Spa Medical Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Summary of findings

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Overall summary

We found that Spa Medical Centre was safe, effective, caring, well led, and responsive but we identified some areas where the practice may wish to consider making improvements. The practice was sensitive and responsive to the cultural needs of the population and employed a full time interpreter to address barriers to communication.

Most of the staff at the practice were long serving and demonstrated a commitment to meeting the needs of the practice population. Staff demonstrated a caring attitude and reported feeling part of a team and supported by management.

During our inspection we spoke with eight patients. They expressed satisfaction with the service and told us that they experienced good care from doctors and nurses and that the reception staff were polite, helpful and respectful. Patients described difficulties in obtaining appointments with a GP of their choice but clarified that they were always able to get an appointment with a doctor if necessary.

The practice had systems and processes in place for reviewing the effectiveness of procedures, for example, clinical audit and significant event analysis (SEA), however, many of these were not well recorded and complete. This may have presented difficulty for the practice in revisiting and reviewing actions to determine their effectiveness in improving care. This is an area where the practice may wish to make improvements.

The practice offered an out of hours service via a dedicated number which enabled urgent health concerns to be dealt with appropriately.

We found that the practice had addressed the needs of the population groups it served.

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. There were arrangements in place for reporting safety incidents and managing risk and there was an open culture within the practice. There was a commitment to learning when things went wrong in order to improve patient care. However, the practice did not record and complete the actions from significant events to allow review and changes to be evaluated. This is an area where the practice may wish to make improvements.

There were safeguarding policies and procedures in place which were available and understood by all staff. There were adequate levels of staff with the necessary skills and expertise to perform their role. The practice had plans in place to deal with foreseeable risks which ensured that services could continue without disruption.

Are services effective?

The service was effective. The practice demonstrated commitment to delivering care in line with best practice standards. There were sufficient suitably qualified staff to provide services to the practice population.

The practice engaged in clinical audit to improve patient care but did not complete its own documentation process to confirm that improvements had been implemented or could be reviewed. Clinical audit is a way of finding out if healthcare had been provided in line with recommended standards, if it was effective and where improvements could be made. This was fed back to the practice who acknowledged that although they made the necessary improvements, recording of the outcomes may make the process more robust.

There was evidence of communication with other health care providers and the practice provided proactive care for a specific vulnerable group of patients who were unable to access the surgery.

We found that there was a recruitment process in place and systems to ensure adequate levels of supervision and appraisal of staff. However, the appraisal documentation did not always identify objectives and provide clear direction for staff. This is an area where the practice may wish to consider improvements.

Are services caring?

The service was caring. Patients we spoke with expressed satisfaction from the service and reported that staff were caring and

Summary of findings

compassionate. Patients told us they were treated sensitively and with dignity and respect. We found that consent was sought prior to procedures. Patients were informed about their condition and treatment and encouraged to be involved in their care.

Are services responsive to people's needs?

The service was responsive to people's needs. They demonstrated an understanding of the needs of the practice population and offered appropriate services to address them. Access to a variety of appointments was provided daily throughout the week, which could be booked online, by telephone or in person. A complaints procedure existed and we found that the practice addressed complaints appropriately. However, there was little evidence of review or discussion about the outcomes or learning from them. This is an area where the practice may wish to consider improvements.

Are services well-led?

The service is well led. There was evidence of leadership from the lead GP supported by the practice manager. All staff were aware of people's roles and responsibilities and of whom to direct their concerns regarding patient care or issues within the practice. There was an open, honest culture within the practice and evidence of communication and support for staff. The practice had been unable to establish a Patient Participation Group (PPG) but had developed other effective methods of obtaining patient feedback. A PPG is a group of representatives from the patient population who meet together to provide their views to the practice about how the service meets their needs and areas where they think improvements could be made.

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 had a systematic approach to managing the health of older people as well as offering health advice during routine appointments. They provided a named GP to older people to provide continuity of care and reduce risk. The practice provided an opportunity for older people to access a range of health care including home visits when appropriate.

People with long-term conditions
We found that there was a robust mechanism for identifying and managing patients with long term conditions. There was an up to date register which allowed the practice to offer appropriate care and advice on chronic disease management. There was evidence of communication between the practice clinical staff to support patients with long term conditions

Mothers, babies, children and young people
Services were offered for mothers, children and young people in a safe environment provided by staff who were trained in safeguarding procedures. Childhood vaccinations and medical examinations were offered to pre-school children and there was signposting to local health visiting services. Parents were able to access a doctor quickly for urgent childhood illness. The practice provided contraceptive treatments and family planning advice

The working-age population and those recently retired
The practice provided an opportunity for patients who work to access the surgery by providing an evening appointments. There was also evidence of proactive care from the practice by offering health checks to all patients over the age of 45 years as well as flu vaccinations

People in vulnerable circumstances who may have poor access to primary care
The practice had a register of patients with learning disabilities and actively managed them by inviting them to the surgery to assess their health needs. They had links with other services such as alcohol and drug abuse services and an open, non-discriminatory approach to address the needs of patients from vulnerable groups

Summary of findings

People experiencing poor mental health

There was a system in place for identifying and managing patients with mental health problems. Patients received information and there was communication with specialist services to ensure optimal treatment and care.

Summary of findings

What people who use the service say

We found that no CQC comment cards had been completed at the practice. During our visit we spoke with eight patients. All the patients we spoke with were complimentary about the care they received from doctors and other staff at the practice. They commented on staff being friendly and respectful and feeling well cared for.

Patients told us that they found the practice clean and tidy and the reception staff were friendly, helpful and welcoming. They told us that the doctors and nurses asked for their consent before carrying out procedures and explained their condition to them.

Most of the patients we spoke with expressed that they could always get an appointment, but that it was difficult to get one with a doctor of their choice. They also spoke of difficulty booking appointments for the next day as they needed to ring at a certain time which they could not always do.

Patients we spoke with told us they knew how to complain if they needed to but had not had cause to do so.

Areas for improvement

Good practice

Our inspection team highlighted the following areas of good practice:

The practice demonstrated that they had taken steps to meet the needs of the community. They had identified that a high percentage of patients may not speak English as their first language and had employed a full time interpreter to meet their needs. There was also a high level of awareness within the practice of the particular health issues faced by this community, especially the risk of diabetes.

Spa Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP and the team included another CQC inspector and the Deputy Chief Inspector of Primary Medical Services.

Background to Spa Medical Centre

Spa Medical Centre provides a range of primary medical service for approximately 3,800 patients in a three storey building in Leamington Spa. 60% of the practice population is of Asian ethnic origin. The practice has two male GPs and employed a locum female GP for some sessions. They employ two registered nurses, a full time interpreter, several members of reception staff and a practice manager.

Why we carried out this inspection

We inspected this service 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 the practice 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 21 May 2014.

During our visit we spoke with a range of staff, GPs, practice nurses, reception staff and spoke with patients who used the service. We observed how people were being cared for and talked with patients. Patients had not completed any comment cards therefore we were unable to review these. The practice did not have a Patient Participation Group (PPG), however, we reviewed the national patient survey and action plans resulting from it.

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?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems

Are services safe?

Summary of findings

The service was safe. There were arrangements in place for reporting safety incidents and managing risk and there was an open culture and within the practice. Whilst there was a commitment to learning from when things went wrong to improve patient care the practice did not record and complete the actions from significant events to allow review and changes to be evaluated. This is an area where the practice may wish to make improvements.

There were safeguarding policies and procedures in place which were available and understood by all staff. There were adequate levels of staff with the necessary skills and expertise to perform their role. The practice had plans in place to deal with foreseeable risks which ensured that services could continue without disruption.

Our findings

Safe patient care

One of the two GPs in the practice was the identified lead for managing risk and quality. Staff we spoke with confirmed that if they had any issues regarding the safety of patients they would refer to this GP.

There were systems in place for managing risks to patients, however, these were often in the form of informal discussions between the doctors and not always formally recorded. It was clear however, from discussions with doctors, that communication took place on a daily basis regarding patients and practice issues. There was a monthly meeting of clinicians to discuss clinical issues and we saw minutes of these meetings. However, the minutes did not clearly demonstrate that actions or changes had been carried out and completed. We fed this back to the practice who acknowledged that recording actions would be beneficial to ensure they had been completed.

Staff we spoke with reported that there was good communication within the practice and that they were encouraged to be open and honest and felt they could speak with the lead GP if they had any concerns. Discussions with the GPs confirmed that they encouraged staff to be open and approach them if they had concerns.

Learning from incidents

We saw that the practice completed significant event analyses (SEA) when necessary. The practice manager and GP told us that monthly meetings took place to discuss these and we saw the policy for significant event handling. We saw that the outcome of the SEA meeting was recorded on the SEA reporting form and the date it was discussed. The documentation we looked at included investigation, analysis and actions, for example the practice had investigated where miscommunication had caused inconvenience to a patient. However, actions were not always detailed and clear and did not include a review to determine if the actions had been effective. We fed this back to the practice who acknowledged that this is an area that could be addressed.

Safeguarding

There was a named, lead GP for safeguarding at the practice and all staff we spoke with were aware of this. Staff we spoke had received training in safeguarding which was updated annually. There was also a safeguarding

Are services safe?

policy on the intranet for staff to refer to. Staff demonstrated knowledge of safeguarding and were able to explain what action they would take in the event of a safeguarding issue. We saw safeguarding posters and charts displayed throughout the practice to assist staff in this process.

Staff demonstrated using examples of events that had taken place in the practice, that they had approached safeguarding appropriately and all staff were aware of their role in keeping vulnerable adults and children safe.

Monitoring safety and responding to risk

The practice had emergency medical equipment in place to deal with foreseeable emergencies including a defibrillator. We saw that this included all the necessary equipment for both child and adult resuscitation. We checked all the equipment and found it was in date and there was documented evidence that this was checked regularly.

We saw that the practice kept some medication in the emergency kit which was within their expiry date. They were kept safely yet readily accessible to staff in an emergency and not accessible to the public. These were also available in the nurse's room where child immunisations took place.

We spoke with the practice manager regarding staff levels. They told us that in the event of sickness they would communicate with other local practices to identify staff who may have been willing to work extra hours. Staff we spoke with told us that they could not recall a time when staff levels had been inadequate. The practice nurse told us that the practice was sourcing additional training to develop their role to carry out other duties. This would allow them to deliver care in other areas when the other nurse was not on duty.

Staff told us that the lead GP had responsibility for risk management in the practice and any issues relating to risk to patients or patient care would be directed through them. They reported that they received information about how to reduce risks, for example dealing with children who are ill, they were given clear instructions from the GPs regarding what symptoms required urgent immediate attention. They also had systems to identify patients who suffer with specific conditions that may need urgent attention. This confirmed that there were systems in place to minimise risk to patients.

Medicines management

The practice had processes for issuing acute and repeat prescriptions. Staff we spoke with were able to explain the procedure and methods of obtaining repeat prescriptions. They told us that repeat prescriptions were always processed within 48 hours and patients we spoke with confirmed this.

The practice nurse told us they were responsible for recording and monitoring the temperature of the fridge where vaccines were stored and we saw records which showed that they had been recorded appropriately. The nurse demonstrated knowledge of the importance of maintaining accurate fridge temperatures and explained the rotation of vaccines to ensure the risk of using out of date vaccines was reduced. This demonstrated that the practice had a proactive approach to anticipating and reducing potential risks from medicines.

Cleanliness and infection control

Patients we spoke with told us they found the surgery clean and had no issues with cleanliness. During our visit the practice was visibly clean and cleaning schedules were available and had been completed appropriately.

The practice had an infection control policy which was available on the intranet for all staff to refer to. Staff we spoke with were aware of the policy and confirmed that they had received infection control training.

There was no evidence that an infection control audit had taken place at the practice. The practice manager told us that an audit had been undertaken two years ago by the previous Primary Care Trust (PCT) but they had not received a copy of this. The practice manager told us that they checked the practice for cleaning standards every two weeks but there was no documentation to support this. The practice may wish to carry out a formal audit to identify any areas which may need attention. We saw that sharps containers were stored correctly and staff explained the disposal procedure. Personal protective equipment (PPE), for example gloves and aprons, were available for use in all clinical rooms.

Clinical waste was stored and managed appropriately in a locked designated area and collected by external contractors every two weeks which demonstrated that reliable systems and process were in place to maintain a clean safe environment.

Are services safe?

Staffing and recruitment

We saw evidence that pre-employment checks had been carried out and references sought. Clinical staff all had Disclosure and Barring Service (DBS) checks carried out and the practice had carried out risk assessments for reception staff and the practice manager.

Dealing with Emergencies

We saw that the practice had a business continuity plan and all staff had a copy of this. This demonstrated how the practice could ensure the service would be maintained during any emergency or major incident.

Equipment

Staff we spoke with reported that they had appropriate equipment necessary to carry out their role. They told us that that faulty equipment was reported to the practice manager who would arrange to repair or condemn it. The practice manager confirmed this.

We found that a maintenance log was kept and that equipment was maintained regularly to ensure effectiveness. Electrical equipment was tested by approved external contractors which ensured that staff and patients were kept safe from the hazards of faulty or dangerous equipment.

Are services effective?

(for example, treatment is effective)

Summary of findings

The service was effective. The practice demonstrated commitment to delivering care in line with best practice standards. There were sufficient suitably qualified staff to provide services to the practice population.

The practice engaged in clinical audit to improve patient care but did not complete the audit cycle, as the documentation process to confirm that improvements had been implemented or could be reviewed was not in place. This is an area where the practice may wish to make improvements.

There was evidence of communication with other health care providers and the practice provided proactive care for a specific vulnerable group of patients who were unable to access the surgery.

We found that there was a recruitment process in place and systems to ensure adequate levels of supervision and appraisal of staff. However, the appraisal documentation did not always reflect the objectives identified. This may prevent improved outcomes due to unclear direction for staff. This is an area where the practice may wish to consider improvements.

Our findings

Promoting best practice

Both GPs we spoke with demonstrated adherence to local guidelines and protocols regarding clinical decisions and care pathways which were discussed with other clinicians in the Clinical Commissioning Group (CCG) and developed from national guidance. The GPs attended educational meetings facilitated by the CCG, and engaged in annual appraisal and other educational support available, such as online resources. The annual appraisal process requires GPs to demonstrate that they have kept up to date, evaluated the quality of their work and gained feedback from their peers. We spoke with one GP who told us their revalidation took place annually.

We saw minutes of clinical meetings that showed that these were attended by GPs, nurses and the practice manager. These included discussions about how to improve monitoring and management of many conditions such as hypertension, stroke and heart failure. The practice had a consent policy and all clinical staff were able to demonstrate an understanding of the need for consent prior to treatment and how to support patients who lacked the capacity to make their own decisions about health issues. They also demonstrated an awareness of the Mental Capacity Act.

The practice employed an interpreter to ensure patient's understanding of procedures where their first language was not English. We spoke with patients who reported that GPs and nurses always sought permission before carrying out procedures and that they always understood what the procedure entailed. This demonstrated that the practice assessed patients and delivered care in line with national guidance.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF) and provided other enhanced services to improve services and patient care. The QOF rewards practices for providing quality care and helps to fund further improvements.

The practice also participated in the benchmarking process with all other practices in the CCG. This allowed practices

Are services effective?

(for example, treatment is effective)

to compare their performance against other practices in the CCG. They received data which identified where they may have been outside the expected parameters and addressed any areas which needed attention.

We saw evidence of clinical audit undertaken in the practice. However, completion of the audit was not well documented. Audits did not demonstrate how change in practice would be made or provide an opportunity to review any changes in practice as a result and so the audit cycle was incomplete. This is an area where the practice may wish to make improvements.

Staffing

The practice employed sufficient staff to provide health services to the practice population. We saw that a recruitment process was in place and found that all staff were appropriately qualified to carry out their roles safely and effectively.

We saw evidence of an induction plan for new reception staff. However, there was no evidence of induction documentation for practice nurses. The practice nurse we spoke with was able to demonstrate that an induction programme had taken place and included all elements of their role.

Staff we spoke with all confirmed they received an annual appraisal. We saw evidence in staff files to confirm that appraisals took place for all staff. However, the appraisal documentation did not include specific objectives. The practice may wish to consider improvements in this area. This would allow objectives to be easily identified, assist in achieving improved outcomes and facilitate review at the next appraisal.

Staff records showed evidence of training required of the practice staff and other developmental training. We saw evidence of induction documentation for reception staff but this was not fully completed. There was no formal induction documentation for one nurse, however, discussion with the nurse confirmed that they had undertaken shadowing of another nurse and had received induction into the practice. The practice manager also confirmed this had taken place. The documentation of both the appraisal and induction process is an area that the practice may wish to make improvements.

Working with other services

We found that the practice held multi-disciplinary meetings with the district nurses and Macmillan nurses to discuss care of patients at the end of their life and those with complex long term conditions.

The lead GP visited a local care home weekly which provided nursing care. They reviewed and proactively managed any health concerns and dealt with any immediate health issues for all patients in the home.

They practice had links with the community mental health team and the GPs met every three months with a consultant in mental health to discuss individual patients, current therapies and treatments available.

Health, promotion and prevention

The practice was proactive in identifying patients who required on-going support. One GP held weekly meetings with the practice nurses to discuss the care of patients who suffered with diabetes to ensure care was reviewed regularly and help prevent unnecessary admission to hospital. All staff we spoke with were aware of the practice approach to care of patients with diabetes.

The practice also contacted patients who had unplanned hospital admissions and readmissions to explore whether there were any unmet health needs that were the cause of unnecessary admission to hospital.

We found that there was a nurse trained in long term conditions. The practice had identified that a greater resource was required in this area of health and was supporting another nurse to undertake training in chronic disease management. Staff confirmed that this training was currently being sourced. The nurse we spoke with at the practice told us that they provided information to new mothers on immunisation and other health promotion literature to patients when the opportunity arose. We saw limited health promotion literature available. However, the practice staff reported that they used the intranet facility to print health information for patients in different languages where a patient's first language was not English.

Are services caring?

Summary of findings

The service was caring. Patients we spoke with expressed satisfaction from the service and reported that staff were caring and compassionate. Patients told us they were treated sensitively and with dignity and respect. We found that consent was sought prior to procedures and that patients were informed about their condition and treatment and encouraged to be involved in their care.

Our findings

Respect, dignity, compassion and empathy

During our inspection we observed that staff were helpful and treated patients respectfully. Patients we spoke with expressed satisfaction with the care they received at the practice and spoke highly of the clinical care they received.

Reception staff we spoke with demonstrated that they ensured patients' privacy at all times, for example, they would offer a separate room if a patient wished to discuss something of a sensitive nature. We observed that staff dealt with patients appropriately.

The reception staff told us that the doctors had devised a set of questions that they could use to help them determine if patient's needs were urgent without interfering with their privacy. These questions included whether the patient was bleeding or had chest pains which staff told us they always adhered to. Patients told us that reception staff maintained their confidentiality and we confirmed this during our observations of interactions.

We found evidence that patients' dignity was maintained. The practice employed a female doctor for some sessions to provide choice for women who may prefer to see a doctor of the same gender. The GPs told us that if they needed to carry out sensitive examinations they offered another appointment to include the nurse to provide support to patients and relieve anxiety.

This demonstrated that the practice treated patients with kindness, dignity and respect whilst delivering care and addressing individual care needs.

The GP we spoke with told us that bereavement services are available and patients were signposted to them. However, the GPs reported that a large number of families had been with the practice for many years and knew them well so often preferred to rely on the practice for support following bereavement. One GP told us that they contacted patients following bereavement to determine whether they needed support.

Involvement in decisions and consent

The practice demonstrated sensitivity for patients whose first language was not English. They provided an interpreter to ensure that patients fully understood their conditions and how to manage them. This also gave them

Are services caring?

an opportunity to make informed decisions regarding their care. We also saw evidence of some health promotion literature in other languages but specific additional information was usually printed for patients when required.

Clinical staff we spoke with told us that information was always provided to patients regarding treatment to allow them to make informed decisions regarding their care. We saw systems in place to provide information to patients regarding specific conditions. There was evidence in staff files that staff were trained regarding consent procedures.

Clinical staff demonstrated that there were arrangements in the practice for signposting to services for specific issues requiring additional support, for example, mental health and substance abuse. The Clinicians provided examples of appropriate signposting which demonstrated access to specific local services. Patients we spoke with confirmed that GPs provided appropriate levels of support when it was required.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The practice was responsive to people's needs. They demonstrated an understanding of the needs of the practice population and offered appropriate services to address them. Access to a variety of appointments was provided daily throughout the week, online, by telephone or in person. A complaints procedure existed and we found that the practice address complaints appropriately, but there was little evidence of review or discussion about the outcomes or learning from them. This is an area the practice may wish to consider improvements.

Our findings

Responding to and meeting people's needs

Responding to and meeting people's needs

The practice had assessed its population and identified that the high proportion of patients whose first language was not English may have created a barrier to accessing the service. In response to this they had employed a full time interpreter. Three reception staff members we spoke with also spoke an Asian language to assist communication with patients. They also had access to health promotion and health information materials in other languages. Discussions with the GPs demonstrated a good knowledge and understanding of the cultural needs of the practice population and a commitment to address these.

We saw that disease registers for chronic diseases were kept, updated regularly and managed effectively. For example, patients were actively called for review of their chronic conditions, such as diabetes and chronic obstructive pulmonary disease, and provided with support and advice regarding these. The practice had a nurse trained in chronic disease management and was planning to support another nurse to undergo training in this area of work.

We saw that the practice had a consent and chaperone policy in place and that a notice was displayed in the waiting room to inform patients that a chaperone was available if required. All clinicians we spoke with confirmed that they offered a chaperone when necessary. Reception staff were aware of the arrangements for chaperones.

The services of a female locum GP were employed for some sessions to support people who had a preference for a female GP and to ensure that any barriers to care were reduced. The doctors provided patients with an opportunity to exercise their choice of doctor but acknowledged that this put pressure on the appointments system. All staff told us that the practice was constantly reviewing the appointment system to enable better access for patients. We also saw that this was the main action point from the patient survey. The practice had created an action plan to address this.

Are services responsive to people's needs?

(for example, to feedback?)

We saw that the premises had been adapted to accommodate patients with mobility issues by providing access from the front and rear of the surgery. This allowed access to both GPs who were located on different levels of the ground floor.

Reception staff we spoke with demonstrated knowledge of the need to respond quickly and prioritise sick children and patients requiring more urgent appointments. For example, they use a specific emergency criteria agreed by the doctors.

Access to the service

We found that the practice opened daily offering appointments with both GPs. There was an evening surgery from 6.30pm until 8.40pm once a week which provided access to appointments for those patients who could not visit during the daytime.

The practice offered an out of hours service via a dedicated telephone number. Patients with urgent health issues could call and be assessed and dealt with accordingly by doctors employed to provide this service when the surgery was closed. Patients were responded to with either telephone advice, a home visit or consultation at a local centre.

The GPs and other staff acknowledged that the appointment system was a challenge and was constantly under review. Patients we spoke with expressed that at times they found it difficult to get an appointment with the GP of their choice. However, they also told us they could always see a doctor if they needed to or could have a telephone appointment if necessary. Patients we spoke with expressed that they often had difficulty accessing next day appointments as they needed to call at a certain time which they could not always do.

Repeat prescriptions were available either online or in person.

Concerns and complaints

We saw a complaints procedure was available at the practice. Staff we spoke with explained how they dealt with complaints, which was appropriate. This procedure was also available on the surgery website. Patients we spoke with told us that they knew how to complain if they needed to.

There had been six complaints received by the practice over the last two years. We saw complaints which had been investigated but little evidence of review of actions or discussion at subsequent review meetings to demonstrate learning and report outcomes. This is an area where the practice may wish to make improvements.

The practice had been unable to establish a Patient Participation Group (PPG) but had developed other methods of obtaining patient feedback.

Are services well-led?

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

Summary of findings

The service is well led. There was evidence of leadership from the lead GPs supported by the practice manager. All staff were aware of people's roles and responsibilities and of whom to direct their concerns regarding patient care or issues within the practice. There was an open, honest and transparent culture within the practice and evidence of communication and support for staff.

Our findings

Leadership and culture

The majority of the staff had been employed at the practice for many years. The practice manager and staff told us that the senior partner was the lead GP and also the person whom they approach for leadership and guidance. All staff we spoke with reported an open culture within the practice. They told us that the lead GP directed them in all areas and was supported in this by the practice manager. The reception staff told us that they felt involved and valued within the practice. They reported that they did not attend monthly meetings with the GPs and practice manager, but any points or issues relevant to them would be communicated to them verbally. The reception staff told us they had meetings with the lead GP every two months as they had informed the practice manager that this was more appropriate for them. They also told us they were encouraged to hold their own meetings monthly and report any concerns or development ideas to the practice manager to maintain communication and include them in the running of the practice.

All staff at the practice demonstrated a caring and patient focused ethos and a commitment to meeting the needs of the patients. They were clear regarding their role and responsibilities within the practice. Staff spoke positively of the direction they received from the lead GP and practice manager and reported satisfaction with their role.

We observed openness and honesty during discussions with staff and GPs. The GPs described daily communication about issues and resolutions within the practice in addition to formal documented discussion. There was a commitment to learning from significant events and improvements as a result. We saw evidence of minutes of meetings where these were discussed and discussions with GPs demonstrated that learning and improvement takes place as a result. However, the documentation did not always provide sufficient detail of review or allow the outcomes to be revisited. This is an area where the practice may wish to make improvements.

Governance arrangements

The practice was led by the lead GP and all staff were clear about their roles and responsibilities and reported feeling able to approach them at any time. We saw the minutes of clinical meetings which took place between GPs, nurses and the practice manager where clinical matters and

Are services well-led?

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

patient needs were discussed. This did not include reception staff. The practice manager told us that reception staff were informed of outcomes of the meeting that were specific to their role. Reception staff we spoke with confirmed that this took place. We saw evidence of regular clinical and practice meetings which demonstrated communication between clinical staff. This ensured that clinicians had an opportunity to discuss and review patient care and address any areas where improvements may have been made.

Systems to monitor and improve quality and improvement

The local Clinical Commissioning Group (CCG) required practices to participate in performance monitoring which involved the practice examining areas where they may improve outcomes for patients by being proactive. For example, practices look at the number of admissions to the Accident and Emergency (A&E) department and determined if they could provide preventative measures for frequent attenders. One GP described how they contacted patients with long term conditions and set up an agreement with them which offered additional support and information to manage their condition to prevent them attending A&E unnecessarily.

We saw evidence that audits had taken place but that the audit was not complete and did not document the actions and allow a review of actions. This is an area where the practice may wish to make improvements.

The practice participated in the Quality and Outcomes Framework (QOF) which required the practice to constantly review and update the service they offered and address any areas where targets were not being achieved.

Patient experience and involvement

The practice had experienced difficulty in achieving responses from patients to join their Patient Participation Group (PPG). To address this they created a virtual PPG by requesting patients to contribute their views online in an attempt to gain feedback from patients. The practice also carried out their own practice survey each year. We saw an action plan from this which addressed the main issue around appointments. The practice told us the action plan will be reviewed later in the year.

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 had a systematic approach to managing the health of older people as well as offering health advice during routine appointments. They provided a named GP to older people to provide continuity of care and reduce risk. The practice provided an opportunity for older people to access a range of health care including home visits when appropriate.

Our findings

The GPs carried out a weekly ward round at a local nursing home and addressed any immediate health issues of patients as well as advice on general health and wellbeing. They also carried out home visits whenever necessary to older patients who were unable to attend the surgery.

All patients over the age of 75 were provided with a named GP to help achieve continuity of care and reduce risk to patients. Patients were also offered health checks when attending the surgery.

The practice kept disease registers which identified patients with specific health conditions. Patients identified on the registers were targeted for health checks and reviews of their condition. The practice actively targeted older people to attend surgery for flu vaccinations. We spoke to the practice nurse who told us that health promotion information would be given when patients attended for flu vaccinations.

All older patients who had unplanned hospital admissions and readmissions were contacted to explore whether there were any unmet health needs that were the cause of unnecessary admission to hospital.

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

We found that there was a robust mechanism for identifying and managing patients with long term conditions. There was an up to date register which allowed the practice to offer appropriate care and advice on chronic disease management. There was evidence of communication between the practice clinical staff to support patients with long term conditions.

Our findings

The practice had developed and maintained accurate disease registers of patients with long term conditions which ensured a systematic approach to chronic disease management. They employed a nurse with specific training and skills in chronic disease management who ensured the assessment and appropriate treatment and subsequent monitoring of patients long term conditions.

Patients with long term conditions such as asthma, dementia or coronary heart disease were invited for an annual review of their condition and an opportunity to discuss treatment and how to manage their condition. One GP had a special interest in diabetes and held a weekly meeting with nurses to discuss patients with diabetes and determine what care and treatment was appropriate. The practice held a specific clinic for patients suffering with asthma and chronic obstructive pulmonary disease which patients could access for review and advice regarding management of their condition.

All patients with unplanned hospital admissions and readmissions were contacted to discuss their condition and provide education regarding medication and self-management and identify any unmet health needs.

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

Services were offered for mothers, children and young people in a safe environment provided by staff who were trained in safeguarding procedures. Childhood vaccinations and medical examinations were offered to pre-school children and there was signposting to local health visiting services. Parents were able to access a doctor quickly for urgent childhood illness. The practice provided contraceptive treatments and family planning advice.

Our findings

All staff at the practice were aware and committed to keeping children safe and had received training in child protection. They demonstrated knowledge of what they would do in the event of observing a child at risk.

The practice provided care to new-born infants offering a medical examination at the age of six weeks and childhood immunisations in accordance with the national recommendations.

Reception staff were alert to the needs of parents with children who were ill by using information provided by the GPS to identify signs which required urgent consultation and offered immediate access to a doctor or provided a telephone appointment if appropriate.

During pregnancy women were signposted to specific smoking cessation clinics providing one to one support with supporting literature. The practice provided smoking cessation advice and support to patients at the surgery who were not pregnant.

The practice offered advice from midwives during pregnancy and the practice nurse offered a well woman clinic including family planning. There was also signposting to health visiting services at local children's centres.

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 an opportunity for patients who work to access the surgery by providing evening appointments. There was also evidence of proactive care from the practice by offering health checks to all patients over the age of 45 years as well as flu vaccinations.

Our findings

The practice offered appointments one evening a week for those patients who were working or unable to attend surgery during normal hours. The practice also provided telephone appointments for patients where necessary. Patients could book appointments and access repeat prescriptions online.

Health checks for people over 45 years were offered to identify any early onset of heath conditions such as diabetes or high blood pressure and provided an opportunity for health promotion.

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

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

Summary of findings

The practice had a register of patients with learning disabilities and actively managed them. They had links with other services such as alcohol and drug abuse services and an open, non-discriminatory approach to address the needs of patients from vulnerable groups.

Our findings

Patients with learning disabilities who required health care relating to their condition such as blood tests were actively contacted by the practice to ensure their health needs were addressed. One GP described how they emphasised the importance of self-help and community involvement to patients who are more vulnerable, to raise awareness of additional support mechanisms. The practice also had links with alcohol and drug abuse services and referred patients when necessary.

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

There was a system in place for identifying and managing patients with mental health problems. Patients received information and there was communication with specialist services to ensure optimal treatment and care.

Our findings

The practice had a systematic approach which identified patients with severe mental health problems. GPs provided examples of how these patients were managed. This included providing one to one additional support and discussion to help patients to understand their condition and medication and providing coping strategies. These patients were offered a routine annual health check. They had links with the community mental health team and the GPs met every three months with a consultant in mental health to discuss individual patients, current therapies and treatments available. This enabled patients with mental health problems to access up to date treatment and specialist support.