

Iwade Health 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.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Iwade Health Centre on 17 February 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe, effective, caring, responsive and well-led services. It was also good for providing services for the patient population groups of; older people, people with long-term conditions, families, children and young people, working age people (including those recently retired and students), people whose circumstances may make them vulnerable and people experiencing poor mental health (including people with dementia).

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.

- Patient's needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information about services and how to complain was available and easy to understand.
- to help patients understand the services available was easy to understand. Staff treated patients with kindness and respect, and maintained confidentiality.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active.

Summary of findings

However, there were areas of practice where the provider needs to make improvements.

The provider SHOULD;

- Review its process for recording complaints processes.

- Ensure that all documents used to govern activity are up to date and contain relevant contact details where appropriate

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

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 is rated as good for providing safe services. Iwade Health Centre had systems to monitor, maintain and improve safety and demonstrated a culture of openness to reporting and learning from patient safety incidents. The practice had policies to safeguard vulnerable adults and children who used services. They monitored safety and responded to identified risks. There were systems for controlling infection and medicines management. Sufficient numbers of staff with the skills and experience required to meet patients' needs were employed. There was enough equipment, including equipment for use in an emergency, to enable staff to treat patients. Staff were trained and the practice had plans to deal with foreseeable emergencies.

Good



Are services effective?

The practice is rated as good for providing effective services. Staff at the Iwade Health Centre followed best practice guidance and had systems to monitor, maintain and improve patient care. There was a process to recruit, support and manage staff. Equipment and facilities were monitored and kept up to date to support staff to deliver effective services to patients. The practice worked with other services to deliver effective care and had a proactive approach to health promotion and prevention.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients were satisfied with the care provided by Iwade Health Centre and were treated with respect. Staff were careful to keep patients' confidential information private and maintained patients' dignity at all times. Patients were supported to make informed choices about the care they wished to receive and felt listened to.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice was responsive to patients' individual needs such as language requirements and mobility issues. Access to services for all patients was facilitated in a wide variety of ways. There were routine appointments with staff at Iwade Health Centre as well as telephone consultations and on-line services. Patients' views, comments and complaints were used by the practice to make positive improvements to the services patients received.

Good



Summary of findings

Are services well-led?

The practice is rated as good for providing well-led services. There was a clear leadership structure with an open culture that adopted a team approach to the welfare of patients and staff at Iwade Health Centre. The practice used a variety of policies and other documents to govern activity and there were regular governance meetings. There were systems to monitor and improve quality. The practice took into account the views of patients and those close to them as well as engaging staff when planning and delivering services. The practice valued learning and had systems to identify and reduce risk.

Good



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 is rated as good for the care of older people. Patients over the age of 75 had been allocated a dedicated GP to oversee their individual care and treatment requirements. Patients were able to receive care and treatment in their own home from practice staff as well as district nurses and palliative care staff. There were care plans to help avoid older patients being admitted to hospital unnecessarily. Specific health promotion literature was available as well as details of other services for older people. The practice held regular multi-professional staff meetings that included staff who specialised in the care of older people.

Good



People with long term conditions

The practice is rated as good for the care of people with long term conditions. Documents were available that guided staff specifically in the care of patients with long term conditions. Service provision for patients with long term conditions included dedicated clinics with a recall system that alerted patients to when they were due to re-attend. The practice employed staff trained in the care of patients with long term conditions. The practice supported patients to manage their own long term conditions. There were care plans to help avoid patients with long term conditions being admitted to hospital unnecessarily. Specific health promotion literature was available.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Documents were available that guided staff specifically in the care of families, children and young people. Services for mothers, babies, children and young people at Iwade Health Centre included dedicated midwives and health visitor care. Specific health promotion literature was available. All pregnant women who were 28 weeks pregnant and over were offered the whooping cough vaccine by the practice to help reduce the risk of their babies developing the illness in their first few weeks of life. The practice held regular multi-professional staff meetings that included staff who specialised in the care of mothers, babies and children.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students). The practice provided a variety of ways in which this patient population group

Good



Summary of findings

could access primary medical services. These included pre-bookable and book on the day appointments from 8am to 6.30pm each week day, on-line appointment booking and telephone consultations. There was also an on-line repeat prescription service. Specific health promotion literature was available.

People whose circumstances may make them vulnerable

The practice is rated as good for caring for people living in vulnerable circumstances. The practice offered primary medical service provision for people in vulnerable circumstances in a variety of ways. Patients not registered at the practice could access services, interpreter services were available for patients whose first language was not English and assistance with completing forms was given to patients who were not able to read or write. There were care plans to help avoid patients whose circumstances may make them vulnerable being admitted to hospital unnecessarily. Specific health promotion literature was available. Specific screening services were also available.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for caring for people experiencing poor mental health (including people with dementia). This patient population group had access to psychiatrist and community psychiatric nurse services as well as local counselling services. There were care plans to help avoid patients experiencing poor mental health (including patients with dementia) being admitted to hospital unnecessarily. Specific health promotion literature was available. Patients on the mental health register received annual reviews to help ensure they were receiving the correct help and that any medicines they were taking remained appropriate and effective. The practice held regular multi-professional staff meetings that included staff who specialised in the care of patients experiencing poor mental health.

Good



Summary of findings

What people who use the service say

During our inspection we spoke with three patients, all of whom told us they were satisfied with the care provided by the practice. They told us their dignity and privacy had been respected and that staff were polite, friendly and caring. They told us they felt listened to and supported by staff, had sufficient time during consultations and felt safe. They said the practice was well managed, clean as well as tidy and they did not experience difficulties when making appointments. Patients we spoke with reported they were aware of how they could access out of hours care when they required it as well as the practice's telephone consultation service.

We received no patient comment cards at this inspection.

We looked at the NHS Choices website where patient survey results and reviews of Iwade Health Centre were available. Results ranged from 'among the worst' for the percentage of patients who would recommend this practice, through 'worse than average' for scores for consultations with doctors and 'average' for scores for consultations with nurses. Results were 'worse than expected' for scores for opening hours and the practice was rated 'among the worse' for patients rating their experience of making an appointment as good or very good. 63 per cent of patients rated the overall experience of this practice as good or very good.

Areas for improvement

Action the service SHOULD take to improve

- Review its process for recording complaints processes.
- Ensure that all documents used to govern activity are up to date and contain relevant contact details where appropriate

Iwade Health centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor.

Background to Iwade Health centre

Iwade Health Centre is situated in Iwade, Kent and provides primary medical services to approximately 5,600 patients living in the local area.

Primary medical services are provided Monday to Friday between the hours of 8am to 6.30pm. Primary medical services are available to patients registered at Iwade Health Centre via an appointments system. There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There are arrangements with another provider (the 111 service) to deliver services to patients outside of Iwade Health Centre's working hours.

The practice staff consists of three salaried GPs (one male and two female), one practice manager, one nurse practitioner (female), two practice nurses (both female), one healthcare assistant (female) as well as reception and administration staff. There is a reception and a waiting area on the ground floor. All patient areas are accessible to wheelchair users and prams.

Services are provided from Iwade Health Centre, 1 Monins Road, Iwade, Sittingbourne, Kent, ME9 8TY, only.

The practice has an alternative provider medical services (AMPS) contract with NHS England for delivering primary care services to local communities and is not a training practice.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This provider had not received a comprehensive inspection 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?

Detailed findings

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as NHS England, the local clinical commissioning group and local Healthwatch, to share what they knew. We carried out an announced visit on 17 February 2015. During our visit we spoke with a range of staff (two GPs, the practice manager, one nurse practitioner and one receptionist) and spoke with three patients who used the service.

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risk and improve quality regarding patient safety. For example, reported incidents and accidents, national patient safety alerts as well as comments and complaints received.

There was a system to disseminate national patient safety alerts to practice staff.

Patients' records were in electronic and paper form. Records that contained confidential information were held in a secure way so that only authorised staff could access them.

Learning and improvement from safety incidents

There was a culture of openness to reporting and learning from patient safety incidents.

The practice had a system for reporting, recording and monitoring incidents, accidents and significant events. All staff we spoke with were aware of how to report incidents, accidents and significant events.

The practice had a system to investigate and reflect on incidents, accidents and significant events that occurred. There was an incident management procedure document that guided staff. All reported incidents, accidents and significant events were managed by dedicated staff. Feedback and learning from investigations was discussed at significant event meetings and staff meetings.

Reliable safety systems and processes including safeguarding

The practice had systems to safeguard vulnerable adults and children who used services. There was written information for safeguarding vulnerable adults and children as well as other documents readily available to staff that contained information for them to follow in order to recognise potential abuse and report it to the relevant safeguarding bodies. For example, a safeguarding children policy. Contact details of relevant safeguarding bodies were available for staff to refer to if they needed to report any allegations of abuse of vulnerable adults or children. The practice had a dedicated GP appointed as lead in safeguarding vulnerable adults and children trained to the appropriate level (level three). All staff we spoke with were aware of the dedicated appointed leads in safeguarding as

well as the practice's safeguarding policies and other documents. Records demonstrated that staff were up to date with training in safeguarding. When we spoke with staff they were able to describe the different types of abuse patients may have experienced as well as how to recognise them and how to report them.

The electronic patient record system helped the practice identify young people who were subject to child protection protocols, this was recorded on the electronic patient records system.

The practice had a whistleblowing policy that contained relevant information for staff to follow that was specific to the service. The policy detailed the procedure staff should follow if they identified any matters of serious concern. Although the policy contained the names of external bodies that staff could approach with concerns, such as the Health and Safety Executive, the policy did not contain contact details for these organisations. All staff we spoke with were able to describe the actions they would take if they identified any matters of serious concern and most were aware of this policy.

The practice had a monitoring system to help ensure staff maintained their professional registration. For example, professional registration with the General Medical Council or Nursing and Midwifery Council. We looked at the practice records of two clinical members of staff which confirmed they were up to date with their professional registration.

The practice had a chaperone policy and information about it was displayed in public areas informing patients that a chaperone would be provided if required. One patient we spoke with told us they were aware this service was available at the practice. Records showed that staff who acted as chaperones were trained to do so.

Medicines management

Iwade Health Centre had documents that guided staff on the management of medicines such as a medicines management policy. Staff told us that they accessed up to date medicines information and clinical reference sources when required via the internet and through published reference sources such as the British National Formulary (BNF). The BNF is a nationally recognised medicines reference book produced by the British Medical Association and Royal Pharmaceutical Company. There was a GP lead in prescribing. The practice received input from the local

Are services safe?

clinical commissioning group's (CCG) pharmacist and was signed up to the CCG's prescribing incentive to help ensure patients were prescribed the most appropriate cost effective medicines to meet their needs.

Patients were able to obtain repeat prescriptions either in person, on-line or by completing paper repeat prescription requests. The practice had a system that helped ensure patients' medicines reviews were carried out at regular intervals and in response to changes in local and national guidance.

The practice had a system to monitor blank prescription forms and store them securely. There was a prescription security policy that guided staff and helped maintain safe management of prescriptions.

Medicines and vaccines held at the practice were stored securely in areas accessible only by practice staff. Appropriate temperature checks for refrigerators used to store medicines had been carried out and records of those checks were made. The practice carried out audits to monitor and help ensure vaccines were safe to administer.

Records confirmed medicines held by the practice for use in emergency situations were checked regularly and the practice had a system to monitor and record all medicine stock levels.

Cleanliness and infection control

The premises were generally clean and tidy. Patients we spoke with told us they always found the practice clean and had no concerns regarding cleanliness or infection control at Iwade Health Centre.

The practice had infection control policy that contained procedures for staff to refer to in order to help them follow the Code of Practice for the Prevention and Control of Health Care Associated Infections. The code sets out the standards and criteria to guide NHS organisations in planning and implementing control of infection.

Staff were provided with uniforms that were reviewed on an annual basis for replacement. There was also written guidance available for staff to follow on how frequently to wear a clean uniform as well as how to launder them in order to reduce the risk of cross infection.

The practice had an identified infection control lead. We spoke with two GPs and one nurse, all of whom told us they were up to date with infection control training and records confirmed this.

The treatment and consulting rooms were clean, tidy and uncluttered. Personal protective equipment (PPE) including disposable gloves, aprons and coverings were available for staff to use.

Antibacterial gel was available throughout the practice for staff and patients to use. Antibacterial hand wash, paper towels and posters informing staff how to wash their hands were available at all clinical wash-hand basins in the practice.

There was carpet on the floor of one of the clinical rooms where invasive procedures were carried out. The carpet was porous and therefore cleaning may not always be effective. However, since our inspection Iwade Health Centre have sent us an action plan that indicates that this room is now no longer being used to carry out invasive procedures and vinyl flooring will replace the carpet in this area as soon as is practicable.

There was a system for safely handling, storing and disposing of clinical waste. 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.

Cleaning schedules were used and there was a supply of approved cleaning products. Records of domestic cleaning carried out in the practice were kept. Staff told us that they cleaned equipment such as an ECG machine (a piece of equipment used to monitor the electrical activity of a patient's heart), between patients but did not formally record such activity.

Infection control risk assessments were carried out in order to identify infection control risks and implement plans to reduce them where possible. Infection control audits were also carried out to assess or monitor infection control activity at Iwade Health Centre. Action plans had been developed to address any deficiencies identified by this audit activity.

The practice had a system for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in

Are services safe?

buildings). There was a legionella risk assessment dated October 2014 that contained an action plan of remedial actions that the practice was following in order to reduce the risk of infection to staff and patients from legionella. Records showed there were plans to repeat the audit in October 2015 to help ensure remedial actions had been effective.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment (including clinical equipment) was tested, calibrated and maintained regularly and there were equipment maintenance logs and other records that confirmed this.

Staffing and recruitment

The practice had policies and other documents that governed staff recruitment. For example, a recruitment policy. Personnel records contained evidence that appropriate checks had been undertaken prior to employment. For example, proof of identification, references and interview records.

Records demonstrated all relevant staff had Disclosure and Barring Service (DBS) clearance (a criminal records check) or an assessment of the potential risks involved in using those staff without DBS clearance.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice carried out regular analysis of appointments to help ensure their appointments capacity met patients' requirements. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Monitoring safety and responding to risk

The practice had a health and safety policy to help keep patients, staff and visitors safe. Health and safety information was displayed for staff to see and the practice had a dedicated health and safety representative.

A fire risk assessment had been undertaken that included actions required in order to maintain fire safety.

Staff told us there were a variety of systems to keep them, and others, safe whilst at work. They told us they had the ability to activate an alarm via the computer system to summon help in an emergency or security situation.

There was a system governing security of the practice. For example, visitors were required to sign in and out using the dedicated book in reception. Non-public areas of the practice were secured with coded key pad locks to help ensure only authorised staff were able to gain access.

Patient toilets and the lift were equipped with alarms so that help could be summoned if required.

Arrangements to deal with emergencies and major incidents

There were procedural documents that guided staff in the management of medical emergency situations such as anaphylaxis (a life threatening allergic reaction). Records confirmed that all staff were up to date with basic life support training. Emergency equipment was available in the practice, including access to emergency medicines, medical oxygen and an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency). Staff told us that these were checked regularly and records confirmed this. The practice also carried out audits to monitor and help ensure emergency equipment and emergency medicines were available and safe to use.

There was an exceptional / adverse weather conditions policy as well as a disaster handling and business continuity plan that guided staff to manage situations such as loss of medical records or incapacity of GPs.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approach to treatment. They were familiar with best practice guidance, accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

The GPs told us they lead in specialist clinical areas such as diabetes, heart disease and asthma. The practice nurses supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. GPs told us this supported all staff to continually review and discuss new best practice guidelines for the management of respiratory disorders.

The practice operated a clinical audit system that improved the service and staff had access to specialists such as tissue viability nurses and stoma care nurses.

The practice worked with district nurses and palliative care services to deliver end of life care to patients. There was written guidance that helped ensure effective communication with community services. For example, the procedure for do not attempt resuscitation (DNAR) forms.

Management, monitoring and improving outcomes for people

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice. The 2013 / 2014 QOF data for this practice showed it was performing in line with national standards with the exception of eight areas. For example, the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding nine months is 150/90mmHg or less was worse than average. However, the practice demonstrated that during the first six months of the 2014 / 2015 period significant improvements had been made in

the eight QOF areas that were previously worse than average. Records demonstrated that QOF results and improvement plans were discussed at staff meetings and shared with the patient participation group.

Staff told us the practice had a system for completing clinical audit cycles to help improve the service and follow up to date best practice guidance. The practice carried out analysis of these audit results, made action plans to address any issues identified and planned to repeat the audit to assess the impact of any actions taken and complete a cycle of clinical audit. Results of clinical audits were shared with relevant staff.

The practice worked closely with the local clinical commissioning group to help monitor the quality of the services Iwade Health Centre provided as well as maintain and improve standards where necessary.

Effective staffing

Personnel records we reviewed contained evidence that appropriate checks had been undertaken prior to employment. For example, proof of identification, references and interview records.

Staff underwent induction training on commencement of employment with the practice. Staff told us that they received yearly appraisals and GPs said they carried out revalidation at regular intervals. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). Records confirmed this. There was evidence in staff files of the identification of training needs and continuing professional development needs.

The practice had processes to identify and respond to poor or variable practice including policies such as the bullying and harassment policy and the sickness absence policy.

Equipment and facilities were kept up to date to help ensure staff were able to deliver effective care to patients.

Working with colleagues and other services

The practice worked with midwives, health visitors and community nursing teams to deliver care to patients. Records confirmed that multidisciplinary meetings took place in order to discuss and plan patient care that involved staff from other providers.

Are services effective?

(for example, treatment is effective)

The practice had a system for transferring and acting on information about patients seen by other doctors out of hours and patients who had been discharged from hospital.

The practice had a system to refer patients to other services such as hospital services or specialists. The practice monitored referrals to help ensure patients received appropriate appointments with other health professionals in a timely manner.

Staff told us that there was a system to review and manage blood and test results as well as other correspondence on a daily basis. Results and correspondence that required urgent attention were dealt with by the duty GP at the practice promptly, and out of hours doctors as well as palliative care staff were involved when necessary.

Information sharing

Relevant information was shared with other providers in a variety of ways to help ensure patients received timely and appropriate care. For example, staff told us the practice met regularly with other services, such as district nurses, to discuss patients' needs.

The practice had a system to alert the out of hours service or duty doctor to patients nearing the end of their life and who were being supported at home.

All information about patients received from outside of the practice was captured electronically in the patients' records. For example, letters received were scanned and saved into the patients' records by the practice.

Consent to care and treatment

The practice had a consent protocol that governed the process of patient consent and guided staff. The policy described the various ways patients were able to give their consent to examination, care and treatment as well as how that consent should be recorded.

Staff told us that they obtained either verbal or written consent from patients before carrying out examinations, tests, treatments, arranging investigations or referrals and delivering care. They said that parental consent given on behalf of children was documented in the child's medical records. Staff had received training on the Mental Capacity Act 2005. Staff we spoke with were able to describe how they would manage the situation if a patient did not have

capacity to give consent for any treatment they required. Staff also told us that patients could withdraw their consent at any time and that their decisions were respected by the practice.

Health promotion and prevention

There was a range of posters and leaflets available in the reception / waiting area. These provided health promotion and other medical and health related information for patients such as prevention and management of shingles as well as details of organisations that offered services to people at risk of falls.

The practice maintained a register of patients with specific conditions such as long term conditions, a diagnosis of dementia and learning disabilities. This helped enable the practice to identify these patients and prioritise the care they needed.

The practice provided dedicated clinics for patients with certain conditions such as diabetes and asthma. Staff told us these clinics helped enable the practice to monitor the on-going condition and requirements of these groups of patients. They said the clinics also provided the practice with the opportunity to support patients to actively manage their own conditions and prevent or reduce the risk of complications or deterioration. Patients who used this service told us that the practice had a recall system to alert them when they were due to re-attend these clinics.

Patients told us they were able to discuss any lifestyle issues with staff at Iwade Health Centre. For example, issues around eating a healthy diet or taking regular exercise. They said they were offered support with making changes to their lifestyle. For example, referral to a smoking cessation service.

Staff told us new patients were offered health checks when they registered with Iwade Health Centre. The practice sought to update the information they held about their patients, such as contact details as well as weight and smoking status, on a regular basis through the availability of a questionnaire. Sexual health advice was available to all patients and literature was accessible on local sexual health services. Staff told us they offered appropriate opportunistic advice, such as breast self-examination and testicular self-examination, to patients who attended the practice routinely for other issues.

Are services effective? (for example, treatment is effective)

The practice provided childhood immunisations, seasonal influenza inoculations and relevant vaccinations for patients planning to travel overseas.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Iwade Health Centre had a confidentiality policy as well as information governance policies that guided staff and helped ensure patients' private information was kept confidential.

We spoke with three patients, all of whom told us they were satisfied with the care provided by the practice. All patients we spoke with told us their dignity and privacy had been respected. Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained whilst they undressed / dressed and during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Incoming telephone calls answered by reception staff and private conversations between patients and reception staff that took place at the reception desk could be overheard by others. However, when discussing patients' treatments staff were careful to keep confidential information private. Staff told us that a private room was available near the reception desk should a patient wish a more private area in which to discuss any issues and there was a sign that informed patients of this.

We looked at the NHS Choices website where patient survey results and reviews of Iwade Health Centre were available. Results ranged from 'among the worst' for the percentage of patients who would recommend this practice, through 'worse than average' for scores for consultations with doctors and 'average' for scores for consultations with nurses. Results were 'worse than expected' for scores for opening hours and the practice was rated 'among the worse' for patients rating their experience of making an appointment as good or very good. 63 per cent of patients rated the overall experience of this practice as good or very good.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment, and generally rated the practice well in these areas. For example, results available on the NHS Choices website showed that 63 per cent of respondents said the last GP they saw or spoke with was good at explaining tests and treatments, 76 per cent of respondents said the last nurse they saw or spoke with was good at explaining tests and treatments, 53 per cent of respondents said the last GP they saw or spoke with was good at involving them in decisions about their care and 77 per cent of respondents said the last nurse they saw or spoke with was good at involving them in decisions about their care.

Patients we spoke with on the day of our inspection told us health issues were discussed with them and they felt involved in decision making about the care and treatment they chose to receive. Patients told us they felt listened to and supported by staff and had sufficient time during consultations in order to make an informed decision about the choice of treatment they wished to receive.

Patient/carer support to cope emotionally with care and treatment

Timely support and information was provided to patients and their carers to help them cope emotionally with their care, treatment or condition. Support group literature was available in the practice for patients to take away with them such as support for patients with personality disorders and information about support available to carers.

The practice supported patients to manage their own health, care and wellbeing and to maximise their independence. Specialised clinics provided the practice with the opportunity to support patients to actively manage their own conditions and prevent or reduce the risk of complications or deterioration.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

An interpreter service was available for patients whose first language was not English and staff told us they provided assistance to complete forms for patients who were unable to read or write.

Patients over the age of 75 years had been allocated a dedicated GP to oversee their individual care and treatment requirements. Staff told us that patients over the age of 75 years were informed of this by letter. Specific health promotion literature was available as well as details of other services for older people. The practice held regular multidisciplinary staff meetings that included staff who specialised in the care of older people.

The practice had a GP dedicated to the care of patients who lived at a local nursing home which enhanced continuity of care for these patients. The GP visited the nursing home weekly and when required to assess and meet patients' on-going needs.

The practice employed staff with specific training in the care of all patient population groups. For example, one nurse had been trained in the care of patients with long term conditions such as diabetes and asthma. There were plans to further enhance staff expertise available at Iwade Health Centre through an on-going programme of training. For example, records showed that one nurse was due to attend training in contraception and sexual health.

Patients were able to receive care and treatment in their own home from practice staff as well as community based staff such as district nurses and palliative care staff.

Contact details of support workers, carers and next of kin were checked each time patients visited the practice to help ensure they were kept up to date in patients' records.

All pregnant women who were 28 weeks pregnant and over were offered the whooping cough vaccine to help reduce the risk of their babies developing the illness in their first few weeks of life.

Specific health promotion literature was available for all patient population groups such as details of The Silver Line (a helpline for older people), influenza vaccination information specifically for patient with diabetes, information for pregnant women about whooping cough

protection available to them during their pregnancy, smoking cessation advice, information about alcohol consumption and how to control it as well as contact details of support organisations for patients with dementia.

Patients told us they were referred to other services when their condition required it. For example, one patient told us they were referred to the local hospital for treatment that the practice was not able to provide locally.

There was information available in the waiting area about services offered by other providers such as an out of hours dental service and a local NHS counselling service as well as contact details for Macmillan Cancer Support. Staff external to the practice provided midwifery services and physiotherapy services at Iwade Health Centre.

Tackling inequity and promoting equality

All areas of the practice were accessible by wheelchair and there was a lift to facilitate access to the first floor of the premises.

Iwade Health Centre had an equality and diversity policy that guided staff. Records showed that staff had received training in equality and diversity. Services were delivered in a way that took into account the needs of different patients on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation.

The practice maintained registers of patients with learning disabilities, depression and dementia in order for staff to identify patients and to help ensure their access to relevant services. Patients on the mental health register received annual reviews to help ensure they were receiving the correct help and that any medicines they were taking remained appropriate and effective.

Access to the service

Primary medical services were provided Monday to Friday between the hours of 8am and 6.30pm. Primary medical services were available to patients registered at Iwade Health Centre via an appointments system. Staff told us that patients could book pre-bookable or on the day appointments by telephoning the practice, using the on-line booking system or by attending in person to the reception desk in the practice. There was a text message system that reminded patients of their appointment date and time if they had agreed to receive information in this way. The practice provided a telephone consultation

Are services responsive to people's needs?

(for example, to feedback?)

service for those patients who were not able to attend the practice. The practice carried out home visits if patients were housebound or too ill to visit Iwade Health Centre. There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There were arrangements with another provider (the 111 service) to deliver services to patients outside of Iwade Health Centre's working hours.

Consistency in care delivery had improved at Iwade Health Centre over the last 12 months through the practice employing predominantly permanent staff. When it was necessary for the practice to employ locum GPs, every effort was made to employ the same locum staff to further enhance continuity in care delivery. The patient participation group commented that there was now stability of staffing at the practice, improved continuity in care delivery and sufficient appointments to meet patients' needs.

The practice opening hours as well as details of how patients could access services outside of these times were available on the practice website. They were also displayed on the front of the building and were available for patients to take away from the practice in written form. For example, in a practice leaflet.

Patients we spoke with said they experienced few difficulties when making appointments. However, they said they found it difficult contacting the practice by telephone as lines were either busy or calls were not answered promptly. The practice had an action plan to address the difficulties patients were experiencing when contacting Iwade Health Centre by telephone.

Contact information was available that enabled patients to refer themselves to the mental health service without the

need to make an appointment with a member of staff at the practice. Patients with a known mental health issue had a dedicated GP allocated to oversee their care and treatment at Iwade Health Centre.

Listening and learning from concerns and complaints

Iwade Health Centre had a system for handling complaints and concerns. Their complaints protocol was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Timescales for dealing with complaints were clearly stated and details of the staff responsible for investigating complaints were given. There was a leaflet available for patients that gave details of the practice's complaints procedure that included the names and contact details of relevant complaints bodies that patients could contact if they were unhappy with the practice's response. Patients we spoke with were aware of the complaints procedure but said they had not had cause to raise complaints about the practice.

Records showed that the practice had received 20 complaints in the last 12 months and had resolved the complaint within the timescale stipulated in the complaints protocol. However, records did not show if the complaints were acknowledged within three working days of being received by the practice.

Staff told us that complaints were discussed at complaints meetings and staff meetings. Records confirmed this and demonstrated that learning from complaints and action as a result of complaints had taken place. Anonymised complaints and complaints themes were also shared with the patient participation group.

Are services well-led?

Good 

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

Our findings

Vision and strategy

Iwade Health Centre had a statement of purpose that aimed to provide high quality personalised patient care through developing and maintaining a service that is receptive to patients' needs and expectations as well as echo latest developments in primary medical services. Staff we spoke with were aware of the practice's statement of purpose.

Governance arrangements

There was a GP dedicated as clinical governance lead and governance issues were discussed at clinical meetings. Staff told us that relevant clinical governance issues were discussed at staff meetings and records confirmed this. There were a variety of policy, protocol, procedure and other documents that the practice used to govern activity. For example, the infection control policy, the chaperone protocol, the emergency incident procedure as well as the disaster handling and business continuity plan. We looked at 31 such documents and saw that seven were not dated so it was not clear when they were written or when they came into use. Four of the documents did not contain a planned review date so it was not clear if there were plans to keep them up to date. However, the remaining 27 documents did contain planned review dates and were up to date.

Individual GPs had lead responsibilities such as safeguarding vulnerable adults and children.

The practice carried out clinical audit cycles that improved the service and followed up to date best practice guidance. The practice carried out analysis of these audit results, made action plans to address any issues identified and planned to repeat the audit to assess the impact of any actions taken and complete a cycle of clinical audit. Records showed that results of clinical audits were shared with relevant staff.

Leadership, openness and transparency

There was a leadership structure with an open culture that adopted a team approach to the welfare of patients and staff. All staff we spoke with said they felt valued by the practice and able to contribute to the systems that delivered patient care.

The practice demonstrated effective human resources practices such as comprehensive staff induction training. Staff told us that they received yearly appraisals and GPs said they carried out relevant appraisal activity that now included revalidation with their professional body at required intervals and records confirmed this. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). There was evidence in staff files of the identification of training needs and continuing professional development.

Staff had job descriptions that clearly defined their roles and tasks whilst working at Iwade Health Centre. The practice had processes to identify and respond to poor or variable practice including policies such as the bullying and harassment policy.

Staff told us they felt well supported by colleagues and management at the practice. They said they were provided with opportunities to maintain skills as well as develop new ones in response to their own and patients' needs.

The practice was subject to external reviews, such as a prescribing review carried out by the local clinical commissioning group (CCG). GP revalidation involved appraisal by GPs from other practices.

Practice seeks and acts on feedback from its patients, the public and staff

The practice took into account the views of patients and those close to them via feedback from the patient participation group (PPG), patient surveys, as well as comments and complaints received when planning and delivering services.

Minutes of the PPG meetings demonstrated regular discussions where comments and suggestions were put forward by members. Staff told us that comments and suggestions put forward at these meetings were considered by the practice and improvements made where practicable.

In response to patients' feedback the practice had an action plan to install a new telephone system to help improve contact with Iwade Health Centre. They had conducted a survey to establish patients' preferences of types of telephone systems and the results were taken into

Are services well-led?

Good 

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

account. The PPG had conducted a patient survey to establish patients' experiences when booking appointments with the practice. Iwade Health Centre had taken the results of this survey into account and made changes to their appointments system.

The practice monitored comments and complaints left in reviews on the NHS Choices website. 13 reviews had been left on this website. Three were positive and 10 were negative. The negative comments related mainly to patients experiencing difficulties contacting the practice by telephone and obtaining an appointment that suited their needs. The practice had responded to all of these reviews.

There were a variety of meetings held in order to engage staff and involve them in the running of the practice. For example, clinical meetings, multidisciplinary meetings and staff meetings. Staff we spoke with told us they felt valued by the practice and able to contribute to the systems that delivered patient care.

Management lead through learning and improvement

The practice valued learning. There was a culture of openness to reporting and learning from patient safety incidents. All staff were encouraged to update and develop their knowledge and skills. All staff we spoke with told us they had an annual performance review and personal development plan.

The practice had a system to investigate and reflect on incidents, accidents and significant events that occurred. All reported incidents, accidents and significant events were managed by dedicated staff. Feedback from investigations was discussed at significant event meetings and staff meetings.

The practice demonstrated that they had systems to identify and reduce risk.