The Wellbridge Practice

Quality Report

Wool Surgery
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Date of inspection visit: 5 June 2014
Date of publication: 17/09/2014

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

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Summary of findings

Overall summary

The Wellbridge Practice, Wool Surgery, Meadow Lane, Wool, Wareham Dorset, BH20 6DR is a GP practice located in Wool and provides healthcare to approximately 6200 registered patients. The practice is registered to provide the following regulated activities: Diagnostic and screening procedures; Family planning; Maternity and Midwifery services; Surgical procedures; and Treatment of disease, disorder or injury.

We spoke with the registered manager, the practice manager, practice nurses, staff, patients and their relatives.

We found the practice provided a service that met patients' needs. There were arrangements in place to ensure patients could either see or speak with a GP when needed. The practice operated an effective duty doctor and dispensing service which improved the quality of treatment patients received.

Patients were seen in a safe environment, but we found that suitable procedures for the management of infection prevention and control were not always in place. Emergency evacuation procedures on the first floor did not cater for patients or staff with reduced mobility.

We found the staff worked very well as a team and supported each other.

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, we found the services offered at the practice were safe.

The practice had appropriate arrangements in place for reporting and learning from incidents and significant events.

The practice was clean and tidy and systems were in place to identify and manage health and safety risks. There were not always sufficient arrangements to manage the risks associated with infection prevention and control and evacuation in an emergency.

The practice had suitable policies, procedures and training in place to ensure continued running of the service in the event of an emergency.

Appropriate policies and procedures were in place to ensure children and vulnerable adults were safeguarded from abuse.

Patients told us they felt safe and well cared for.

Are services effective?

Overall, services at the practice were effective.

Patients were assessed and treated in line with current legislation and guidelines. We found the practice offered a range of health clinics to meet the needs of patients. These included diabetes clinics, baby clinics and asthma clinics.

An effective system of clinical audit was in place. The practice supported multi-disciplinary working with other services.

Are services caring?

Overall, the practice was caring.

Feedback received from patients and patient surveys showed that patients felt they were well cared for and their needs were met.

Patients also told us they were offered appropriate health checks as well as routine appointments.

There was access to local groups to support patients and their carers. Appropriate support was provided to vulnerable people.

Are services responsive to people's needs?

Overall, the practice was responsive to patients' needs.

Summary of findings

There was a duty doctor system to triage requests for emergency appointments. If patients were unable to attend the practice then home visits were arranged if this was needed.

A number of specialist clinics took place to meet patients' needs. These included baby clinics, diabetes clinics, well man and well woman clinics and a travel clinic.

The practice carried out patient satisfaction surveys and had meetings to discuss how the service could be improved.

Are services well-led?

Overall, the practice was well led. There was a business continuity plan in place to ensure continued running of the practice in the event of an emergency.

Audits were undertaken to ensure the practice was safe and continuing to meet regulations and guidelines. However, we did not see a recent infection control audit.

Practice and partner meetings were held to discuss risks, complaints and methods of improving the service.

The practice was proactive in recognising potential risks to the health of patients and ran campaigns to raise awareness and prevent health issues.

The practice is a training practice for GPs and promotes research, learning and development.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice provided a service for patients in this population group.

The practice had procedures to safeguard vulnerable adults from abuse. The staff had completed equality and diversity training which meant patients were treated according to their individual needs.

Patients were able to speak with or see a GP when needed and the practice was accessible for people with mobility issues.

The practice promoted a local carer scheme to ensure people were supported in the community.

Annual flu vaccinations for older people meant patients were protected from the risk of flu during winter time.

People with long-term conditions

The practice provided a service for patients within this population group.

We found patients were treated in a safe and caring environment. The practice had effective systems to ensure patients were involved in the management of their condition.

We reviewed the practice policies and procedures on safeguarding vulnerable adults. We found there were appropriate systems in place to respond effectively to any concerns.

There was an effective duty doctor system to ensure patients could speak to or see a GP when needed.

Mothers, babies, children and young people

The practice provided a service for patients within this population group.

We found patients were treated in a safe and caring environment. The provider had effective systems to ensure patients were involved in their treatment.

We reviewed the practice policies and procedures on safeguarding vulnerable adults and children. We found there were appropriate systems in place to respond effectively to any concerns.

There was an effective duty doctor system to ensure patients could speak to or see a GP when needed.

Patients had access to Mother and baby clinics. There were sexual health and contraception clinics available for teenagers.

Summary of findings

The working-age population and those recently retired

The practice provided a service for patients within this population group.

Patients were able to access the practice at a time that suited them and they were treated according to their individual needs.

The practice had extended opening hours so patients could attend the practice without it affecting their work life.

Relevant health and screening clinics were available to detect and prevent illness and promote general health and wellbeing.

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

Patients were able to access treatment even if they were not registered with the practice. This included holiday makers, people from the gypsy and traveller communities and homeless people.

The practice had a minor injuries service that meant patients did not have to travel long distances to access an accident and emergency department.

Patients were able to walk in and get an appointment to see a GP or nurse if it was an emergency.

People experiencing poor mental health

The practice provided a service for patients within this population group.

We found patients were treated in a safe environment. The practice had effective systems to ensure patients were supported and referred to appropriate services.

We reviewed the practice policies and procedures for safeguarding vulnerable adults. We found there were appropriate systems in place to respond effectively with any concerns.

Patients were referred to other services, such as community psychiatry and counselling services to help them understand their condition and improve their quality of life.

There was an effective duty doctor system to ensure patients could speak with or see a GP in an emergency.

Summary of findings

What people who use the service say

We spoke with 11 patients, viewed comments and letters of feedback and reviewed the most recent patient satisfaction survey from March 2014. All of the patients we spoke with told us they felt well cared for and were treated with dignity and respect at all times.

Some patients commented that it was difficult to get through on the telephone. We saw the practice had introduced a new telephone menu system in response to the comments received.

Patients also told us that it took two to three weeks to get an appointment with a named GP but they could see any GP at the practice within a week. Patients who had used the telephone triage and duty doctor service were highly complementary about it.

All of the patients we spoke with and those who had completed the satisfaction survey stated they were very happy with the service they had received.

Areas for improvement

Action the service COULD take to improve

- The practice could ensure that emergency evacuation procedures are suitable for wheelchair users or patients, staff or visitors who had mobility problems.
- The practice should ensure that a programme of infection control audits is in place.

Good practice

- Patients who were not registered and from outside the area, such as holiday makers, gypsies and travellers were able to walk in and see a GP or nurse in an emergency.
- The practice operated a minor injuries service which meant that patients did not have to travel long distances to an accident and emergency department.
- The practice had access to a bereavement counselling service.
- The practice is a training and research practice

The Wellbridge Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP who provided specialist clinical advice, a practice manager who provided specialist advice on policy and procedure and an expert by experience who provided expert advice on patient care.

Experts by experience and specialist advisors are not independent individuals. They are part of the inspection team and are granted the same authority as CQC inspectors

Background to The Wellbridge Practice

The Wellbridge Practice, Wool Surgery, Meadow Lane, Wool, Wareham Dorset, BH20 6DR , is a GP practice located in Wool and provides healthcare to approximately 6200 registered patients. The practice is registered to provide the following regulated activities: Diagnostic and screening procedures; Family planning; Maternity and Midwifery services; Surgical procedures; and Treatment of disease, disorder or injury.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share their information about the service. Organisations we spoke with included local Healthwatch, NHS England and Clinical Commissioning Group.

We carried out an announced visit on 5 June 2014 between 8:00am and 5:30pm

During our visit we spoke with a range of staff, including practice partners, the registered manager, the practice manager, practice nurses, dispensing staff and reception staff.

We also spoke with patients who used the practice and reviewed practice policies.

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.

Are services safe?

Summary of findings

Overall, we found the services offered at the practice were safe. The practice had appropriate arrangements in place for reporting and learning from incidents and significant events.

The practice was clean and tidy and systems were in place to identify and manage health and safety risks. There were not always sufficient arrangements to manage the risks associated with infection prevention and control and evacuation in an emergency.

The practice had suitable policies, procedures and training in place to ensure continued running of the service in the event of an emergency.

Appropriate policies and procedures were in place to ensure children and vulnerable adults were safeguarded from abuse.

Patients told us they felt safe and well cared for.

Our findings

Safe patient care

The practice had systems for reporting any significant events that may have affected patient care. These processes included reporting and investigating, providing feedback to all those involved or affected and setting action plans and learning outcomes to prevent similar incidents from happening again.

The practice had systems of audit and risk assessment. This was to identify clinical and non clinical risk and put measures in place to reduce identified risks.

Learning from incidents

The practice held monthly clinical meetings where discussion took place of any significant events, complaints, prescribing and learning events that had taken place. Minutes of these meetings showed what action had been taken and what learning had taken place to prevent similar incidents from happening again. An example was GPs not telling patients to call an ambulance as it is the responsibility of the GP.

Significant event audits had been carried out. These audits contained details of the event, the response and the learning outcomes. We saw evidence the practice had changed its procedures when contacting patients with test results as a result of one event.

Safeguarding

The practice had a safeguarding policy for the protection of children and vulnerable adults. There was a named safeguarding lead for the practice who had completed level 3 safeguarding training. Training records showed that all staff had completed adult safeguarding training in 2014. The practice manager told us the training covered safeguarding children, adults and parts of the Mental Capacity Act 2005.

Staff explained what steps they would take if they suspected abuse of any kind had taken place. They showed us where contact details for the local safeguarding teams were displayed. Next to these contact details we saw procedures and flow charts detailing the steps to take in reporting safeguarding concerns. These steps confirmed what staff had told us.

We saw the practice kept stop abuse leaflets for patients in the toilets and patients were able to access information

Are services safe?

and contact details for the local safeguarding teams privately. We saw evidence that a patient had accessed the information this way and the practice had supported the patient through the investigation process.

The practice had a chaperone policy in place. A chaperone is a person who accompanies and looks after another person to protect them from inappropriate interactions. Information about the use of a chaperone was given to patients in the patient information leaflet, at reception and also in each surgery. All staff had received training in how to chaperone. All of the staff we spoke with were aware of the importance of ensuring patients were treated in a safe environment.

Monitoring safety and responding to risk

The practice had risk assessments and policies in place to ensure the health, safety and welfare of patients, staff and visitors. Regular health and safety audits and checklists were completed to ensure the building was safe for staff, visitors and patients to use.

Training records showed that all members of staff had been trained in health and safety and fire procedures. The practice had a fire risk assessment and evacuation procedure.

There were no pictorial plans of building layout or fire escape routes on the back of doors. This meant that patients and visitors may not have been able to quickly understand the evacuation procedures in the event of an emergency. However, all fire exit signs were present and correct.

We were told that in the event of a fire or evacuation, those on the first floor who were wheelchair users, and others with reduced mobility, would be left in the refuge at the top of the stairs and the fire brigade informed there were people still in the building. There was no phone or any other form of communication device with which to communicate with people outside. There was no evacuation chair or other device to help people safely negotiate the stairs.

Medicines management

The practice had a dispensary where approximately 65 to 70 percent of patients collect medicines. There was a lead GP for medicines and a senior dispenser. Another member of staff was being trained as a senior dispenser.

The senior dispenser and lead GP met weekly and the dispensary team met monthly to discuss any changes in drug guidelines. Two members of staff were on duty at all times the dispensary was open to double check the issuing of medicines.

A bar code reader was used to read bar codes on medication packets to ensure correct doses were dispensed.

There was an annual drug amnesty. This was for patients to return their unused medication. If drugs were out of date they were destroyed. If drugs were still in date they were sent through a charity to help people in third world countries.

Controlled drugs were kept in a locked drugs cabinet. The key for the cabinet was kept in a key safe that was securely fixed to the wall. Only partners of the practice and dispensers had authorisation to access the key.

Medicines fridges were locked and their temperatures were recorded daily to ensure vaccines were stored correctly. There was also a temperature logger in the fridge which constantly checked and recorded the temperature. Information from this was downloaded onto computer and a graph was produced. This was double checked against the recordings staff had made. Staff were aware of what procedures to follow in the event the fridge temperature exceeded its minimum or maximum limit.

Cleanliness and infection control

The practice had a policy for infection control, the handling of sharps and clinical waste. There was a named lead for infection control.

A hand hygiene audit had been conducted in December 2013. Hand washing guidelines were above each hand washing sink and hand gel was also available for staff and patients to use between hand washing.

The practice promoted the five moments for hand hygiene through displaying posters. These five moments have been defined as key times when it is essential that hands are washed. This guidance was produced by the World Health Organisation (WHO). The five moments are; before patient contact, before an aseptic task (an aseptic task is a clinical procedure or contact with broken skin), after body fluid exposure risk, after patient contact and after contact with patient surroundings.

Are services safe?

A Legionella risk assessment was in place and weekly recorded checks were carried out to ensure water was stored and distributed at the correct temperatures. Legionella is a bacteria that grows in contaminated water and can be potentially fatal.

The practice appeared to be clean and tidy. There was a cleaning policy and the cleaners were directly employed by the practice. Appropriate equipment for cleaning specific areas of the practice was in place to reduce the risk of cross contamination. Cleaning audits had been done every two months.

There was a clinical waste policy and the waste consignment notes were kept in accordance with waste regulations.

However, we did not see an annual infection control statement which explains what the practice had done and was going to do around the area of infection prevention. An infection control audit had not been carried out.

All of the staff we spoke with were aware of the need to prevent health care associated infections and demonstrated correct hand washing techniques.

Training records showed staff had completed infection control training in May 2014.

Staffing and recruitment

A staff recruitment policy was in place. We saw appropriate records were kept of recruitment campaigns. We viewed two staff recruitment files. These files included job descriptions, application forms, interview notes, references and proof of identity.

Staff told us they felt supported and well managed through the recruitment process including induction training. Induction is where new members of staff receive training and guidance in learning their role and how the practice works.

All new staff had obtained relevant criminal records checks from the Disclosure and Barring Service (DBS).

Dealing with Emergencies

The practice had procedures for dealing with emergencies. The staff we spoke with were aware of what steps to take if somebody fell ill. Training records showed staff had completed basic life support and cardiopulmonary resuscitation (CPR).

Emergency equipment was kept at the practice and staff knew where this was located. The emergency equipment included a defibrillator, oxygen and emergency drugs. All of the equipment was checked weekly and all emergency drugs were present and in date. Signed records of these checks were kept.

There was a business continuity plan to ensure continued running of the practice in an emergency. The continuity plan had been reviewed in September 2013 and included roles and responsibilities for staff, immediate response procedures, evacuation and communication guidelines and plans for short and long term loss of the surgery.

Equipment

All of the equipment used at the practice was serviced and maintained in accordance with manufacturer guidelines.

A portable appliance test (PAT) had been completed in April 2014 to ensure electrical equipment was safe to use.

Are services effective?

(for example, treatment is effective)

Summary of findings

Overall, services at the practice were effective.

Patients were assessed and treated in line with current legislation and guidelines. We found the practice offered a range of health clinics to meet the needs of patients. These included diabetes clinics, baby clinics and asthma clinics.

An effective system of clinical audit was in place. The practice supported multi-disciplinary working with other services.

Our findings

Promoting best practice

The practice followed current legislation and guidelines around best practice. This included the guidelines issued by the National Institute for Health and Care Excellence (NICE). Clinical meetings were held every month to discuss areas of improvement. We saw minutes of these meetings which documented these discussions.

The Quality Outcomes Framework (QOF) showed the practice was very good when compared across all outcomes to similar practices within Dorset.

The staff were aware of and followed the Gillick competency assessment. This was used to help assess whether a child had the maturity to make their own decisions and to understand the implications of those decisions.

The practice had a cycle of clinical audit to ensure they met and continued to meet recognised good practice.

Management, monitoring and improving outcomes for people

The practice participated in a cycle of clinical audit to ensure that the delivery of care and treatment achieved positive outcomes for patients. An example of an audit was in the area of emergency contraception requests. The practice also had a system of peer review to ensure that patient referrals were appropriate.

Reviews of medication were carried out to ensure patients were on the most effective medication and dosage for their condition or illness.

Patients had access to a number of health clinics to improve their health and wellbeing. Some of these clinics were smoking cessation, well person checks, child health and asthma and diabetes.

The practice offered annual flu vaccinations to protect patients and manage the risk of flu during winter time.

There was a community matron to help patients understand and manage their long term conditions. Patients were encouraged to improve their outcomes and reduce the amount of time spent in clinics or hospital.

Are services effective?

(for example, treatment is effective)

Staffing

We found there were enough appropriately qualified and competent staff working at the practice. Staff told us they had received an induction, supervision and training.

We reviewed staff training files and saw all staff had completed relevant training on a regular basis. The practice manager was aware of each staff member's current level of training, knew when each person's training was due to be refreshed and kept detailed records of training courses and the dates that staff attended.

The practice manager told us they use an assessment tool to indicate which members of staff required a criminal records check before they took up employment at the practice. Records showed all required checks were in place.

Arrangements were in place to obtain cover for GPs or staff who were sick or on leave to ensure the practice continued to run a full service.

Working with other services

We saw evidence that showed the practice had a close working relationship with a local care home for adults with learning difficulties. We found the practice also supported and promoted a local care and share group. This group was set up to support patients who lived in the area and had difficulty accessing local services. Part of this service was a prescription collection and delivery service and transportation service so patients could attend appointments and clinics.

The practice had close working relationships with the district nursing service, health visitors, community midwives and the local podiatry and chiropody team.

Health, promotion and prevention

New patients were given a health questionnaire. This helped to identify any potential health issues. The patient information leaflet contained useful advice on treating common illnesses. This was to help patients treat themselves. The practice offered various clinics to promote healthier living and prevent illness. Some of these clinics included well person checks, childhood immunisation program, child development and child health clinics. There was access to a toe nail clinic in conjunction with Age UK.

The practice was proactive in prevention of injury and illness campaigns. For example, we saw posters and information leaflets for staying safe in the sun and sensible drinking. The practice issued seasonal newsletters for patients with health advice for each season. For example, in the autumn edition the flu vaccination program was promoted with reasons why the vaccine is beneficial.

Are services caring?

Summary of findings

Overall, the practice was caring. Feedback received from patients and patient surveys showed that patients felt they were well cared for and their needs were met.

Patients also told us they were offered appropriate health checks as well as routine appointments.

There was access to local groups to support patients and their carers. Appropriate support was provided to vulnerable people.

Our findings

Respect, dignity, compassion and empathy

We saw evidence that all of the staff had received training in equality and diversity to support staff to treat people according to their individual needs.

The practice website was able to be translated into various languages.

Patients we spoke with told us their privacy was respected at all times. Feedback from the patient satisfaction survey completed in March 2014 showed that 90 percent of patients felt they were respected and treated with dignity at all times.

Patients were able to be seen in a room next to the main reception desk to maintain privacy if they wished. Patients who had difficulty in seeing over the desk, for example patients in wheelchairs were able to use a lower desk specially designed for this purpose.

The consultation and treatment rooms were fitted with privacy curtains and we saw that doors were closed when consultations took place.

There was a chaperone policy in place at the practice. A chaperone is a person who accompanies and looks after another person to protect them from inappropriate interactions. Patients were made aware of this through the patient information leaflet and through awareness posters in the surgery.

We heard staff interactions with patients and visitors. Staff spoke with people politely and with respect at all times. We heard staff reassure patients and fully explain everything that was happening.

Health clinics and advice were available to help patients manage illnesses and long term conditions. These included asthma and diabetes clinics. End of life care discussions took place with families and carers and the practice had a trained bereavement counsellor to help patients and their relatives at this difficult time.

Involvement in decisions and consent

Patients we spoke with told us they were given choices of treatment before making any decisions. They told us the doctors did not rush through appointments and ensured everything was explained in a way they could understand.

Are services caring?

We heard reception staff explain and confirm appointment times on the telephone. They also ensured patients had sufficient time and opportunity to ask any questions. Staff working at the dispensary fully explained the procedures patients needed to follow to safely take their medicines.

Patients had access to health care information at the practice. This information was displayed on posters and information leaflets were available for patients to take away. Patients were able to select information about various treatments and services the practice offered, such as the toe nail clinic and child and adult vaccination programs.

Patients were given information on how to get the best from their appointment. This included asking the GP to explain anything they were unsure of, making notes so they did not forget anything and being open so the GP can better help them.

Patients had access to a 'choose well' leaflet. This leaflet gave patients information on getting the right treatment for their symptoms. The advice ranged from how to self care for minor injuries to calling emergency services for life threatening illnesses. Full advice and contact details were provided with relevant contact numbers. These included NHS 111 telephone advice service, details of the nearest hospitals with accident and emergency departments and how to contact late night pharmacies.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Overall, the practice was responsive to patients' needs.

There was a duty doctor system to triage requests for emergency appointments. If patients were unable to attend the practice then home visits were arranged if this was needed.

A number of specialist clinics took place to meet patients' needs. These included baby clinics, diabetes clinics, well man and well woman clinics and a travel clinic.

The practice carried out patient satisfaction surveys and had meetings to discuss how the service could be improved.

Our findings

Responding to and meeting people's needs

The patient information leaflet had details of common illnesses and ailments listed with first aid advice. This was to help patients treat themselves.

Relevant information was presented in the patient information leaflet, the practice web site and displayed around the practice. Staff explained they were able to print information in large font for patients with visual impairments.

A minor injuries service operated when the practice was open. This included an initial assessment of minor injuries as an alternative to attending an accident and emergency department. The practice was able to treat injuries such as minor wounds, burns, eye injuries and sprains so patients did not have to travel long distances to get treatment they needed.

The practice also operated a walk in clinic for patients who were not registered or were from outside the area. This was primarily for the summer periods when holiday makers were prevalent in the area and may have needed to see a GP urgently. We saw an example were a person had forgotten medication and was able to use the services of the GP and practice dispensary.

Health clinics were available to patients. These included phlebotomy (blood tests), asthma, diabetes and well person clinics.

The practice operated a dispensary that prepared repeat prescriptions and dispensed medicines to patients. Repeat prescriptions were able to be ordered online.

Access to the service

The practice was open from Monday to Thursday 8:20am to 1:00pm and 2:00pm to 6:30pm and Fridays 8:20am to 12:30pm and 3:30pm to 6:30pm.

Extended hours appointments were available from 7:00am to 7:45am and from 6:30pm to 7:15pm. These were primarily available for patients who found it difficult to make an appointment within normal opening times due to work commitments.

Patients were able to book routine appointments in person, online or on the telephone up to one month in

Are services responsive to people's needs?

(for example, to feedback?)

advance. Patients told us that it was difficult to get an appointment with a specific GP but they were able to get an appointment much quicker if they saw any GP at the practice.

The practice operated a telephone triage system for emergency same day appointments. The GP would phone patients back for a telephone consultation to discuss the problem and decide with the patient on the best course of action. This included either advice over the telephone or if necessary, attending the practice for an appointment. Patients were also able to speak to a nurse or GP on the telephone for advice.

Patients who phoned the practice were able to use a telephone menu service to help direct their call. One of the options was to let the practice know if the call was an emergency. We saw the phone display an urgent call had come through. Staff answered these calls very quickly. Staff were quick to respond to patients arriving at the reception counter.

Detailed advice for out of hours emergencies was displayed on the front door of the practice so that it was visible when the practice was closed. This advice was also available on a telephone answering message.

Patients were given information on what to do if they became unwell when the practice was closed. This information was available on a leaflet they could take with them, in the patient information leaflet and on the web site.

Concerns and complaints

The practice carried out regular patient satisfaction surveys and patients were able to leave comments and feedback through a drop box in the waiting area. The most recent satisfaction survey results, March 2014, had been made available to all patients. This was through the seasonal newsletter and information displayed around the practice that included the full survey results.

Comments received from patients were discussed at weekly practice meetings. These discussions were recorded and feedback given to patients through the newsletter and web site. An example of this was a request to have a water dispenser in the waiting area. Minutes of meetings showed the practice was still discussing this option.

A complaints policy was in place and we reviewed complaints that had been received. We found they were investigated and responded to appropriately and in a timely manner. We saw evidence which showed the practice had changed procedures as a result of complaints that had been made. An example was how the practice gave test results to patients over the phone.

The practice had annual meetings to discuss any complaints received. Minutes of these meetings showed the practice discussed each complaint in detail and set out plans to stop similar complaints from happening again.

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 practice was well led. There was a business continuity plan in place to ensure continued running of the practice in the event of an emergency.

Audits were undertaken to ensure the practice was safe and continuing to meet regulations and guidelines. However, we did not see a recent infection control audit.

Practice and partner meetings were held to discuss risks, complaints and methods of improving the service.

The practice was proactive in recognising potential risks to the health of patients and ran campaigns to raise awareness and prevent health issues.

The practice is a training practice for GPs and promotes research, learning and development.

Our findings

Leadership and culture

There was a clear vision to deliver high quality care for patients. The practice offered health clinics, support and advice to prevent and manage illness in the community, rather than react when patients presented themselves. Examples were the sun smart campaign for patients and holiday makers and the flu vaccination program.

All of the staff at the practice worked well as a team and evidence showed the practice sought the views of patients to improve the service provided. The practice was open and honest in sharing information with patients. This was evidenced through newsletters and information leaflets given to patients.

Governance arrangements

Practice partner meetings were held on a weekly basis to ensure risks were identified and discussed and the performance of the practice was considered and managed. Minutes showed these meetings discussed premises management, staffing levels and recruitment, clinical audits, significant events and training.

The practice had a business continuity plan which detailed roles and responsibilities in the event of an emergency or pandemic. A pandemic is a widespread infectious disease that affects the population on a mass scale. Appropriate plans were in place to ensure continued running of the service for example, in the event of fire, flood or disruption to service.

Arrangements were in place to obtain cover for GPs or staff who were sick or on leave to ensure the practice continued to run a full service.

There were systems to maintain the premises and equipment.

Systems to monitor and improve quality and improvement

The practice had systems of clinical audit to monitor and improve the quality of service it delivered. Audits were undertaken and the findings discussed. We saw examples of action plans to address any issues identified. The practice manager was proactive in ensuring audits were carried out regularly. One example of an audit we saw was for the processes of issuing emergency contraception.

Are services well-led?

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

Patient experience and involvement

Patients were encouraged to feedback their views on the service they received. This was done through patient satisfaction surveys, feedback forms, a comments book at reception, direct verbal feedback and through patients groups such as the Patient Participation Group. This is where patients volunteer to be contacted by the practice to give their views on the way the practice is operated.

Staff engagement and involvement

Staff explained that practice meetings were held at least monthly. These meetings consisted of training and development issues, comments that patients had made, feedback from the practice partners meeting and any other issues that affected the practice. We found minutes of these meetings were detailed and also included details of changes in national standards and guidelines.

Learning and improvement

The practice is an approved training and research practice. We saw patients were advised that, with their consent, they may be seen by a trainee GP. It was explained to patients through the patient information leaflet and information displayed in the practice that they were fully qualified doctors who were gaining experience in a GP practice.

The practice is part of a research network and took part in medical research to help improve the health and wellbeing of the UK. Patients were able to choose whether they took part in any studies and were reassured that it would not affect their treatment in any way.

Identification and management of risk

Clinical audits had been carried out and the findings discussed at practice and partner meetings. We saw records of meetings where the findings were discussed and appropriate action plans were put in place. This ensured the practice continued to follow approved guidelines when treating patients. An example of this was the weekly dispensary meeting where changes in drugs guidelines were discussed with staff.

Check and audits on cleaning and waste management had been carried out. However, there was no infection prevention and control audit. This meant the practice may not have been identifying and managing this particular risk to patients.

The practice was aware of seasonal risks to patients and holiday makers visiting the area. Appropriate information and health campaigns, such as sun smart, meant the practice was proactive in managing the demand on its service.

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 practice provided a service for patients in this population group.

The practice had procedures to safeguard vulnerable adults from abuse. The staff had completed equality and diversity training which meant patients were treated according to their individual needs.

Patients were able to speak with or see a GP when needed and the practice was accessible for people with mobility issues.

The practice promoted a local carer scheme to ensure people were supported in the community.

Annual flu vaccinations for older people meant patients were protected from the risk of flu during winter time.

Our findings

Safe
The practice had policies and procedures to safeguard vulnerable adults from abuse. The staff were trained in equality and diversity.

Caring
Patients were able to request a health check which could be carried out in their home if necessary.

Effective
Patients aged 75 and over had a named GP. However, they were also able to make an appointment to see any GP at the practice. The practice had an annual flu vaccination programme for older people to protect them from the risk of flu during winter time.

Responsive
The patient satisfaction survey and feedback showed that older patients did not like the telephone triage service for emergency appointments. The practice had made arrangements to just give them an appointment if this was what they preferred.

There was a share and care scheme supported by the practice. This was a volunteer service to support patients who had difficulty getting to and from appointments and collecting prescriptions.

Well-led
Toilets for patients were well laid out and clean. They were fitted with emergency cords. The staff knew how to respond appropriately if required. The waiting room had one high backed chair with arms to help people with mobility issues get in and out of it.

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 provided a service for patients within this population group.

We found patients were treated in a safe and caring environment. The practice had effective systems to ensure patients were involved in the management of their condition.

We reviewed the practice policies and procedures on safeguarding vulnerable adults. We found there were appropriate systems in place to respond effectively to any concerns.

There was an effective duty doctor system to ensure patients could speak to or see a GP when needed.

Our findings

Safe
Patients in this group were treated in a safe and caring environment. The provider had systems in place to ensure the health and safety of patients who used the service. The practice had policies and procedures in place to safeguard vulnerable adults

Caring
Patients were treated with respect and dignity at all times. We heard staff speak with people with empathy and compassion.

Effective
Patients had access to health clinics designed to help support and manage their long term conditions. These clinics included asthma, diabetes and chronic obstructive pulmonary disease (COPD).

Responsive
Patients were able to be referred to clinics for help and support in managing their illness and condition. Patients were able to get appointments at a time that suited them.

Well-led
The practice had developed areas of its website specifically for helping patients with long term conditions. Patients had access to information, guidance and support to help them manage their conditions.

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 service for patients within this population group.

We found patients were treated in a safe and caring environment. The provider had effective systems to ensure patients were involved in their treatment.

We reviewed the practice policies and procedures on safeguarding vulnerable adults and children. We found there were appropriate systems in place to respond effectively to any concerns.

There was an effective duty doctor system to ensure patients could speak to or see a GP when needed.

Patients had access to Mother and baby clinics. There were sexual health and contraception clinics available for teenagers.

Our findings

Safe
The practice had policies and procedures for safeguarding vulnerable adults and children. The staff knew how to respond to any concerns. The staff were aware of and followed the Gillick competency assessment. This was used to help assess whether a child had the maturity to make their own decisions and to understand the implications of those decisions.

Caring
Patients were spoken with politely and treated with respect.

Vaccination clinics were held for babies and young children.

Effective
Maternity, baby and family planning clinics were available to ensure patients got the help and support they needed.

There was a dedicated health visiting team attached to the practice. This team promoted health and wellbeing to mothers and their children.

A routine immunisation program ensured that babies and children were protected against illness.

Responsive
Patients could get appointments at a time that suited their needs.

Well-led
The practice had a specific area of its website dedicated to supporting family health. There were sexual health and contraception services available for teenagers

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

The practice provided a service for patients within this population group.

Patients were able to access the practice at a time that suited them and they were treated according to their individual needs.

The practice had extended opening hours so patients could attend the practice without it affecting their work life.

Relevant health and screening clinics were available to detect and prevent illness and promote general health and wellbeing.

Our findings

Safe
Patients were treated in a safe environment. The practice had a safeguarding policy to protect vulnerable adults. All of the staff at the practice were aware of how to respond to any concerns about patient safety and wellbeing.

Caring
Patients were treated with dignity and respect and were involved in decisions relating to their treatment. Patients were encouraged to attend well persons clinics. These were to ensure any health concerns were identified quickly.

Effective
Relevant health and screening clinics were available to detect and prevent illness and promote general health and wellbeing. Examples were sensible drinking, vaccination campaigns and clinics and checks for relevant age related conditions.

Responsive
Patients were able to attend appointments outside normal hours and could see a GP without their work being affected. Telephone consultations were available for patients to avoid unnecessary journeys to the practice.

Well-led
The practice was pro-active in promoting health and wellbeing. Information was made available to men and women of working age to raise awareness of specific age related illnesses such as breast and testicular cancer. This information was available in newsletters, the website and posters and leaflets at 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

Patients were able to access treatment even if they were not registered with the practice. This included holiday makers, people from the gypsy and traveller communities and homeless people.

The practice had a minor injuries service that meant patients did not have to travel long distances to access an accident and emergency department.

Patients were able to walk in and get an appointment to see a GP or nurse if it was an emergency.

Our findings

Safe
The practice had policies and procedures to safeguard vulnerable adults and children from abuse. All of the staff had attended safeguarding training and were aware of how to respond to any safeguarding concerns.

Caring
Patients who were not registered were able to walk in to the practice and get an appointment to see a nurse or a GP in an emergency. We saw a patient who was homeless had attended with some health concerns and was seen by a GP. This demonstrated that the practice was inclusive of vulnerable people in the local population.

Effective
Patients were given relevant advice and treatment to help them manage their illness and condition. Health clinics, relevant to the patients' needs, were promoted and made accessible. Patients could also use the services of the dispensary to get their medication.

Responsive
The practice had systems to see holiday makers and other patients who were not from the area. This also included those from the gypsy and traveller communities.

Well-led
The practice had a minor injuries service as an alternative to patients attending a hospital accident and emergency department. The practice nurses were able to assess and treat burns, sprains, head injuries and eye injuries amongst others so that patients did not have to travel long distances to receive treatment.

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 a service for patients within this population group.

We found patients were treated in a safe environment. The practice had effective systems to ensure patients were supported and referred to appropriate services.

We reviewed the practice policies and procedures for safeguarding vulnerable adults. We found there were appropriate systems in place to respond effectively to any concerns.

Patients were referred to other services, such as community psychiatry and counselling services to help them understand their condition and improve their quality of life.

There was an effective duty doctor system to ensure patients could speak with or see a GP in an emergency.

Our findings

Safe
We reviewed the practice policies and procedures on safeguarding vulnerable adults. We found there were appropriate systems in place to respond appropriately to any concerns.

Caring
The staff we spoke with were aware of how to treat people according to their individual needs. Patients told us they were always treated with dignity, respect and kindness.

Effective
Patients had access to well person clinics to monitor their health and well being. Patients were referred to other services, such as community psychiatry and counselling services to help them understand their condition and improve their quality of life.

Responsive
The practice had a policy of contacting patients with mental health issues who did not attend appointments. This was to ensure the patients safety and welfare. Patients were provided with information on how to contact the practice in an emergency.

Well-led
The practice was involved in supporting a local care home for adults with learning difficulties. This was to help promote their independence in the community.