

Lockside Medical Centre

Quality Report

85 Huddersfield Road
Stalybridge
Cheshire
SK15 2PT

Tel: 0161 303 7200

Website: www.locksidemedical.co.uk

Date of inspection visit: 16 May 2014

Date of publication: 10/09/2014

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

Contents

Summary of this inspection

| | Page |
|---|------|
| Overall summary | 3 |
| The five questions we ask and what we found | 4 |
| The six population groups and what we found | 5 |
| What people who use the service say | 6 |
| Good practice | 6 |

Detailed findings from this inspection

| | |
|---------------------------------------|---|
| Our inspection team | 7 |
| Background to Lockside Medical Centre | 7 |
| Why we carried out this inspection | 7 |
| How we carried out this inspection | 7 |
| Findings by main service | 9 |

Summary of findings

Overall summary

Lockside Medical Centre is a well established General Practice (GP) partnership situated in a mixed residential and commercial locality on the fringe of Stalybridge town centre.

We carried out an inspection at Lockside Medical Centre on the 16th May 2014. We specifically inspected to assess how well the regulated activities (diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder and injury) were being provided. These are the regulated activities that Lockside Medical Centre are registered to carry out by the Care Quality Commission (CQC). We found no concerns in relation to how these activities were being provided at Lockside Medical Centre.

All the patients we spoke with (or who provided written comments) were very positive about the quality of the service provided by the staff team at Lockside Medical Centre. They told us that they were treated with respect

and that their privacy and dignity were maintained at all times. We were also told by patients that they felt sufficient information was provided to them to enable them to make informed choices about their treatment and care.

We found that Patients were receiving care and treatment that was safe, effective, provided in a caring way, responsive to their needs and was provided by a practice team that was well-led.

We also looked at how Lockside Medical Centre was delivering services to six specific groups of the population. The purpose of this was to ensure that we put people who used services at the centre of our approach, that we had appropriate coverage of the services provided to various population groups, and that we looked at elements involving the greatest level of risk. We found the service provided for the six population groups were safe, effective, caring, responsive and well led.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The service was safe. Systems and practices were in place to ensure that the premises were clean and safe, medicines were managed properly and that any safety incidents were investigated and learnt from. Practice staff were aware of their responsibility to protect children and adults from abuse.

Are services effective?

The service was effective. Systems and practices were in place to ensure patients were provided with the right diagnosis and treatment. Effective arrangements had been made to support people with long term conditions and ensured timely referrals were made to specialist services when required. Patients were provided with information to make informed decisions about their treatment and care.

Are services caring?

The service was caring. Patients told us that they were treated with compassion, dignity and respect by the staff team at Lockside Medical Centre.

Are services responsive to people's needs?

The service was responsive. The staff team at Lockside Medical Centre were responding to the needs of the local population. This included regularly reviewing how patient's were able to access appointments in a timely way. Patients views were regularly sought and acted upon.

Are services well-led?

The service was well-led. The practice team was very effectively managed. There were clear lines of responsibilities and accountability at all levels and there was a culture of openness and consultation. Staff were supported with regular training and support. Regular checks (audits) were conducted to measure and review the efficacy of the systems and practices in operation.

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

This population group was provided with a service that was safe, effective, caring, responsive and well led. We found that treatment and care was tailored to the individual's needs and circumstances, including their personal expectations, values and choices.

People with long-term conditions

This population group was provided with a service that was safe, effective, caring, responsive and well led. The practice team ensured patients in this group were supported appropriately, regularly reviewed and that their care was consistently co-ordinated with other medical and social care professionals.

Mothers, babies, children and young people

This population group was provided with a service that was safe, effective, caring, responsive and well led. A wide range of systems and services were in place to ensure that the diverse and specialist needs of this population group were being met appropriately.

The working-age population and those recently retired

This population group was provided with a service that was safe, effective, caring, responsive and well led. The appointments system was monitored, reviewed and amended by the provider to try to maximise timely access to services.

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

This population group was provided with a service that was safe, effective, caring, responsive and well led. There were no barriers to accessing GP services for this population group.

People experiencing poor mental health

This population group was provided with a service that was safe, effective, caring, responsive and well led. There were no barriers to people with poor mental health accessing services. Suitable systems were in place to enable timely and appropriate referrals to be made to specialist community mental health services.

Summary of findings

What people who use the service say

The twelve patients we spoke with (or the five who provided written comments) were very positive about the quality of the service provided by the staff team at Lockside Medical Centre. The feedback from patients (including members of the practice's patient participation group (PPG) was, without exception, very positive about the practice, its doctors and all other staff. Patients confirmed they were treated with respect and that their

privacy and dignity was maintained at all times. We were also told by patients that they felt sufficient information was provided to them to enable them to make informed choices about their treatment and care.

We also looked at the results of the most recent NHS Choices/MORI survey (2013) in respect of Lockside Medical Centre. This revealed a high level of patient satisfaction with the services provided.

Good practice

Our inspection team highlighted the following areas of good practice:

Some patients with a long term condition had accessed a local 'Expert Patient' scheme which was a group-based

programme that developed models of self management and confidence. The practice was in the process of identifying more patients for referral following very positive feedback and evaluation from the first course.

Lockside Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector and two special advisors (a GP and a practice manager). Our inspection team also included an Expert by Experience who is a person who uses services themselves and wants to help CQC to find out more about people's experience of the care they receive.

Background to Lockside Medical Centre

Lockside Medical Centre is a General Practice (GP) partnership and is situated in a mixed residential and commercial locality on the fringe of Stalybridge town centre. At the time of this inspection Lockside Medical Centre had approximately 7,500 registered patients.

Lockside Medical Centre is an accredited GP Training Practice by the North Western Deanery of Postgraduate Medical Education. Medical care is provided by five general practitioners and two practice nurses (supported by two healthcare assistants). The practice manager and her team support the GPs and other medical professionals with delivering patient services and also helps to develop extended services to enhance patient care.

Lockside Medical Centre is situated within the geographical area of NHS Tameside and Glossop Clinical Commissioning Group (CCG). The CCG is responsible for commissioning health services for the 240,300 people registered with their 42 member GP practices. The CCG has three local priorities: improving GP disease risk registers, dementia and smoking quitters, which it hopes will contribute to reducing health inequalities and improving health outcomes.

Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward.

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 the 16th May 2014. During our visit we spoke with a range of staff (general practitioners, the practice manager and practice staff, practice nursing and health care support staff) and spoke with patients who

Detailed findings

used the service. We observed how people were being cared for and talked with carers and/or family members of patients. We held a listening event and reviewed CQC comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Summary of findings

The service was safe. Systems and practices were in place to ensure that the premises were clean and safe, medicines were managed properly and that any safety incidents were investigated and learnt from. Practice staff were aware of their responsibility to protect children and adults from abuse.

Our findings

Safe patient care

Appropriate systems were in place to report and record safety incidents and significant events (including allegations of abuse). We looked at documentation which detailed how such incidents/significant events were recorded and managed. There were clear lines of leadership and accountability in respect of how these issues were investigated within the practice. Staff spoken with told us they were encouraged and supported to report such issues promptly and described how they would do so. During these discussions it was evident to us that such reporting was facilitated by the open culture embedded in the values of the practice.

Learning from incidents

We spoke with staff and looked at records relating to how the practice team learnt from incidents and subsequently improved safety standards. From examples we looked at it was evident that incidents were appropriately investigated by defining the issue clearly and identifying what actions needed to be taken to address the risk and minimise and/or prevent it happening again. The actions taken were subsequently monitored to ensure improvements were sustained. Discussion with staff and looking at records of staff meetings demonstrated that the lessons learned from such incidents were communicated to the practice team appropriately.

Safeguarding

Effective safeguarding policies and procedures (in respect of children and adults) had been implemented at the practice. One of the practice GP's took the lead on safeguarding matters. Safeguarding procedures were co-ordinated with other agencies to ensure vulnerable patient's plans were implemented effectively. Discussion with staff revealed they knew where to find the safeguarding policy, were able to describe potential behaviours and signs of abuse and knew how to report any safeguarding concerns they may have. Staff training records reflected that the clinical and non-clinical staff were provided with regular safeguarding training. This meant that vulnerable patients safeguarding needs were being addressed by the practice staff team.

Monitoring safety and responding to risk

We looked at staff personnel files in relation to safe recruitment practices. These reflected that the recruitment

Are services safe?

process included checks to ensure new staff were appropriately qualified, experienced and of good character. Staffing levels and the skill mix required within those levels was subject to regular review to ensure patients were safe and that their needs were appropriately met. Arrangements were in place for managing planned or unplanned staff absence. The practice tried to ensure that part-time partners or the salaried GP covered for any GP absence. Where it was necessary to use locums the practice would either use former GP trainees, or locums who knew the practice well. It was noted that the practice staff team was very well established and the GP's and other members of staff took the lead in respect of a wide range of clinical and non-clinical areas. Patients we spoke with responded very positively about the staff team. They consistently reflected their confidence in staff and emphasised the importance of the GP's and staff knowing them well and being able to treat and respond to them in a safe way.

Medicines management

Appropriate systems were in place for the storage of medicines within the practice. We saw that this included securely storing medicines. Management of medicines was the responsibility of the clinical staff at the practice. Repeat prescribing of medicines was monitored closely and prescribing for long term conditions was reviewed regularly. A well organised and accessible system was in operation for patients to request and obtain their repeat prescriptions. It was practice to monitor the amount of medication prescribed particularly for the frail elderly. If a medication error occurred they had been managed through significant event reporting and analysis and appropriate action had been taken to maintain patient safety and improve the management of medicines at the practice. We also looked at the arrangements for storing medicines such as vaccines that required being stored within a specific temperature range. We found provision had been made to achieve this and a daily check/record was made to ensure the appropriate temperature range was maintained. We saw that a documented system was in place to regularly check the medicines contained in the doctor's bags taken when visiting patients at home. This was to ensure the required medicines were present and within their expiry date.

Cleanliness and infection control

Suitable arrangements were in place to ensure the practice was regularly cleaned. We found all areas of the practice

were very clean. All the patients we spoke with said the practice was either very or extremely clean. An infection prevention and control policy was in operation and the practice nurse provided leadership in this area. Training records reflected staff were provided with regular infection control training (including appropriate hand washing technique). Other records reflected infection control checks (audits) were conducted to ensure appropriate action to prevent the spread of infection was sustained. Appropriate hand washing facilities were provided throughout the practice. Suitable arrangements were in place to dispose of used medical equipment and clinical waste safely.

Staffing and recruitment

We saw that an appropriate recruitment process was in place to ensure patients were provided with care and treatment by suitable staff. We looked at three staff personnel files. These included information that demonstrated appropriate checks had been made to ensure new staff were appropriately qualified, were currently registered with a professional body (for example The General Medical Council), and evidence that a Disclosure and Barring Service (DBS) check had been conducted to assess the person's suitability to work with potentially vulnerable people.

Dealing with Emergencies

Suitable arrangements were in place for dealing with medical emergencies. A procedure was in place to manage such an event. Resuscitation medicines and equipment (including a defibrillator and oxygen) were readily accessible to staff in the reception area. We saw records that confirmed all practice staff received annual basic life support training. We saw records that reflected that resuscitation medicines and equipment were checked on a regular basis to see they were in date and functioned correctly. A detailed contingency plan was in place to manage any event that resulted in the practice being unable to safely provide the usual services.

Equipment

A log of maintenance of clinical/emergency equipment was in place and noted when any items identified as faulty were repaired or replaced. We saw that all of the equipment had been tested and the provider had contracts in place for personal appliance tests (PAT) to be completed on an annual basis and for the routine servicing and calibration, where needed, of equipment.

Are services effective?

(for example, treatment is effective)

Summary of findings

The service was effective. Systems and practices were in place to ensure patients were provided with the right diagnosis and treatment. Effective arrangements had been made to support people with long term conditions and ensured timely referrals were made to specialist services when required. Patients were provided with information to make informed decisions about their treatment and care.

Our findings

Promoting best practice

The practice was structured, organised and had implemented systems to ensure best practice was followed. Practice was evidence based and underpinned by nationally/international recognised quality standards and guidance. For example the quality standards issued by the National Institute for Health and care Excellence (NICE), guidance published by professional and expert bodies and within national health strategies were used to inform best practice at Lockside Medical Centre. Discussion with the GP's and nursing staff, and looking at how information was recorded and reviewed, demonstrated how patients were effectively assessed, diagnosed, treated and supported. We saw that GP's and other clinical staff were conducting consultations, examinations, treatments and reviews in individual consulting rooms thereby maintaining patients privacy, dignity and confidentiality.

Management, monitoring and improving outcomes for people

We saw evidence of clinical audit, peer review and regular clinical and practice meetings to monitor and identify possible issues and improvements in respect of clinical care. The GP's and practice nurses had developed areas of expertise and took 'the lead' in particular clinical areas. This meant that action had been taken to ensure continuous improvement in the care of patients. All the patients we spoke with (or who provided written comments) were very positive about the quality of the service provided by the staff team at Lockside Medical Centre. We also noted that this view was also reflected in the NHS England GP survey report published in late 2013.

Staffing

The practice benefitted from a well established team of clinical and non-clinical staff. Staff records including training records and discussion with staff demonstrated that all grades of staff were able to access regular training to enable them to develop professionally and meet the needs of patients effectively. All members of the practice team had annual appraisals. We saw records for a range of staff confirming that appraisals took place regularly and included a process for documenting, action planning and review. Lockside Medical Centre is an accredited GP Training Practice by the North Western Deanery of Postgraduate Medical Education. We saw that the two GP

Are services effective?

(for example, treatment is effective)

trainees, (who are already qualified doctors), currently placed at the practice were provided clinical supervision and support by one of the GP's who was qualified and accredited to do so. We were informed that three of the practice doctors underwent revalidation in 2013. This is where doctors demonstrate to their regulatory body, The General Medical Council, that they are up to date and fit to practice.

Working with other services

We saw that appropriate processes were in place to ensure patients were able to access treatment and care from other health and social care providers where necessary (including where patients had complex needs or suffered from a long term condition). There were clear mechanisms to make such referrals in a timely way to ensure patients received effective co-ordinated and integrated care. Patients we spoke with said that where they needed to be referred to other health service providers this was discussed fully with them and they were provided with enough information to make an informed choice. With regards to long term conditions some patients had accessed a local 'Expert Patient' scheme which is a group-based programme that develops models of self management and confidence. The practice was in the process of identifying more patients for referral following very positive feedback and evaluation from the first course. Where patients had been seen by a GP out of hours

provider Lockside Medical Centre was sent daily faxed reports detailing individual patient contact. These were then reviewed by the appropriate Lockside GP and the appropriate action was taken to follow this up.

Health, promotion and prevention

New patients, including children, were offered appointments to establish their medical history and health status. This enabled patients who required extra support to be quickly identified such as patients at risk of developing or who already had an existing long term condition such as diabetes, high blood pressure or asthma. A wide range of health promotion information was available and accessible to patients particularly in the reception area and private area where patients could conduct blood pressure and body weight checks themselves. This was supplemented by advice and support from the clinical team at the practice. As a result of a suggestion by the Patient Participation Group one of the GPs was looking into the feasibility of developing DVDs for patients to use which give hints and information on specific areas such as how to use inhalers. The practice had developed a contacts list for local self help groups and organisations which was passed on to patients to help them seek support with lifestyle issues such as alcohol use, smoking and nutrition. The GP's and practice nurses took 'the lead' in respect of individual health promotion, health screening and vaccination programmes.

Are services caring?

Summary of findings

The service was caring. Patients told us that they were treated with compassion, dignity and respect by the staff team at Lockside Medical Centre.

Our findings

Respect, Dignity, Compassion & Empathy

Feedback from patients and those close to them was consistently positive about the way staff interacted with them. Patients we spoke with told us that they were treated with respect by all the staff team at Lockside Medical Centre. They said staff were polite and considerate, that they were treated as an individual and that their concerns about their health were taken seriously. We observed staff to be respectful, pleasant and helpful with patients and each other during our inspection visit. Discussions with patients and staff and our observations demonstrated that all consultations were conducted in the privacy of consultation or treatment rooms. Privacy screens were provided when examinations were undertaken. A chaperone could be readily provided and information to this effect was prominently visible in the reception area.

Involvement in decisions and consent

Patients we spoke with told us that they were communicated with appropriately by staff and were involved in making decisions about their care and treatment. They also said that they were provided with enough information to make an informed choice and gave informed consent to treatment. Our discussions with patients and staff demonstrated a strong, visible person centred culture where the practice team worked in partnership with patients and their families and/or supporters. This meant staff were empowering patients to make decisions and provide informed consent.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The service was responsive. The staff team at Lockside Medical Centre were responding to the needs of the local population. This included regularly reviewing how patient's were able to access appointments in a timely way. Patients views were regularly sought and acted upon.

Our findings

Responding to and meeting people's needs

Lockside Medical Centre had planned and implemented a service that was responsive in meeting the needs of the local patient population. This was demonstrated by the membership, involvement and engagement of the three of the GP partners with Tameside and Glossop Clinical Commissioning Group (CCG) and the range of services provided at Lockside to meet their patients needs.

Patients were enabled to access appointments with a named doctor where possible. However it was evident that where this was not possible the importance of continuity of care was supported through well established lines of verbal and electronic communication between the clinical team and regular clinical meetings. As there was a mix of male and female GP's at Lockside patients were able to make a choice of who to see if this was important to them. The GP's and practice nurses had developed areas of expertise and took 'the lead' in particular clinical areas. These clinical areas included considering the particular needs of patients who were vulnerable such as people with long term health conditions, mental health needs, learning disability, the elderly and mothers, babies and children. Clear and well organised arrangements were in place to ensure these vulnerable patient groups were enabled to access medical screening opportunities, for example for disease monitoring, immunisation programmes or cervical screening. Arrangements were in place to access a language translation service where this was required.

All the patients we spoke with (or who provided written comments) were positive about the practice being responsive in meeting their needs. We also noted that 83% of respondents said that they would definitely recommend Lockside Medical Centre to someone who had moved into the area and 11% said they probably would (source; NHS Choices/MORI survey (2013) in respect of Lockside Medical Centre).

Lockside Medical Centre provided suitable and appropriately equipped reception, consulting and treatment facilities to appropriately meet the needs of patients (including the need for privacy).

Access to the service

The practice team had identified the need and had taken action to seek innovative ways to improve patients being

Are services responsive to people's needs?

(for example, to feedback?)

able to gain timely access to the services at Lockside Medical Centre. This included consulting patients directly and via the practice patient participation group to establish their views and expectations.

A triage system, for urgent and on the day appointment requests, was in place during the morning and afternoon where one of the GP's contacts the patient by telephone to conduct an assessment of their problem and identify what action to take. The outcome of this consultation may result in an urgent on the day appointment at the practice being made if required.

Patients were also able to pre-book GP appointments up to one month in advance and practice nurse appointments two months in advance. At the time of our visit the practice was in the process of changing the telephone system to ensure patients can get through without repeatedly ringing up. We were informed this will be monitored to assess how effective the change is in improving patient access. Practice opening times were prominently displayed and detailed on the practice website. A late surgery (GP and practice nurse) was available on Tuesday evenings. Patients contacting the practice outside of regular working hours were provided with a recorded message detailing how to contact the GP out of hours service if required.

Home visits were also provided for patients who were housebound or have a severe illness that made them too unwell to come to the practice. One of the GP's would then ring the patient prior to the visit to ensure they were the best person for the patient to see. A suitable system to manage repeat prescriptions was in place. This included the requirement to conduct a medication review with patients on long term medicines at the practice at least once a year.

Concerns & Complaints

A written complaints procedure was in operation and patients were actively encouraged to provide feedback about their treatment and care. The complaints procedure was readily available to patients and others and advised them how to make a complaint. We looked at documentation detailing how complaints were managed. We saw that where complaints had occurred they were investigated and responded to in a timely way. The complainant was communicated with and responded to directly to acknowledge and attempt to resolve the issue satisfactorily. Complaints were monitored for the emergence of common themes. The practice produces an annual complaints summary and this is discussed at the practice meetings. Patients we spoke with did not raise any concerns or complaints. However they did know how they could raise these if required.

Are services well-led?

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

Summary of findings

The service was well-led. The practice team was effectively managed. There were clear lines of responsibilities and accountability at all levels and there was a culture of openness and consultation. Staff were supported with regular training and support and regular checks (audits) were conducted to measure and review the efficacy of the systems and practices in operation.

Our findings

Leadership & Culture

It was evident during our visit to Lockside Medical Centre that the practice team were being very effectively led and supported and that this was underpinned by an open and fair culture. This meant that a sound framework was in place to promote high quality person-centred treatment and care and support learning and innovation. There were clearly defined management roles and responsibilities identified for the partner GP's. Also the GP's and practice team had developed areas of expertise and took 'the lead' in particular clinical areas and non-clinical areas within the practice.

Governance Arrangements

There were clearly defined individual and team development processes in place to ensure the quality of the services provided at Lockside were assured and developed. Clear and effective arrangements were in place to monitor and improve the quality of the services provided to patients, minimise risk to patients and staff, engage and support staff and ensure the sustainability of high quality care.

Systems to monitor and improve quality & improvement

A rigorous system and documented clinical system of governance and quality checks (audits) demonstrated that safe, effective, responsive and well-led services continued to be provided (and identified where improvement was needed). We looked at the documentation relating to a range of such checks such as clinical audits, infection prevention audits, medicines storage checks (that included emergency medicines and equipment) and environmental and equipment checks (including fire safety equipment). These were completed regularly. Where issues were identified appropriate actions were identified, implemented and reviewed.

A proactive approach was taken to working with others in the healthcare economy. This was evident in the engagement of the practice team with health and social care services outside the practice through timely and appropriate referrals for patients and working with such services collaboratively. The practice team had planned and implemented a service that was responsive in meeting the needs of the local patient population. This was evidenced by the membership, involvement and

Are services well-led?

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

engagement of the three of the GP partners with Tameside and Glossop Clinical Commissioning Group (CCG) and the range of services provided at Lockside to meet their patients needs.

Patient Experience & Involvement

All the patients we spoke with (or who provided written comments) were very positive about the quality of the service provided by the staff team at Lockside Medical Centre. The feedback from patients (including members of the practice's patient participation group (PPG) was, without exception, very positive about the practice, its doctors and all other staff. Patients confirmed they were treated with respect and that their privacy and dignity was maintained at all times. We were also told by patients that they felt sufficient information was provided to enable them to make informed choices about their treatment and care. We also looked at the results of the most recent NHS Choices/MORI survey (2013) in respect of Lockside Medical Centre. This revealed a high level of patient satisfaction with the services provided.

Patient feedback was used as part of the quality assurance process to review systems and processes at the practice. For example patient comments regarding accessing appointments prompted innovative changes to be implemented to improve access. This demonstrated that patients views were valued by the practice and helped to shape services in a way that is responsive to people's needs and preferences.

Staff engagement & Involvement

We spoke with a range of clinical and non-clinical staff at Lockside Medical Centre. All were very positive about how the practice was managed and engaged them. In particular the importance of the open and supportive culture was emphasised. Staff were actively encouraged to provide

their views. We were told by staff their views were respected, responded to and acted upon. The open and fair culture also enabled staff to report concerns and incidents without fear and there was an absence of a 'blame culture' in staff lines of accountability. Staff meetings were held regularly and included clinical meetings, GP partner meetings, whole practice team meetings, business planning meetings and monthly 'time out' meetings that incorporated staff training. These were seen to be accessed by the appropriate staff. All the practice staff gathered together during the lunch break. This provided a more informal (but supportive) setting to 'catch up' and discuss issues.

Learning & Improvement

There were clear lines of responsibility for each member of clinical and non-clinical staff. This had enabled individual and team objectives to be established. This in turn formed the basis for planning and developing staff training provision at the practice. We looked at records that demonstrated clinical and non clinical staff had annual appraisals and staff we spoke with confirmed they had regular one to one meetings that supported their learning and development needs. These arrangements supported the governance and quality assurance measures taken at the practice and enabled staff to review and improve the quality of the services provided.

Identification & Management of Risk

The robust governance and quality assurance arrangements at the practice crucially enabled risk to be identified and effectively managed. To achieve this risk assessments were regularly conducted in respect of clinical and non-clinical risk areas. Where particular risks were identified action had been taken to minimise the risk.

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

This population group was provided with a service that was safe, effective, caring, responsive and well led. We found that treatment and care was tailored to the individual's needs and circumstances, including their personal expectations, values and choices.

Our findings

Older people were able to register with the practice and access the services provided to meet their general and specific health needs. Home visits were provided, after a telephone clinical assessment, for the elderly housebound or those too ill to attend the practice. Whilst all the clinical team provided care and treatment to older people one of the partner GP's provided the lead in providing GP support to people who lived in care homes and support and medical advice to patients diagnosed with dementia. Such leadership and expertise enabled the general and specialised needs of older patients to be appropriately addressed.

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

This population group was provided with a service that was safe, effective, caring, responsive and well led. The practice team ensured patients in this group were supported appropriately, regularly reviewed and that their care was consistently co-ordinated with other medical and social care professionals.

Our findings

People with long term conditions were able to register with the practice and access the services provided to meet their general and specific health needs. Home visits were provided (after a telephone clinical assessment) where a patient was housebound or too ill to attend the practice. Whilst all the clinical team provided care and treatment to patients with long term conditions a number of the partner GP's took the lead to support and provide medical advice in respect of a range of this large group of conditions. Patients in this group were able to access appropriate medical support to monitor and treat their condition regularly and appropriately. For example specific arrangements were in place for supporting people with diabetes, asthma, blood clotting disorders and arthritis. The practice liaised closely with specialist medical services outside the practice, in hospital or the community, to ensure patients long term conditions were managed appropriately. Some patients with a long term condition had accessed a local 'Expert Patient' scheme which was a group-based programme that developed models of self management and confidence. The practice was in the process of identifying more patients for referral following very positive feedback and evaluation from the first course.

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

This population group was provided with a service that was safe, effective, caring, responsive and well led. A wide range of systems and services were in place to ensure that the diverse and specialist needs of this population group were being met.

Our findings

People in this wide ranging population group were able to register with the practice and access the services provided to meet their general and specific health needs. Home visits were provided, after a telephone clinical assessment, where a patient was housebound or too ill to attend the practice. Whilst all the clinical team provided care and treatment to patients in this group the partner GP's took the lead in providing support and medical opinion for particular sub-groups such as pregnant women, women requiring post natal support and children and young people. To support this patients in this group were able to access appropriate medical support to provide advice and treat their condition regularly and appropriately. For example specific provision was made at the practice in respect of specialist ante natal clinics, childhood immunisation clinics and contraception services.

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

This population group was provided with a service that was safe, effective, caring, responsive and well led. The appointments system was monitored, reviewed and amended by the provider to try to maximise timely access to services.

Our findings

People in this wide ranging population group were able to register with the practice and access the services provided to meet their general and specific health needs. Home visits were provided, after a telephone clinical assessment, where a patient was housebound or too ill to attend the practice. Whilst all the clinical team provided care and treatment to patients in this group the partner GP's took the lead in providing support and medical opinion for specific medical conditions and screening that could possibly be experienced by this population group. For example in respect of the prevention and management of cardio-vascular disease, obesity, diabetes and the provision of minor surgery within the practice.

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

This population group was provided with a service that was safe, effective, caring, responsive and well led. There were no barriers to accessing GP services for this population group.

Our findings

People in this wide ranging population group were able to register with the practice and access the services provided to meet their general and specific health needs. Home visits were provided, after a telephone clinical assessment, where a patient was housebound or too ill to attend the practice. Whilst all the clinical team provided care and treatment to patients in this group the partner GP's took the lead in providing support and medical opinion for specific medical conditions and screening that could possibly be experienced by this population group. This included specific provision in relation to identifying and supporting people with learning disabilities, alcohol problems, taking action to protect vulnerable children and adults and providing support and medical opinion in relation to sexual health.

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

This population group was provided with a service that was safe, effective, caring, responsive and well led. There were no barriers to people with poor mental health accessing services. Suitable systems were in place to enable timely and appropriate referrals to be made to specialist community mental health services.

Our findings

People experiencing poor mental health were able to register with the practice and access the services provided to meet their general and specific health needs. Home visits were provided, after a telephone clinical assessment, where a patient was housebound or too ill to attend the practice. Whilst all the clinical team provided GP care and treatment to patients experiencing poor mental health one of the partner GP's took the lead to support and provide medical advice in respect of patients with serious mental health problems. Patients in this group were enabled to access counselling and specialised hospital and community based mental health services to assess, monitor and treat their mental health problems regularly and appropriately.