Allington Clinic

Quality Report

26 Tichborne Close
Maidstone
Kent
ME16 0RY
Lockmeadow (branch)
54-56 Tonbridge Road
Maidstone
Kent
ME16 8SE
Tel: 01622 679020
Website: www.thechurchillgroup.co.uk

Date of inspection visit: 21 May 2014
Date of publication: 20/08/2014

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

Summary of findings

Contents

Summary of findings

Overall summary

Allington Clinic and Lockmeadow provide primary medical services Monday to Fridays for patients in the surrounding areas of Maidstone in Kent. The two clinics are part of the Churchill Medical Group. Both practices are led by three general practitioners (GPs) who form the partnership management team. The senior partner is the registered provider of services at both practices. We visited both practices for this inspection.

We spoke with patients during our inspection and over the phone the following day, they were all very complimentary about the services they had received from the practice. We also received many positive comments from patients who had completed comment cards prior to our inspection. All expressed a high level of satisfaction with the practice and the staff. We also met with three members of the Patient Participation Group (PPG), who emphasised the support, engagement and good working relationship the group had with the GP partners at the practice. Staff we spoke with told us that the management were very supportive, open and approachable.

We found that the practice was well-led and provided caring, effective and responsive services to a wide range of patient groups, including those of working age and recently retired, mothers, babies, children and young people, patients with long term conditions and complex needs, people in vulnerable circumstances and people who were experiencing poor mental health. The practice provided an out of hours, on-call service for the patients registered.

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 practice was safe. The practice could demonstrate that changes had been made when things had gone wrong. The information about incidents had been shared amongst the team and measures had been put into place to reduce the risk of re-occurrence. There were detailed safeguarding systems in place and all staff were trained to recognise the signs of abuse and what to do if abuse was suspected. The practice was clean, tidy and hygienic. Staff followed guidelines to ensure that high standards of hygiene were maintained. The provider showed us evidence that, assured us the practice protected patients against the risks associated with medicines. The staff were trained and equipped to deal with medical emergencies.

Are services effective?

The practice was effective. There were enough suitably trained and experienced staff to meet the needs of the patients who used the practice. We saw evidence that the practice worked well with other healthcare providers and held and participated in a number of multidisciplinary meetings with other health and social care professionals. We saw a varied selection of information that was supplied to patients or was on display in the waiting area this included information on health promotion, prevention and travel advice.

Are services caring?

The practice was caring. Patients told us that they were always treated with dignity and respect when using the practice. We heard how compassionate the GPs were with regard to end of life care and how they had supported patients through bereavement. Patients commented on how they were involved in their care and had their options explained to them where this was possible. Staff we spoke with were able to demonstrate their understanding of the consent process.

Are services responsive to people's needs?

The practice was responsive to patients needs. There were systems and processes in place to respond and take action when things did not go as planned. The practice had a complaints procedure and complaints had been responded to in a timely manner. Patients were able to make suggestions to improve the services they received. Patients had been listened to and we saw that actions had been taken as a result of their comments and feedback.

Summary of findings

Are services well-led?

The practice was well-led. The management team provided a structured leadership for staff. Staff told us that there was an open and supportive culture and they were comfortable approaching the senior and other partners for anything they needed and management listened to them. There were monitoring and risk management systems in place that ensured lessons were learned and the service improved as a result.

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

We saw that the practice offered relevant care to older patients, this included blood tests, blood pressure monitoring and general well man/woman consultations.

Older patients were seen annually, or sooner depending on the complexity of their needs, by the nursing or medical team for health checks and to review their medicines. The practice also held clinics for patients on medication for rheumatoid arthritis. Continued monitoring helped to ensure that older patients received the right treatment and care when they needed it.

We saw that flu vaccinations were routinely offered to older patients to help protect them against the virus and associated illness.

We found the practice to be caring in the support it offered to older patients and there were effective treatments and ongoing support for those patients identified with dementia. The practice was responsive in meeting the needs of older patients and in recognising future demand on the practice for this age group. The practice was well led in relation to improving the provision of the service for patients and their families who were receiving end of life care.

The practice was responsive in meeting the needs of older people and in recognising future demands in service provision for this age group. The practice was well-led in relation to identifying a named lead GP trained in specialist dementia care and in recognising symptoms to enable early detection.

People with long-term conditions

The practice offered relevant care to patients with long term conditions which included blood tests, blood pressure monitoring, electro cardiography (ECG) and spirometry (to measure breathing) at the surgery. The practice offered nurse led asthma, chronic pulmonary obstructive disease (COPD) and diabetes clinics and patients were seen at least annually for health checks.

We saw that flu vaccinations were routinely offered to patients with long term conditions to help protect them against the virus and associated illness.

Patients with long term illness were seen annually or sooner depending on the complexity, by the nursing or medical team to review their medicines. The practice also held clinics for patients on

medication for rheumatoid arthritis, asthma, chronic pulmonary obstructive disorder (COPD). This meant that patients with long term conditions were appropriately monitored and medication could be monitored to ensure their wellbeing.

Staff from the palliative care team and the district nurses attended meetings with the GPs and the nursing staff, this enabled GPs to discuss the needs of patients with chronic and terminal illness. They discussed arrangements for individual patients on advanced care plans and ensured the out of hours service was informed by telephone of the care arrangements if emergencies or crises arose. To ensure that these patients received the care relevant to their circumstances regardless of when they needed it the practice received a fax each morning from the out of hours service and this was checked by the duty GP.

We found the practice to be caring in the support it offered to patients with long term conditions, that the care they received was effective and treatment pathways were monitored and kept under review by a multidisciplinary team. The practice was responsive in prioritising urgent care that patients required and the practice was well-led in terms of improving outcomes for patients with long term conditions and complex needs.

Mothers, babies, children and young people

Mothers, babies, children and young people received relevant care from the practice. Expectant mothers attending the practice were seen for their initial antenatal assessment and then referred to the midwife. Mothers were seen routinely for a postnatal check at the six to eight week stage. Babies were seen at the baby clinic within the practice where they were checked and given their first immunisations. The practice worked closely with both the midwives and health visitors

We found that the practice was caring in its approach to mothers, babies, children and young people and provided effective services and treatment, offering dedicated clinics at the practice and referrals into community based services to provide additional support. The practice provided a responsive service, prioritising appointments for mothers with babies and young children. The practice was well-led in relation to having a named lead with responsibility for children's safeguarding.

The working-age population and those recently retired

The working age population and those recently retired were offered relevant care by the practice. The practice was open later on a Wednesday at the Lockmeadow clinic and Thursday at the Allington clinic so that patients had the opportunity to attend after work.

Summary of findings

We saw that flu vaccinations were routinely offered to the working age population and those recently retired to help protect them against the virus and associated illness. The practice also offered travel vaccinations and travel advice on the NHS with some travel vaccinations on a private basis.

We found the practice to be caring in the support it offered to working age and recently retired patients, and were responsive by extending opening hours to provide access for patients later in the day. There were effective monitoring services and clinics and the management team completed clinical audit cycles to evaluate outcomes for patients in this group.

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

The practice provided relevant care to patients in vulnerable circumstances who may have poor access to primary care.

We saw that flu vaccinations were routinely offered to patients who were in vulnerable circumstances to help protect them against the virus and associated illness.

We found that the practice was caring about vulnerable patients, the homeless and travelers, by providing access and support. There was effective support from the practice for vulnerable patients and the practice was responsive in providing care in people's homes who found it difficult to attend.

People experiencing poor mental health

We saw that the practice offered relevant care to patients experiencing a mental health problem. Patients were offered same day pre-booked and follow up appointments and where possible every effort was made to make appointments with the same GP.

Patients experiencing mental health problems had support from the practice, in the community and care and treatment when they needed it. The practice held multidisciplinary meetings which were attended by staff in the mental health team where they discussed arrangements for individual patients and ensured the out of hours service was informed by telephone of the care arrangements if emergencies or crises arose.

We found that the practice was caring in relation to patients experiencing poor mental health and the practice had effective procedures in place for undertaking routine mental health assessments. The practice was responsive in referring patients to

Summary of findings

other service providers for on going support. We found the practice to be well-led with their approach in relation to identifying and managing risks to patients who may be experiencing poor mental health.

Summary of findings

What people who use the service say

All of the patients we spoke with on the day of our inspection and over the telephone the following day were very positive about the services they had received at both Allington clinic and Lockmeadow. They were particularly complimentary about the staff, and said that they were always caring, supportive and sensitive to their needs. Patients told us that they felt safe when visiting the practice or when the GPs visited them in their homes.

Patients indicated that they had no concerns with regard to hygiene and the cleanliness of the practice. They told us that staff always washed their hands when examining them or carrying out a procedure.

We heard how patients felt they were involved in their care and treatment and that options were always explained and discussed with them. They told us that the staff always gave them enough information to be able to make decisions with regard to their care and that they could make these decisions in their own time.

Patients said that they were treated with dignity and respect when using the practice and that they could request to speak to one of the reception staff privately if they wished.

Patients we spoke with told us that they could always get an appointment when they needed one and with the GP of their choice. With the introduction of the new online booking system they could also look at availability and choose the time, day and which GP they would prefer to see.

We also received positive comments from patients who had completed comment cards prior to our inspection, all expressed that they were more than satisfied with the support, care and treatment they had received from the practice. We spoke with three members of the Patient Participation Group (PPG) who emphasised the support, engagement and working relationship they had with the management team.

Areas for improvement

Good practice

Our inspection team highlighted the following areas of good practice:

The practice provided 130 bookable clinical sessions and offered unlimited emergency appointments, telephone consultations and home visits as required. This was above the national average required for the patient population who used the practice.

The practice attended the local university to offer students a GP service and to advise young people on the various services available to them at the practice and elsewhere. This included healthy living and sexual health service and advice.

Allington Clinic

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector and a GP and the team included a specialist advisor who was a practice manager.

Background to Allington Clinic

Allington Clinic and Lockmeadow provides general medical services at the following locations:

Allington clinic

26 Tichborne Close

MaidstoneKent

ME16 0RY

Lockmeadow

54-56 Tonbridge Road

Maidstone

Kent

ME16 8SE

Allington clinic and its branch surgery Lockmeadow provides primary medical services Mondays to Fridays for patients in the surrounding areas of Maidstone in Kent. The practice provides a service for 2033 patients.

Health care clinics are offered at the practice, led and provided by the clinical team. There are a range of population groups that use the practice, mostly comprising of older people, working age people and recently retired people and mothers, babies, children and young people.

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

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

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

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

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

Before our visit to Allington Clinic and its branch surgery Lockmeadow, we reviewed a range of information we hold about the practice. This included information about the patient population groups, results of surveys and data from The Quality and Outcomes Framework (QOF). QOF is a

Detailed findings

voluntary system where GP practices are financially rewarded for implementing and maintaining good practice in their surgeries. We asked other organisations to share what they knew about the practice, this included the Local Commissioning Group and local Healthwatch.

We carried out an announced visit on 21 May 2014. Prior to our visit we provided comment cards for the practice to place in their waiting area so that patients could share their views and experiences of using the practice. During our visit we spoke with a range of staff which comprised one of the GP partners, the practice manager, two administration staff and spoke with patients who used the practice. Following our inspection we spoke with the registered nurse and three patients over the telephone and asked for some more information by email. We observed how people were being cared for and talked with carers and family members and reviewed some practice records, policies and protocols.

Are services safe?

Summary of findings

The practice was safe. The practice could demonstrate that changes had been made when things had gone wrong. The information about incidents had been shared amongst the team and measures had been put into place to reduce the risk of re-occurrence. There were good safeguarding systems in place and all staff were trained to recognise the signs of abuse and what to do if abuse was suspected. The practice was clean and tidy. Staff followed guidelines to ensure that good standards of hygiene were maintained. The provider showed us evidence that assured us the practice protected patients against the risks associated with medicines. The staff were trained and equipped to deal with medical emergencies.

Our findings

Safe patient care

New patients who registered with the practice completed a health questionnaire which provided important information about their past medical history, current health concerns and lifestyle choices. The practice offered new patients a consultation with a nurse or GP so that their individual needs were assessed and access to support and treatment was available as soon as possible. Patients notes were requested from their previous GP and relevant information scanned into their electronic record.

Staff explained to us how the practice had electronic records in place to accurately describe the contact patients had with the practice and the actions taken to provide appropriate care and treatment. This included a record of patients test results and referral letters. The systems the practice had in place to ensure that patients health care was monitored following a particular diagnosis or hospital discharge were explained to us and demonstrated that patients had received after care and treatment or referrals to other health care professionals in a timely and appropriate way.

Learning from incidents

Systems were in place to report, record and analyse significant events with outcomes being shared at clinical meetings every fortnight. We looked at all of the significant events recorded this year, there were five in total. All were recorded and included detailed information regarding each event, but some did not include what follow up action had been taken or what changes had been made as a result. We spoke with the practice manager who told us that follow up action was in the process of being arranged as external professionals were involved. Other significant events had been completed. We saw that the practice made positive changes as a result of significant events. For example, an issue had arisen as the surgery had two patients with the same name and following a review of the situation a system was introduced so that all of the patient details were checked including address and date of birth when an appointment was arranged. This ensured that the correct patient had been booked in. We also saw evidence that the practice had learned from significant incidents such as medication errors and made changes to improve the service.

Are services safe?

Safeguarding

Patients we spoke with told us that they felt safe when visiting the practice or when they had a home visit. They told us that if they had any concerns they would speak to the practice manager or directly to their GP. The practice offered a chaperone option where a member of staff would be available to escort people during intimate examinations at their request. We saw notices in the waiting area and in consultation rooms to that effect. All of the clinical staff had completed safeguarding training that was appropriate to their role. Staff we spoke with were aware of their responsibilities with regard to identifying and reporting any concerns about abuse. The practice had two designated safeguarding leads and quarterly meetings were held with school nurses, health visitors and social care professionals. Staff were able to give examples of appropriate safeguarding considerations in a clinical scenario. They were able to give examples of the types and signs of abuse and knew who to report any concerns to including the local authority reporting procedures. Staff were familiar with the practice's safeguarding policy and knew where to locate it.

Medicines management

We saw that the practice had guidelines in place which they followed for maintaining the vaccine cold chain. (The vaccine cold chain is system that controls the transportation and storage of vaccine medicines within a safe temperature range) so that the viability of vaccinations could be assured. Staff explained to us how the vaccines were kept in line with the manufacturers' recommendations. The vaccines were kept in a locked fridge which was located in the nurse's consultation room. We saw that staff were routinely monitoring and recording the fridge temperature to ensure that it was operating within a safe range. The fridge temperature was recorded daily with the exception of weekends when the practice was closed. Staff told us that the fridge would set off an alarm if the temperature was out of the safe range or if it failed at night or over a weekend. They told us of the local protocol for seeking advice from the relevant manufacturers to determine whether the vaccines required replacement if they had been exposed to non-standard temperatures.

We found that emergency medicines were acquired, monitored and stored appropriately and safely. A stock of emergency medicines were readily accessible during clinic times. Emergency medicines were stored in a central place and oxygen was available in the nurse's rooms. Outside of clinic times or when the surgery was closed we saw that the medicines were secured in a locked cupboard in a locked room. The practice nurse had responsibility for carrying out regular checks of the emergency medicines to ensure they were in date and fit to use. We saw documents indicating that these checks had been carried out regularly.

We found that prescription forms were being stored in line with the practice prescription policy. We found that blank prescriptions were kept securely and all prescription forms were locked away when not in use and at the end of each clinical session.

Cleanliness and infection control

During our inspection we visited patient waiting and treatment areas, administrative and office spaces. We saw that the practice was clean and tidy. We saw evidence to show that the chairs in the waiting area had been steam cleaned on a regular basis. There was hard flooring in the treatment and consultation rooms which was clean and intact. We saw that there were body fluid spillage kits in all of the clinical rooms, which enabled staff to clean any contamination or spillages efficiently and effectively.

Staff were able to tell us about the infection control policy and their roles with regard to infection control practices and the importance of strict adherence to the policy. Infection control was discussed at the monthly staff meeting and different topics were discussed. We looked at the most recent minutes of a staff meeting where staff had been reminded to read the infection control policies and procedures to refresh their knowledge this was to ensure that staff had up to date familiarity with the practices infection control procedures.

The treatment and consulting rooms were clean, tidy and uncluttered. Each room was stocked with personal protective equipment including a range of disposable gloves, aprons and coverings. This enabled the clinical staff to follow clean processes. We saw that there was a supply of antibacterial hand wash, gel and paper towels available throughout the practice. Patients told us that the staff always washed their hands and the practice was always cleaned to a high standard. Patients told us that they had no concerns with regard to the cleanliness of the practice.

At the Lockmeadow surgery we found that the patient toilet for people with disabilities and baby change facility did not have a general or sanitary waste bin. The baby changing area did not have anything to clean the changing area or

any disposable covers to use. We brought this to the attention of the practice manager who assured us that both bins would be provided immediately and antibacterial wipes could be requested from reception to clean the baby changing area. A poster informing patients that antibacterial wipes were available at reception was placed in the baby changing area before the end of our inspection.

We saw that there was a system for handling, storing and disposing of clinical waste in line with current legislation. This was carried out in a way that reduced the risk of cross contamination. Clinical waste was stored securely in locked, dedicated containers whilst awaiting collection from a registered waste disposal company. There were cleaning schedules in place and we saw there was a supply of approved cleaning products. Treatment rooms were fitted with hard flooring so spillages were easily cleared up. A person was employed to clean the premises daily to ensure that people were treated and cared for in a clean hygienic environment.

Staffing and recruitment

Staff were recruited safely with relevant checks being carried out on all clinical and non-clinical staff, including locums who were used occasionally. The practice had a recruitment policy that reflected a robust recruitment and selection process. We looked at a selection of staff files and saw that appropriate safety checks had been carried out with the Disclosure and Barring Service (DBS), as well as professional registration checks for all clinical staff with the National Midwifery Council (NMC) or the General Medical Council (GMC). Through the available processes and procedures the provider could ensure that staff had been checked thoroughly to work with vulnerable people and that they had the right qualifications, skills and experience necessary for them to perform their work.

Dealing with Emergencies

The practice was prepared and could respond confidently in the event of a patient suffering a medical emergency. Staff had received Cardio Pulmonary Resuscitation (CPR) and Basic Life Support (BLS) training and we saw evidence that this had taken place. The practice had ordered a defibrillator and emergency grab packs for each surgery and we saw the invoices for these. The practice had a supply of emergency medication and oxygen which had been checked and were all in date. The oxygen cylinder had been regularly checked and was fit for purpose.

We looked at the practice fire policy and fire drill protocols. All of the staff we spoke with were aware of their roles and responsibility should a fire occur and we saw evidence that regular testing and checking of the alarm and fire equipment had taken place. To ensure that care would not be compromised and patients would still have access to a GP at all times, we saw the practice had a comprehensive contingency plan in the event of a fire, flood, extreme weather and loss of utilities.

Equipment

We saw that staff had taken steps to protect patients against the risk associated with the equipment they used. We looked at evidence of appropriate maintenance of the equipment including electrical checks and calibration of clinical apparatus such as the blood pressure monitor and nebuliser. All had been checked, tested and passed as fit for purpose.

Are services effective?

(for example, treatment is effective)

Summary of findings

The practice was effective. There were enough suitably trained and experienced staff to meet the needs of the patients who used the practice. We saw evidence that the practice worked very well with other healthcare providers and held and participated in a number of multidisciplinary meetings with other health and social care professionals, a care home, the local hospice and the local pharmacy. We saw a varied selection of information that was supplied to patients or on display in the waiting area this included information on health promotion, prevention and travel advice.

Our findings

Staffing

We found that there were enough staff available to cover the needs of the patients using the practice. The practice provided 130 bookable clinical sessions and offered unlimited emergency appointments, telephone consultations and home visits as required. This was above the national average required for the patient population who used the practice. Patients had their health and welfare needs met by sufficient numbers of appropriate staff with the right knowledge, skills, experience and qualifications to support their needs.

Working with other services

Patients health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. The practice had protocols and systems in place for referring patients to external services and professionals including acute and medical specialists, social services and community healthcare services. Regular multidisciplinary meetings took place between clinical staff and staff at the practice, we looked at the minutes of these meetings. We saw that individual cases had been discussed and plans put in place to meet patients needs and keep them safe. The practice worked closely with a care home in the area and the manager of the care home was a member of the Patient Participation Group (PPG). The local hospice held meetings with the GPs and the nursing staff. This enabled the GP to discuss the needs of patients with chronic and terminal illness, they discussed arrangements for individual patients on advanced care plans, and they ensured the out of hours practice was informed by telephone of the care arrangements if emergencies or crisis arose. This meant that patients had the care and treatment they needed and that advanced decisions were upheld when using other services.

There were arrangements in place for sending referrals and receiving various test results and feedback from other health professionals. The staff we spoke with told us of the training they had received to enable them to audit and ensure that the system for results and referrals was working effectively. All test results were seen by a GP first, and then scanned into the patients records. Results were checked and arrangements made for patients in a timely manner.

Are services effective?

(for example, treatment is effective)

Health, promotion and prevention

Patients were given appropriate information, support and advice regarding their care and treatment. We saw there were a range of information leaflets in the waiting area and posters detailing services provided by the practice and external clinics. Patients were given further written information, if needed to encourage independence, self-treatment, and advice regarding health promotion and support services such as smoking cessation and healthy living. We were shown a copy of the practice leaflet, this contained useful information for patients about the practice, including how to access GP support when the practice was closed. Patients were encouraged to treat minor ailments or injury at home and had information about when it would be necessary to attend the practice.

The practice website and practice leaflet held information and advice for patients that they could refer to, such as what to do and how to manage common ailments such as back pain, cuts and bruises, burns and scalds and how to recognise the signs and symptoms of meningitis.

The PPG were preparing to hold regular chronic disease management education events for patients of the practice. The first event planned was about diabetes prevention, care and maintenance, plus healthy living advice. The event would be chaired by one of the GPs who had a special interest in diabetic care. This meant that the diabetes education event held by the practice for the local community would raise awareness and help prevent people from developing diabetes in the future.

Are services caring?

Summary of findings

The practice was caring. Patients told us that they were always treated with dignity and respect when using the practice. We heard how compassionate the GPs were with regard to end of life care and how they had supported patients through bereavement. Patients commented on how they were involved in their care and had their options explained to them where this was possible. Staff we spoke with were able to demonstrate their understanding of the consent process. We found that staff had all received up to date Mental Capacity Act (MCA) training.

Our findings

Respect, dignity, compassion and empathy

We observed that all staff spoke to patients in a friendly, professional and helpful manner. All staff spoken with demonstrated a good understanding of how patients privacy and confidentiality was preserved. Reception staff explained how patients could request a private room to discuss anything they did not wish to discuss in the waiting area and this would be arranged. Patients we spoke with confirmed that they had requested to speak to staff in private and this was always arranged promptly. Consultation rooms had examination couches with surrounding privacy curtains and blinds at the windows that were used when consultations or treatments were undertaken. We noted that during a consultation the doors were closed and no conversations could be overheard in the corridor outside. Staff were able to explain how they would preserve ‘a patients dignity when carrying out intimate examinations. Patients were also able to request a chaperone should they wish and details regarding the chaperone service were displayed in all of the consultation rooms and the waiting area. Patients told us that when they attended the practice, staff were always caring and never rushed.

The practice had a community of patients where English was not their first language. We looked at what measures were in place to accommodate patients equality, diversity and information needs. The practice provided a wide range of health information in a number of languages. The GPs at the practice were multi lingual and depending on the language, a GP could be contacted during a consultation to translate. The practice also used a local interpreter service when the GPs could not translate. Staff told us that patients often brought a family member or friend to translate for them. The measures in place showed that patients equality and diversity needs could be supported to enable them to make an informed decision about their care and treatment needs.

Involvement in decisions and consent

The practice routinely involved patients with their care and treatment and their choices were respected. Patients told us that they had time to discuss their concerns or treatments when they attended for appointments and that it was possible to book a double appointment when they needed to discuss more than one concern or complex

Are services caring?

problems. If a patient needed to be referred to another service or specialist this was discussed during their appointment and they were given a choice of location, where possible.

Staff we spoke with were able to demonstrate their understanding of consent and that patients had the right to withdraw it at any time and that this would be respected.

Where patients did not have the capacity to consent to treatment, staff could demonstrate that they acted in accordance with legal requirements. Mental capacity is the ability to make an informed decision based on understanding the options available and the consequences of decisions made. If patients were unable to make a decision for themselves, staff told us that they would involve relatives to support patients in their treatment options. All staff had received Mental Capacity Act (2005) training and could explain what measures would need to be followed in patients best interests where they could not consent. Therefore patients who were unable to make decisions for themselves were given appropriate support.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The practice was responsive to patients needs. There were systems and processes in place to respond and take action when things did not go as planned. The practice had a complaints procedure and complaints had been responded to in a timely manner. Patients were able to make suggestions to improve the services they received, patients had been listened to and we saw that actions had been taken as a result of their comments and feedback.

Our findings

Responding to and meeting people's needs

The practice maintained links with local area commissioners and we were told that meetings took place on a regular basis to review and plan how the practice would continue to meet the needs of the patients and potential service demands in the future.

The staff we spoke with explained that a range of services and clinics were available to support and meet the needs of different patient groups and that they would refer patients to community specialists or clinics if appropriate. For example, referring mothers with babies and young children to the community health visitor and older people to specialist groups who supported people with dementia and associated physical problems. The practice worked closely with community nursing teams, including the long-term conditions nurse and the mental health nurse who undertook mental health assessments. Patients said they were referred promptly to other services for treatment, test results were available quickly and some patients spoke positively about minor surgical procedures and operations that they had undergone at the practice.

The practice was aware of patients individual access needs and had put the necessary measures in place to support them. We saw that both practices had taken account of patients access needs. Treatment and consultation facilities were located on the ground floor at both practices. There were also toilet facilities for disabled patients and baby changing available.

Access to the practice

The practice had ensured that patients could access the practice at a time to suit them. Patients told us that they could always get an appointment when they needed one and they had the choice of both practices to attend. Appointments could be booked in advance, on the day or online. Due to the small patient population the practice was able to offer unlimited emergency appointments, telephone consultations and home visits as required. The practice was open later on a Wednesday at the Lockmeadow clinic and Thursday at the Allington clinic so that patients had the opportunity to attend after work. All of the patients we spoke with praised the practice for the

Are services responsive to people's needs?

(for example, to feedback?)

ease they experienced when booking appointments with the clinical team. They said it helped to reduce anxiety about getting an appointment at a time to suit them and that the practice was very flexible.

Concerns and complaints

The practice took steps to make patients aware of the complaints system. We saw there was information in the practice leaflet to alert patients to the comments and complaints process and a comments box was located in a visible, accessible place on the reception desk at both practices. We looked at the practice complaints policy and procedures. The policy detailed the timescales for responding to any complaint received and the details of who to complain to if the patient was not satisfied with the response from the practice. This included reference to the Health Service Ombudsman. Staff we spoke with were aware of their responsibilities in the event of a complaint being received. We looked at the complaints the practice had received this year, we saw that the complaints procedure had been followed and that issues had been raised directly with the GP concerned. Learning points had been shared with the clinical team and in the responses to the patients. Patients we spoke with said that they had not had any reasons to make a complaint. However, they all told us that they were not aware of the complaints procedure but would speak to the practice manager or their GP if they were not happy with anything.

Are services well-led?

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

Summary of findings

The practice was well-led. The management team were in the process of developing a more structured leadership procedure for staff. Staff told us that there was an open and supportive culture, that they were comfortable approaching the senior and other partners for anything they needed and that management listened to them. There were monitoring and risk management systems in place that ensured that lessons were learned and the practice improved as a result.

Our findings

Leadership and culture

We spoke with management at the practice, who told us that they advocated and encouraged an open and transparent approach in managing the practice and leading the staff teams. The GPs were the providers at the practice, being equal partners, to promote shared responsibility in the working arrangements and commitment to the practice. Group lunches and social occasions were regularly held to promote a group ethos. The staff we spoke with told us that they felt there was an open door culture that the GPs were visible and approachable, that they felt supported and were able to approach the senior staff about any concerns they had. They said that there was a good sense of team work within the practice and communication worked well. We saw that a named GP had a pastoral lead role in supporting the clinical team.

Governance arrangements

There were delegated responsibilities to named GPs, such as a lead for the safeguarding of vulnerable adults and children, a prescribing and clinical governance lead. This provided structure for staff and clear lines of who to contact for support and guidance when needed. Staff undertook clinical governance as part of their personal learning development and revalidation process. Staff told us of a medications audit that had been carried out recently. The results of the audit had been shared during a team meeting on 3 April 2014 with the clinical team. Each GP had completed clinical audits. We saw evidence of previous audits concerning a named medicine, dementia and coronary heart disease. The results had been shared during clinical meetings and had been used to check the standards of clinical services that patients had received.

New processes were re-audited to ensure that the changes made improvements to patient care.

Systems to monitor and improve quality and improvement

During our visit we looked at a number of systems the practice had in place to assess the quality of the service it provided. The policies and procedures in place were available for staff to access which supported the safe running of the practice. All of the policies and procedures we examined were dated and reviewed on an annual basis or more frequently as required. The practice had

Are services well-led?

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

participated in the annual national Quality and Outcomes Framework (QOF). The QOF is a nationally recognised programme for GP surgeries in England. The practice is required to achieve targets for each domain. These domains include care such as coronary heart disease, high blood pressure, diabetes and asthma. The practice used this system to monitor, improve and maintain the services they provided under each domain. The results of the 2013 QOF had resulted in changes to services being provided, such as the re-call system for health reviews and diabetes checks the practice used the results to improve services for their patients and had plans in place to re-audit to ensure the changes led to improvement.

The practice had a number of systems to check and ensure the practice was effective and safe. For example we looked at audits carried out in relation to infection control and medicines management, where improvements were required, the practice had taken action to resolve any issues.

Patient experience and involvement

The practice had systems in place to seek and act upon feedback from patients. The practice promoted a Patient Participation Group (PPG). The group was made up of practice staff and seven patients that represented the patient population. The PPG Allington and Lockmeadow had been consistently trying to recruit younger people to join but had not been successful to date. We spoke with two members of the PPG during our visit and they were able to give us detailed and positive feedback about the practice. They told us that they felt listened to by the practice team and suggestions they made were acted upon.

We saw that the practice responded to issues or concerns raised by patients in a positive way. We looked at the most recent patient satisfaction survey carried out in August 2013. This survey had been amended to make it more meaningful to the patients and asked questions such as "what is important to you". The result was that 63% of patients who responded indicated that they would like later appointments. The practice had responded to this request and had allocated later appointments two nights per week. The results of the survey were published on the website.

Staff engagement and involvement

Staff were encouraged to attend and participate in regular staff meetings and we saw evidence that regular meetings took place which included discussions about changes to procedures, clinical practice and staff cover arrangements. We saw that the staff had a whistleblowing policy that included outside agencies for staff to contact if they wished to report any concerns they had. Staff had a forum to highlight and discuss areas of their role that were going well and influence change when things were difficult. The practice had carried out a staff survey in May 2014. Some of the issues raised were problems with workloads and more administration time. The management team had responded by arranging a meeting to discuss what areas of the workload were causing the issues and what could be done to alleviate problems and how more protected time could be allocated to complete administration work.

Learning and improvement

We saw that general and individual issues and cases had been discussed at clinical meetings with learning points that had been considered and shared amongst the clinicians. The practice was designated as a learning practice where qualified doctors (registrars) trained to become GPs. Whilst at the practice they developed their knowledge, skills and clinical competencies. This was considered important to the practice in strengthening and supporting an exchange of learning and innovation amongst all clinicians. We saw that all staff at the practice had completed basic life support and the use of an automated external defibrillator (AED) and other courses such as safeguarding. The practice provided all staff with regular training around medication, infection control, equality and diversity and the Mental Capacity Act (2005). We saw that the practice responded to the learning needs of the staff and ensured that they attended relevant training to provide safe appropriate care to patients.

Identification and management of risk

We saw systems and processes were in place to manage risks. Risk assessments were used to consider individual risks to patients, staff and visitors to the practice. Assessments had been undertaken to consider and determine likely risks to patients, staff and visitors such as fire assessments and environmental hazards. Also disruption to the practice had been risk assessed such as continuity of the service in the event of disruption or loss of the premises.

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

We saw that the practice offered relevant care to older patients, this included blood tests, blood pressure monitoring and general well man/woman consultations.

Older patients were seen annually, or sooner depending on the complexity of their needs, by the nursing or medical team for health checks and to review their medicines. The practice also held clinics for patients on medication for rheumatoid arthritis. Continued monitoring helped to ensure that older patients received the right treatment and care when they needed it.

We saw that flu vaccinations were routinely offered to older patients to help protect them against the virus and associated illness.

We found the practice to be caring in the support it offered to older patients and there were effective treatments and ongoing support for those patients identified with dementia. The practice was responsive in meeting the needs of the older patients and in recognising future demand on the practice for this age group. The practice was well led in relation to improving the provision of the service for patients and their families who were receiving end of life care.

The practice was responsive in meeting the needs of older people and in recognising future demands in service provision for this age group. The practice was well-led in relation to identifying a named lead GP trained in specialist dementia care and in recognising symptoms to enable early detection.

Our findings

The practice provided annual flu vaccination clinics for older people, to provide ongoing protection/prevention from contracting the virus and associated complications/ illness.

The practice had a safeguarding policy that reflected the arrangements for protecting vulnerable adults from the risks of abuse. We saw evidence that staff had received safeguarding training for vulnerable adults. This meant that staff were able to recognise or have awareness to the risks of abuse for vulnerable older people.

We found that the practice had systems in place to manage medicines safely and help protect older patients from the risks associated with medicines.

The practice had appropriate infection control procedures and systems in place to minimise the risks of cross infection for older patients.

We looked at some staff files and saw that appropriate safety checks had been carried out for all of the staff employed. All staff had undergone Disclosure and Barring Service checks (DBS). The practice had a robust recruitment policy for all staff including locums.

The practice had formal links with a local care home and provided regular and ongoing care and support to the residents as patients. This enabled the residents to have continuity of care in supporting them with ongoing routine and more complex health care needs.

The practice had a system to identify patients who presented with symptoms that may indicate dementia. Follow-up blood tests would be arranged at the practice and a referral made to the specialist mental health nurse to carry out mental health assessments. Following diagnosis, the patient would be referred and linked to other support services. Patients were also referred by the practice to groups and clinics that provided ongoing support and treatment for physical health care needs, including a foot care clinic.

Older people

The practice acknowledged that the patients they supported included a significant number of older people at the Allington Clinic, who may place higher demands on the practice as an ageing population group in the future, with associated health care needs and complex conditions.

We found the practice to be responsive by working closely with a Health and Social Care co-ordinator provided by the local community health trust that supported older people with things like having some company to alleviate loneliness, transportation issues and helping them to obtain the finances they were entitled to.

We saw evidence that the practice undertook clinical audits to improve outcomes for older patients. The results were reviewed against national data to determine any changes that could be made to care/treatment pathways and clinical therapies to improve outcomes for older patients.

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 offered relevant care to patients with long term conditions which included blood tests, blood pressure monitoring, electro cardiography (ECG) and spirometry (to measure breathing) at the surgery. The practice offered nurse led asthma, chronic pulmonary obstructive disease (COPD) and diabetes clinics and patients were seen at least annually for health checks.

We saw that flu vaccinations were routinely offered to patients with long term conditions to help protect them against the virus and associated illness.

Patients with long term illness were seen annually or sooner depending on the complexity, by the nursing or medical team to review their medicines. The practice also held clinics for patients on medication for rheumatoid arthritis, asthma, chronic pulmonary obstructive disorder (COPD). This meant that patients with long term conditions were appropriately monitored and medication could be monitored to ensure their wellbeing.

Staff from the palliative care team and the district nurses attended meetings with the GPs and the nursing staff, this enabled GPs to discuss the needs of patients with chronic and terminal illness. They discussed arrangements for individual patients on advanced care plans and ensured the out of hours service was informed by telephone of the care arrangements if emergencies or crises arose. To ensure that these patients received the care relevant to their circumstances regardless of when they needed it the practice received a fax each morning from the out of hours service and this was checked by the duty GP.

We found the practice to be caring in the support it offered to patients with long term conditions that the care they received was effective and treatment pathways were monitored and kept under review by a multidisciplinary team. The practice was responsive in prioritising urgent care that patients required and the practice was well-led in terms of improving outcomes for patients with long term conditions and complex needs.

People with long term conditions

Our findings

The practice provided annual flu vaccination clinics for patients with long term conditions, to provide ongoing protection/prevention from contracting the virus and associated complications/illness.

The practice had a safeguarding policy that reflected the arrangements for protecting vulnerable young people and adults from the risks of abuse. We saw evidence that staff had received safeguarding training for vulnerable adults. This meant that staff were able to recognise or have awareness to the risks of abuse for vulnerable adults.

We found that the practice had systems in place to manage medicines safely and help protect patients with long term conditions from the risks associated with medicines.

We found that the practice had appropriate infection control procedures and systems in place to minimise the risks of cross infection for patients with long term conditions.

We spoke with a number of patients who had long-term conditions and they were consistently positive about the care and support they received from the practice and the staff. They told us that their well-being was monitored and they were re-called for routine checks and follow-up appointments on a regular basis.

Patients with long-term conditions and complex needs were supported by the clinical nursing team at the practice, who provided specialist care and treatments for specific conditions and attended the weekly multi-disciplinary meetings at the practice. The GPs held fortnightly clinical meetings to discuss and share best practice in relation to people with long term conditions to ensure they received consistent high levels of care. Patients with long-term conditions were monitored and their treatment pathways kept under review.

Patients we spoke with who had long-term conditions told us that when they required an urgent appointment, the practice ensured they were prioritised and would be able to see a GP quickly.

We saw evidence that the practice undertook clinical audits to improve outcomes for patients with long-term conditions. The results were reviewed against national data to determine any changes that could be made to care/treatment pathways and clinical therapies to improve outcomes for patients with long term 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

Mothers, babies, children and young people received relevant care from the practice. Expectant mothers attending the practice were seen for their initial antenatal assessment and then referred to the midwife. Mothers were seen routinely for a postnatal check at the six to eight week stage. Babies were seen at the baby clinic within the practice where they were checked and given their first immunisations. The practice worked closely with both the midwives and health visitors

We found that the practice was caring in its approach to mothers, babies, children and young people and provided effective services and treatment, offering dedicated clinics at the practice and referrals into community based services to provide additional support. The practice provided a responsive service, prioritising appointments for mothers with babies and young children. The practice was well-led in relation to having a named lead with responsibility for children's safeguarding.

Our findings

The practice had a safeguarding policy that reflected the arrangements for protecting children and vulnerable adults from the risks of abuse. We saw evidence that staff had received safeguarding training for children and vulnerable adults. This meant that staff were able to recognise or have awareness to the risks of abuse for children and vulnerable adults.

We found that the practice had systems in place to manage medicines safely and help protect mother's babies, children and young people from the risks associated with medicines.

The practice had appropriate infection control procedures and systems in place to minimise the risks of cross infection for mothers, babies, children and young people.

We looked at some staff files and saw that appropriate safety checks had been carried out for all of the staff employed. All staff had undergone Disclosure and Barring Service checks (DBS). The practice had a robust recruitment policy for all staff including locums.

The practice supported the Patient Participation Group to engage with mothers who had babies and young children. They had been asked for their views, comments and suggestions during the most recent patient survey about the type of clinics, services and information they would like to see developed at the practice, for example, maternity issues, childhood illness and immunisation.

The practice had links and routinely made referrals for mothers with babies and young children to the community health visitor, providing an additional level of support. The practice also offered regular baby and child immunisation clinics, and ante/post-natal clinics provided by the clinical team. They also referred young people to the appropriate service such as the sexual health clinic for care and advice if required.

Mothers, babies, children and young people

The practice operated a system where babies and young children were prioritised so not to be kept waiting to see the clinical team. The practice attended the local university to offer students a GP service and to advise young people on the various services available to them at the practice and elsewhere. This included healthy living and sexual health service and advice.

The management at the practice had identified a named lead for safeguarding children who had specific responsibility for disseminating information and training to other staff within the practice.

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 working age population and those recently retired were offered relevant care by the practice. The practice was open later on a Wednesday at the Lockmeadow clinic and Thursday at the Allington clinic so that patients had the opportunity to attend after work.

We saw that flu vaccinations were routinely offered to the working age population and those recently retired to help protect them against the virus and associated illness. The practice also offered travel vaccinations and travel advice on the NHS with some travel vaccinations on a private basis.

We found the practice to be caring in the support it offered to working age and recently retired patients, and were responsive by extending opening hours to provide access for patients later in the day. There were effective monitoring services and clinics and the management team completed clinical audit cycles to evaluate outcomes for patients in this group.

Our findings

The practice had a safeguarding policy that reflected the arrangements for protecting vulnerable adults from the risks of abuse. We saw evidence that staff had received safeguarding training for vulnerable adults. This meant that staff were able to recognise or have awareness to the risks of abuse for vulnerable adults.

We found that the practice had systems in place to manage medicines safely and help protect working age patients from the risks associated with medicines.

The practice had appropriate infection control procedures and systems in place to minimise the risks of cross infection for working age patients.

The practice supported the Patient Participation Group to engage with working age patients. They had been asked for their views, comments and suggestions in the most recent patient survey about the type of clinics, services and information they would like to see developed at the practice, for example, keeping healthy, prevention of heart disease, diabetes awareness and travel advice.

The practice offered a range of services and clinics to provide monitoring and routine support for patients in this age group, including lifestyle well man and woman clinics, smoking cessation, alcohol intake advice, healthy living checks, blood pressure and diabetes checks.

The practice had introduced extended opening hours and surgery times for working age patients who may find it difficult to attend appointments during core working hours. This included later appointments on two days each week.

The practice management team had systems in place to ensure clinical audit cycles were completed to highlight/ identify where improvements could potentially be made for working age patients.

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 provided relevant care to patients in vulnerable circumstances who may have poor access to primary care.

We saw that flu vaccinations were routinely offered to patients who were in vulnerable circumstances to help protect them against the virus and associated illness.

We found that the practice was caring about vulnerable patients, the homeless and travelers, by providing access and support. There was effective support from the practice for vulnerable patients and the practice was responsive in providing care in people's homes who found it difficult to attend.

Our findings

The practice had a safeguarding policy that reflected the arrangements for protecting children and vulnerable adults from the risks of abuse. We saw evidence that staff had received safeguarding training for children and vulnerable adults. This meant that staff were able to recognise or have awareness to the risks of abuse for children and vulnerable adults.

We found that the practice had systems in place to manage medicines safely and help protect vulnerable patients from the risks associated with medicines.

The practice had appropriate infection control procedures and systems in place to minimise the risks of cross infection for vulnerable patients.

We looked at some staff files and saw that appropriate safety checks had been carried out for all of the staff employed. All staff had undergone Disclosure and Barring Service checks (DBS). The practice had a robust recruitment policy for all staff including locums.

We saw that flu vaccinations were routinely offered to patients who were in vulnerable circumstances who may have poor access to a GP to help protect them against the virus and associated illness.

We observed that the premises enabled easy access for patients with reduced mobility. Although the reception desk did not have a lowered area to accommodate patients using wheelchairs, but the staff told us that they would come out to the patient.

The practice provided relevant care to patients in vulnerable circumstances who may have poor access to

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

primary care. The practice worked closely with a Health and Social Care co-ordinator provided by the local community trust that provided social care support and advice to people in vulnerable circumstances.

The practice had a system where patients who were in vulnerable circumstances such as being homeless, were provided with any immunisations they may need when they attended for a new patient check.

The practice recognised that some vulnerable patients may find it difficult to attend the surgery for care and treatment. We were told that the GP or the district nurse would support and treat patients at home if they were housebound, enabling patients with limited access and mobility to receive appropriate care and treatment in their homes. There was access to translation services to patients whose first language was not English.

The practice recognised and acknowledged that the practice had few identifiable vulnerable patient groups within the locality of the practice. However, where patients were identified as particularly vulnerable, mechanisms had been put in place to help ensure equality of access to the practice and the services provided.

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

We saw that the practice offered relevant care to patients experiencing a mental health problem. Patients were offered same day pre-booked and follow up appointments and where possible every effort was made to make appointments with the same GP.

Patients experiencing mental health problems had support from the practice, in the community and care and treatment when they needed it. The practice held multidisciplinary meetings which were attended by staff in the mental health team where they discussed arrangements for individual patients and ensured the out of hours service was informed by telephone of the care arrangements if emergencies or crises arose.

We found that the practice was caring in relation to patients experiencing poor mental health and the practice had effective procedures in place for undertaking routine mental health assessments. The practice was responsive in referring patients to other service providers for ongoing support. We found the practice to be well-led with their approach in relation to identifying and managing risks to patients who may be experiencing poor mental health.

Our findings

The practice had a safeguarding policy that reflected the arrangements for protecting children and vulnerable adults from the risks of abuse. We saw evidence that staff had received safeguarding training for children and vulnerable adults. This meant that staff were able to recognise or have awareness to the risks of abuse for children and vulnerable adults.

We found that the practice had systems in place to manage medicines safely and help protect patients experiencing poor mental health from the risks associated with medicines.

The practice had appropriate infection control procedures and systems in place to minimise the risks of cross infection for patients experiencing poor mental health.

We looked at some staff files and saw that appropriate safety checks had been carried out for all of the staff employed. All staff had undergone Disclosure and Barring Service checks (DBS). The practice had a robust recruitment policy for all staff including locums.

We saw that flu vaccinations were routinely offered to patients experiencing poor mental health to help protect them against the virus and associated illness.

We saw that the practice offered relevant care to patients experiencing a mental health problem. Patients were offered same day pre-booked and follow up appointments and where possible every effort was made to make appointments with the same GP.

We were told by staff that the practice undertook mental health assessments as part of other routine health checks. This helped to identify mental health issues and early detection for patients who would then be referred to specialist services and receive ongoing support.

The practice held multidisciplinary meetings to consider individual patients needs, including those who may be

People experiencing poor mental health

experiencing mental health issues. If concerns were indicated, a referral was made to the specialist mental health nurse or the Health and Social Care co-ordinator who would provide appropriate support/interventions.

The management team had systems and procedures in place to identify and manage risks to individual patients which included those who presented with poor mental health.