient training to undertake their roles. They all said they had completed an induction period. The administrative staff we spoke with told us they had received training on basic life support, fire safety and safeguarding children and vulnerable adults over the last year. The nursing staff we spoke with told us they had been able to access a range of training opportunities including diabetes and childhood immunisation. The training records we looked at confirmed this to be the case. The practice manager told us that protected learning sessions for staff were held every month. We saw that these covered a range of topics including cancer awareness and understanding CCG contracts.

All the staff we spoke with told us that although they had not had an annual appraisal, which they looked forward to having, they felt very well supported in their roles. They all spoke highly of the support they received from their managers. They said they felt confident that they could approach them at any time and that issues and concerns would be addressed. They all said they valued their regular team meetings, which were a valuable forum for sharing ideas and information.

The GPs we spoke with told us that they participated in training and education throughout the year as part of their continuing professional development and the requirements of their annual appraisal. All the GPs received an annual appraisal as required by their governing body, the General Medical Council (GMC), to demonstrate that they continued to meet professional requirements.

Working with other services

There was evidence that the practice worked closely with other organisations and health care professionals. We saw that the GPs had regular multi-disciplinary team meetings, which included community nurses, a pharmacist and Macmillan nurses. Patients with complex health and social care needs were identified at these meetings and the care they required was discussed and agreed. The needs of patients on the "palliative care" register were also discussed as part of the Gold Standards Framework, which aimed to ensure that people at the end of their life had a high standard of care. This meant that the practice had mechanisms in place to ensure that care was co-ordinated between all the professionals who were involved.

Health Promotion & Prevention

The practice provided a comprehensive range of patient information on health promotion and prevention in the reception area. This was targeted towards the particular health needs and age range of the practice population. For example, information for young people about sexual health services and advice. We saw that the practice was actively promoting awareness of sexual health issues to its under 25 population. It provided a drop-in service for advice and investigation for anyone under 25 – not just its own patients.

The practice also provided a number of other health promotion and prevention services, including alcohol screening and smoking cessation. The practice's website also provided a range of health advice, including safe alcohol consumption, smoking cessation, healthy eating and information for carers.

Are services caring?

Summary of findings

Overall the service was caring. All the feedback we received from patients about the service they received was complimentary. They described staff as caring, understanding and helpful. We saw evidence that the practice emphasised the need to respect patients' privacy and dignity.

Our findings

Respect, Dignity, Compassion & Empathy

Patients' privacy and dignity were respected. We saw that patients were spoken to politely and respectfully. Staff were helpful and professional and made sure they respected patients' individual needs. For example, we observed the sensitive and caring way a receptionist dealt with a patient who was hard of hearing.

The consulting rooms took account of people's need for privacy with blinds at the windows and curtains that could be drawn around the couch. The practice had a chaperone policy in place and the details of how to access this service were posted on the walls in the consulting rooms. This ensured that patients could have someone else present for any consultation, examination or procedure if they wished. This could be a family member or friend or a formal chaperone, for example, a trained member of staff. We saw that a number of administrative staff had attended chaperone training.

We heard background music in the waiting area to obscure private conversations at the reception desk. Reception staff told us that they offered patients a separate room if they wished to discuss anything in private away from the front desk. We saw that the practice had a confidentiality policy and agreement, which all staff had signed. The staff we spoke with were able to demonstrate a good understanding of the importance of maintaining patient confidentiality and respecting patient privacy.

All of the comments we received from patients were positive and consistent in their description of staff at the practice as caring, understanding and helpful.

Involvement in decisions and consent

The practice had a consent and involvement policy in place. We saw evidence that the practice sought appropriate written consent for minor operations and implanting intra-uterine devices. We also saw that appropriate consent was sought from parents and guardians for the treatment of children.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Overall the service was responsive to people's needs. The practice worked closely with its patient group and acted on the feedback received. The practice actively sought comments and complaints from patients and implemented improvements as a result. Patients were able to access the service when they needed to and those we spoke with told us they were confident about being seen appropriately for urgent and routine requests. The practice had arrangements in place to ensure people in vulnerable circumstances had access to primary care.

Our findings

Responding to and meeting people's needs

There was evidence that the practice planned services to meet the needs of the people it served. We saw that the practice had received praise from the local council and clinical commissioning group for a proposal it had put forward to ensure that its frail and vulnerable patients were offered co-ordinated and seamless care from the most appropriate specialist. Although the bid was unsuccessful it showed that the practice actively engaged with commissioners of services to help provide integrated care to meet the needs of its patients.

Access to the service

The practice offered appointments from 8.30am to 6pm Monday to Friday. Extended access operated on a Thursday evening from 6pm to 8pm, which meant the practice was able to meet the needs of patients who were unable to attend during normal working hours. Patients could book appointments by telephone or on the website. The practice offered telephone consultations, appointments on the same day for urgent matters and pre-bookable appointments up to four weeks in advance. The patients we spoke with told us they were confident about being seen appropriately for urgent and routine requests. The practice did not provide an out-of-hours service. Information about how to get medical advice outside of normal working hours was provided on a recorded telephone message, in the practice brochure, on the practice website and on the front door.

The practice ensured that local homeless people were registered permanently and that they had a named GP to ensure continuity of care. They were all offered an appointment when joining the practice so that their health needs could be identified and attended to if they so wished. This meant the provider had arrangements in place to ensure people in vulnerable circumstances had access to primary care.

Concerns & Complaints

The practice took account of complaints and used them to improve the service. The complaints policy and procedure was displayed on the notice board in the waiting area, in the practice brochure and on the practice website. The practice also invited patients to complete patient feedback forms in the waiting area. We looked at the complaints records and saw that they were responded to in a timely

Are services responsive to people's needs?

(for example, to feedback?)

and appropriate way. There was evidence that the practice regularly reviewed and discussed complaints to ensure that it shared learning and implemented action as a result. This meant that the practice responded to patient feedback.

Are services well-led?

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

Summary of findings

Overall the service was well led. There was clear clinical and managerial leadership. The staff we spoke with felt well supported in their roles. However, the vision and strategy for the practice needed to be developed so that overall organisational objectives could be translated into individual objectives for staff. The practice needed to develop a formal succession plan so that it could identify and develop staff to take on leadership roles in the future.

Our findings

Leadership & Culture

The practice had a clear mission statement which it published on its website. Although the staff we spoke with were able to articulate a similar set of values and ethos, they were not familiar with the mission statement as published. The practice did not have a formal strategy or set of organisational objectives. Staff had not had an appraisal for two years and therefore did not have individual objectives. When we spoke with the practice manager and partners about this they recognised it as something that needed to be developed to ensure that all staff had a shared vision about the aims of the practice.

All the staff we spoke with described the management culture as open and transparent, and this was evident in the notes of the practice meetings. Staff felt confident to approach their managers at any time and that concerns were dealt with effectively. They said they felt well supported in their roles and they valued the fact that they met regularly as a team to discuss key issues and share ideas. We saw evidence of strong team working where teams and individuals had clearly defined tasks, which had led to improved performance. For example, teams and individuals had been given targets to ensure high performance against QOF indicators.

Although the practice manager and partners understood the current and future leadership needs of the organisation, there was no formal succession plan in place. When we spoke with them about this they recognised it as a need and something that needed to be developed to ensure the future leadership roles could be filled.

Governance Arrangements

Arrangements were in place to ensure that roles and responsibilities were clear. There were also clearly defined clinical and managerial leadership arrangements in place. All the staff we spoke with were clear about who was responsible for making specific decisions.

Systems to monitor and improve quality & improvement

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF is a national group of indicators, against which practices scored points according to their level of achievement in the four domains of clinical, organisation, patient experience and additional

Are services well-led?

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

services. There was evidence that the practice regularly monitored and discussed its performance against the QOF indicators and had improved outcomes for patients as a result. All the GPs regularly participated in clinical audit and shared the results, which helped to improve outcomes for patients. There was also evidence that the practice regularly reviewed complaints and improved services as a result.

Patient Experience & Involvement

The practice had an active patient group called the Mile Oak Patient Support Group, which had been running since August 2007. The members were all patients of the practice who met once a month with representatives from the practice to feed back the views of the patients they represented. We spoke with the chair person of the group who told us that the practice listened to and responded positively to feedback. They told us that the practice had taken action to improve services as a result. For example, they told us that in response to patient concerns about not being able to get an appointment, the practice employed additional GPs, and had also helped address patient concerns with the local pharmacy about supplies of medicine. We also saw that the practice encouraged

patients to complete patient feedback forms in the waiting area and that it had undertaken a survey of patient views in 2013. The practice therefore, actively sought the input and advice of patients and their representatives and acted on their views.

Staff engagement & Involvement

All of the staff we spoke with felt the management team supported them well in their roles. They said they felt confident that they could approach their managers at any time and that issues and concerns would be addressed. All the staff said they valued their regular team meetings, which were a valuable forum for sharing ideas and information.

Learning & Improvement

We saw that the practice used local and national benchmarking data to identify areas for improvement, for example the QOF and local benchmarking sources.

Identification & Management of Risk

We saw records which demonstrated that the practice monitored the quality of its performance against the QOF indicators, which had improved the services and outcomes for patients as a result.

Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

Summary of findings

The proportion of the population aged 65 and over was average, although this was higher than average for the CCG area. The practice was actively engaged with commissioners of services to provide integrated care for its frail and vulnerable patients, to help ensure they offered co-ordinated and seamless care from the most appropriate specialist. The practice invited all patients aged 65 and over for an annual flu vaccination.

Our findings

Safe

We found evidence that the practice had effective policies and procedures in place for safeguarding vulnerable adults from abuse. All staff had up-to-date training on safeguarding vulnerable adults and were able to describe the types of abuse that could occur and signs that might suggest someone was being abused or neglected.

Effective

There was evidence that the practice worked closely with other organisations and health care professionals to ensure that the care for people with complex health and social care needs was co-ordinated effectively. This included the care provided to patients at the end of their life.

We saw that the practice had a 'continuity policy' so that patients were able to repeatedly consult the same doctor and form a therapeutic relationship. Patients were assigned to a 'usual GP', and the practice encouraged them to try to make appointments with that GP whenever possible. This was seen as particularly beneficial to patients aged 75 and over to ensure accountability for their care.

The practice invited all patients aged 65 and over for an annual flu vaccination. The uptake for this was high.

Caring

The practice gave a Carer's Information Pack to patients who informed them of their caring role. They also had a Carers Link Worker, who was the main point of contact for staff and patients requiring information about carers. Comprehensive information and advice for carers was provided on the practice website and in the patient literature in the waiting area. The practice emphasised the need to respect patients' privacy and dignity. We saw that staff were caring and helpful.

Responsive

The practice planned services to meet the needs of patients aged 75 and over. We saw that the practice had

Older people

engaged with commissioners to help provide integrated care for its frail and vulnerable patients, to help ensure they were offered co-ordinated and seamless care from the most appropriate specialist.

Well Led.

During our inspection we did not identify specific evidence in relation to patients aged 75 and over.

People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

Summary of findings

The practice had systems in place for managing patients with long term conditions. We spoke with one of the practice nurses who told us that there were dedicated clinics for people with asthma, diabetes, heart disease and lung disease. They told us that the practice kept a register of people with these long term conditions and ensured that they were recalled for regular screening and review appointments. This meant that there were systems in place to monitor patients whose health was at risk of deteriorating, to ensure early intervention.

Our findings

Safe

During our inspection we did not identify specific evidence in relation to people with long term conditions

Effective

There were dedicated clinics for people with asthma, diabetes, heart disease and lung disease. The practice kept a register of people with these long term conditions and ensured that they were recalled for regular screening and review appointments.

Caring

The practice gave a Carer's Information Pack to patients who informed them of their caring role. They also had a Carers Link Worker, who was the main point of contact for staff and patients requiring information about carers. Comprehensive information and advice for carers was provided on the practice website and in the patient literature in the waiting area. The practice emphasised the need to respect patients' privacy and dignity. We saw that staff were caring and helpful.

Responsive

The practice had systems in place to monitor patients with long term conditions whose health was at risk of deteriorating. This helped to ensure early intervention.

Well Led

The practice used the Quality and Outcomes Framework (QOF) to measure its performance against indicators related to asthma, diabetes, heart disease and lung disease. This led to improved outcomes for patients as a result.

Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

Summary of findings

The practice provided a range of services for mothers, babies and young children. These included children's immunisation clinics, maternity services and a teenage drop-in clinic. The practice actively promoted awareness of sexual health issues to its under 25 population. There were effective systems in place for ensuring that children were safeguarded from abuse.

Our findings

Safe

The practice had effective policies and procedures in place for safeguarding children to help ensure they were protected from the risk of abuse. All staff had received training in child protection.

Effective

The practice provided primary and pre-school immunisations to children and a child surveillance service. It provided maternity services in conjunction with the community midwifery service. It provided a range of information for young people about sexual health services and advice. We saw that the practice was actively promoting awareness of sexual health issues to its under 25 population. It provided a drop-in service for advice and investigation for anyone under 25 – not just its own patients.

Caring

The practice had a chaperone policy in place and the details of how to access this service were posted on the walls in the consulting rooms. This ensured that patients could have someone else present for any consultation, examination or procedure if they wished. There was a teenage drop-in clinic where young people could discuss anything that was bothering them in confidence with a practice nurse.

Well Led

During our inspection we did not identify specific evidence in relation to mothers, babies, children and young people.

Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

Summary of findings

People of working age were able to access services as the practice offered appointments from 8.30 am to 6pm Monday to Friday. Extended access operated on a Thursday evening from 6pm to 8pm, which meant the practice was able to meet the needs of patients who were unable to attend during normal working hours.

Our findings

Safe

During our inspection we did not identify specific evidence in relation to working age patients

Effective

During our inspection we did not identify specific evidence in relation to working age patients.

Caring

The practice emphasised the need to respect patients' privacy and dignity. We observed that staff were caring and helpful with all of the patients they dealt with.

Responsive

The practice offered appointments from 8.30 am to 6pm Monday to Friday. Extended access operated on a Thursday evening from 6pm to 8pm, which meant the practice was able to meet the needs of patients who were unable to attend during normal working hours.

Well Led

During our inspection we did not identify specific evidence in relation to working age patients within the effective domain.

People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

Summary of findings

The practice ensured local homeless people were registered permanently with the practice and that they had a named GP to ensure continuity of care. They were all offered an appointment when joining the practice so that their health needs could be identified and attended to if they so wished.

Our findings

Safe

The practice had effective policies and procedures in place for safeguarding vulnerable adults from abuse. All staff had attended training on safeguarding.

Effective

During our inspection we did not identify specific evidence in relation to people in vulnerable circumstances.

Caring

During our inspection we did not identify specific evidence in relation to people in vulnerable circumstances.

Responsive

Local homeless people were registered permanently with the practice and they had a named GP to ensure continuity of care. They were all offered an appointment when joining the practice so that their health needs could be identified and attended to if they so wished.

Well Led

During our inspection we did not identify specific evidence in relation to people in vulnerable circumstances.

People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

Summary of findings

The practice provided an initial assessment for people who may be experiencing mental health problems and if necessary referred patients to the Community Mental Health Team or to local counselling services. The practice had a dedicated member of staff responsible for identifying and contacting people with learning disabilities, dementia or mental illness to ensure they were able to access an annual review either at the practice or in their own home if they preferred.

Our findings

Safe

The practice had effective policies and procedures in place for safeguarding vulnerable adults from abuse. All staff had attended training on safeguarding.

Effective

Patients who may be experiencing mental health were assessed and referred to the Community Mental Health Team or to local counselling services.

Caring

During our inspection we did not identify specific evidence in relation to people experiencing poor mental health.

Responsive

The practice had a dedicated member of staff responsible for identifying and contacting people with learning disabilities, dementia or mental illness to ensure they were able to access to an annual review of their condition either at the practice or in their own home if they preferred.

Well Led

During our inspection we did not identify specific evidence in relation to people experiencing poor mental health.

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity

Diagnostic and screening procedures

Regulation

Regulation 21 HSCA 2008 (Regulated Activities)
Regulations 2010 Requirements relating to Workers.

How the regulation was not being met: The practice failed to ensure that information specified in Schedule 3 was available in respect of a person employed for the purposes of carrying out the regulated activity, and such other information as appropriate. Regulation 21 (b).

Regulated activity

Family planning services

Regulation

Regulation 21 HSCA 2008 (Regulated Activities)
Regulations 2010 Requirements relating to Workers.

How the regulation was not being met: The practice failed to ensure that information specified in Schedule 3 was available in respect of a person employed for the purposes of carrying out the regulated activity, and such other information as appropriate. Regulation 21 (b).

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 21 HSCA 2008 (Regulated Activities)
Regulations 2010 Requirements relating to Workers.

How the regulation was not being met: The practice failed to ensure that information specified in Schedule 3 was available in respect of a person employed for the purposes of carrying out the regulated activity, and such other information as appropriate. Regulation 21 (b).

Regulated activity

Surgical procedures

Regulation

Regulation 21 HSCA 2008 (Regulated Activities)
Regulations 2010 Requirements relating to Workers.

This section is primarily information for the provider

Compliance actions

How the regulation was not being met: The practice failed to ensure that information specified in Schedule 3 was available in respect of a person employed for the purposes of carrying out the regulated activity, and such other information as appropriate. Regulation 21 (b).

Regulated activity

Maternity and midwifery services

Regulation

Regulation 21 HSCA 2008 (Regulated Activities)
Regulations 2010 Requirements relating to Workers.

How the regulation was not being met: The practice failed to ensure that information specified in Schedule 3 was available in respect of a person employed for the purposes of carrying out the regulated activity, and such other information as appropriate. Regulation 21 (b).