Dawlish Medical Group

Quality Report

The Barton Surgery
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Date of inspection visit: 7 July 2014
Date of publication: 31/10/2014

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.

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Overall summary

Barton Surgery (Dawlish Medical Practice) provides primary medical services to patients living in Dawlish, Dawlish Warren and the surrounding areas. The practice in Dawlish has one small branch surgery in the holiday resort of Dawlish Warren where up to 3,500 patients and holiday-makers are seen per year. At the time of our inspection there were approximately 13,000 patients registered at the practice.

The practice has a team of nine GPs meeting patients' needs. Six GPs are partners, meaning they hold managerial and financial responsibility for running the practice. There are three salaried GPs. In addition there are three registered nurses and three health care assistants. Patients who use the practice have access to community staff including district nurses, community psychiatric nurses, health visitors, physiotherapists, speech therapists, counsellors, podiatrists and midwives.

Patients spoke very positively about the staff employed at the practice and the level of care they received. Patients told us they felt that the practice was safe. They told us that care was given to them in accordance with their wishes and opportunities were given for informed decision making. Patients told us they felt the practice was responsive to their needs. For example, patients said that an urgent appointment could always be obtained on the day they contacted the practice and they could usually see their named GP for non-urgent visits. This reflected the information provided on the practice website and within the practice welcome pack.

Patients told us about their experiences of the practice. Their responses were positive from patients we spoke to on the day, in 26 of the comment cards left for us and within the practice's own patient survey 2012/13.

There was evidence that learning from incidents, significant events and investigations took place and appropriate changes were implemented to improve the practice and patient experiences.

The practice was effective in the way it provided care to patients. In addition to the evidence obtained by our inspection team, the supporting data and documentation we reviewed about the practice demonstrated the practice performed very well when compared with all other practices within the clinical commissioning group (CCG) area.

We saw the practice was well led, with a clear leadership structure in operation. The staff we spoke with spoke highly of the management within the practice and told us they felt supported in their roles. Supporting information reviewed during our inspection demonstrated the practice had appropriate systems in place that regularly monitored the safety and effectiveness of the care provided.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The service was safe. Patients we spoke with told us they felt safe, confident in the care they received and well cared for.

The practice had systems to help ensure patient safety and responded to emergencies well.

Recruitment procedures and checks were completed as required to ensure that staff were suitable and competent, although a risk assessment was not always performed when a decision had been made not to perform a criminal records check using the disclosure and barring (DBS) service on administration staff.

There was a system in operation which encouraged and supported staff to learn from any significant events or incidents. Records to show this process were being developed. There were suitable safeguarding policies and procedures in place that helped identify and protect children and adults who used the practice from the risk of abuse.

There were suitable arrangements for the efficient management of medicines.

There were a small number of environmental risk assessments and systems that did not always show that potential risks to the health, safety and welfare of the patients, staff and visitors were in place.

The practice was clean, tidy and hygienic. We found that suitable arrangements were in place that ensured the cleanliness of the practice was maintained to a high standard. There were effective systems in place for the retention and disposal of clinical waste.

Are services effective?

The service was effective. Supporting data obtained both prior to and during the inspection showed the practice had effective systems in place to make sure the practice was efficiently run.

The practice had a clinical audit system in process and audits had been completed. We saw that care and treatment was delivered in line with national best practice guidance.

The practice worked closely with other services to achieve the best outcome for patients who used the practice.

Staff employed at the practice had received appropriate training, support and appraisal. GP partner's appraisals had been completed annually.

Summary of findings

We saw that the practice had extensive health promotion material available within the practice and on the practice website.

Are services caring?

The service was caring. We spoke with patients who spoke positively about the care provided at the practice. Patients told us they were treated with kindness, dignity and respect. Patients told us how well the staff communicated with them about their physical, mental and emotional health, health education and what was happening at the practice. Patients told us they were included in the decision making process about their care.

Patients told us they felt they had sufficient time to speak with their GP or a nurse. They said they felt well supported both during and after consultations, or through any subsequent diagnosis and treatment.

Are services responsive to people's needs?

The practice was responsive and met patient's needs. Patients commented on how well all the staff communicated with them and praised their caring, professional attitudes.

There was a clear complaints policy available within the practice and on their website. The practice had responded appropriately and in a timely way to any complaints received. Patients we spoke to said they had had no reason to complain. This was also reflected in the comment card responses we received.

The practice actively sought patient's views and gathered this information by ensuring that feedback forms were openly available within the practice. The practice's active approach to gaining feedback was apparent by the 39 comment cards we received in the period leading up to our inspection.

Recent feedback from patients about the appointment system had been responded to well by the practice. Patients continued to appreciate the continuity of seeing the same GPs at the practice. Patients said although the appointment system had improved, they said it was still sometimes difficult to get an appointment with a GP of their choice. Patients who required urgent appointments were seen on the same day.

Are services well-led?

The practice was well led with a clear leadership structure in place. This had been recently strengthened by the addition of some senior management staff. Nursing staff, GPs and administrative staff demonstrated they were clear about their responsibilities, how and to whom they should escalate any concerns.

Summary of findings

Staff spoke positively about their employment at the practice. They told us they were actively supported in their employment and described the practice as having an open, supportive culture and being a good place to work.

There was a clinical auditing system in operation with clinical risk management tools used to minimise any risks to patients, staff and visitors.

The practice recognised the importance of patient feedback and ensured that appropriate facilities were available and advertised for patients to see. The practice patient participation group (PPG) were involved in carrying out patient feedback questionnaires, the last of which had resulted in a change and on going monitoring of the appointment system.

Summary of findings

What people who use the service say

We spoke with 18 patients during our inspection. We also spoke with a representative from the patient participation group (PPG).

The practice had provided patients with information about the Care Quality Commission prior to the inspection, advertised our visit on their website and displayed our poster in the waiting room. Our comment box was displayed prominently and comment cards had been made available for patients to share their experience with us. We collected 39 comment cards, of which 33 contained detailed positive comments. There were 22 comment cards which stated that patients were grateful for the caring attitude of the staff and for the staff who took time to listen effectively, 16 cards commented about the confidence in the advice and medical knowledge. Comment cards also included positive comments about the continuity of care, not being rushed at appointments and being pleased with the ongoing care arranged by practice staff. These findings were reflected during our conversations with patients. The feedback from patients was positive. Patients told us about their experiences of care and praised the level of care and support they consistently received at the practice. Patients quoted they were happy, very satisfied and said they got good treatment. Patients told us that the GPs are excellent and they thought the practice was well run. Patients knew how to complain but told us they mostly had no complaints.

Patients told us there are some ongoing issues with the appointment system but were aware there had been improvements and liked the continuity of care they received. Patients also knew they could get a same day appointment if they needed but half of the patients we spoke with said this was still difficult at times.

Patients were satisfied with the facilities at the practice. Of the 39 comment cards we received 33 commented on the building being clean and tidy. Patients told us staff used gloves and aprons where needed and washed their hands before treatment was provided.

Areas for improvement

Action the service SHOULD take to improve

A risk assessment should be carried out to assess the use of the lower ground floor corridor during an emergency, where patients who lack mobility may need to be evacuated.

A record should be kept to explain the decisions and risk assessment that have been informally made in relation to staff not having a criminal record check using the disclosure and barring.

Risk assessment should be carried out to ensure that liquid nitrogen is stored safely, particularly in areas accessible by patients. Evidence that staff who handle liquid nitrogen are suitably trained should be kept.

Outstanding practice

Our inspection team highlighted the following areas of good practice:

The provider has a business continuity plan that documented the practices response to any emergencies. This was tested during a recent local disaster, caused by adverse weather and extreme sea conditions. Patients had been urgently evacuated from their homes because of a coastal railway line collapse, which affected the stability and structure of the buildings. The practice organised an emergency clinic to be held within the community hall to ensure patients were fit and had access to the medicines and support they required.

Dawlish Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a second CQC inspector, a GP specialist advisor, a practice manager specialist advisor, and an expert by experience. An expert by experience is a person who has experience of using care services. They are part of the inspection team and spend time talking to patients to gain their views and experiences at the practice.

Background to Dawlish Medical Group

The Barton Surgery (Dawlish Medical Practice) provides primary medical services to people living in Dawlish, Dawlish Warren and the surrounding areas. The practice at Barton Terrace, Dawlish, EX7 9QH has one small branch surgery in the holiday resort of Dawlish Warren where up to 3,500 patients and holiday-makers are seen per year.

At the time of our inspection there were approximately 13,000 patients registered at the service with a team of nine GPs meeting patients' needs. Six of these GPs are partners and three salaried GPs. In addition there are three registered nurses, and three health care assistants. Patients who used the practice also had access to community staff including district nurses, community psychiatric nurses, health visitors, physiotherapists, speech therapists, counsellors, podiatrists and midwives.

The practice provided services to a diverse population age group but informed us a larger than average number of these patients are over the age of 65. The practice employ a practice manager, a strategic business manager and 13 clerical/administration staff.

The Barton Surgery is open between Monday and Friday: 08.30am – 6.00pm with early morning appointments available (07.00am – 08.00am) on Tuesday, Wednesday and Thursday each week. These are pre-bookable appointments designed to be used by patients going to work. The branch surgery (Warren Surgery) is open between Monday and Friday from 12.00 noon on a first come, first served basis. Outside of these hours a service is provided by another health care provider, by patients dialling the national 111 service. There is an attached pharmacy where patients can collect their prescriptions, although this is run independently from the practice.

Routine appointments are available daily and are bookable up to six weeks in advance. Urgent appointments are made available on the day.

Why we carried out this inspection

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

How we carried out this inspection

Before conducting our announced inspection of Barton Surgery, we reviewed a range of information we held about the service and asked other organisations to share what

Detailed findings

they knew about the service. Organisations included the local Healthwatch, NHS England and the local clinical commissioning group. We requested information and documentation from the provider which was made available to us either before or during the inspection.

We carried out our announced visit on Monday 7 July 2014. We spoke with 18 patients and 11 staff at the practice during our inspection and collected 39 patient responses from our comments box which had been displayed in the waiting room. We obtained information from and spoke with the practice manager, the strategic business manager, five general practitioners (GPs) receptionists/clerical staff, practice nurses, and health care assistants. We observed how the practice is run and looked at the facilities and the information available to patients. We also spoke with a representative from the patient participation group (PPG). We looked at documentation that related to the management of the surgery and at parts of anonymised patient records to look at processes followed by the staff. We observed staff interactions with other staff and with patients and made observations throughout the internal and external areas of the building.

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

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

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

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

Are services safe?

Our findings

Safe Track Record

Staff were aware of the significant event reporting process and how they would verbally escalate concerns within the practice. All staff we spoke with felt very able to raise any concern however small with the team as a whole. Staff also demonstrated knowledge that following a significant event, the practice undertake a Significant Event Analysis (SEA) to establish the full details of the incident and the full circumstances surrounding it.

Learning and improvement from safety incidents

Three events were discussed which showed that the practice learn from incidents and change practice where appropriate. One issue related to concerns about a medicine. This had resulted in an internal audit and an offer to all patients on the medicine to come to the practice for discussion and review with a clinician. Another included a patient being called to a treatment room in error. This had led to a change in practice and additional checks being performed.

Discussion with the GPs revealed that there is an openness to learn from events. One GP spoke of a 'name and change' culture where statistics or reports reveal a member of staff is working outside of good practice guidance. For example a prescribing audit highlighted where individual prescribing of a named medication was higher than normal. This was used as a learning tool with a reduction of this prescription.

Reliable safety systems and processes including safeguarding

Patients told us they felt safe at the practice and knew how to raise any concerns.

A named GP had a lead role for safeguarding older patients, young patients and children. They had been trained to the appropriate advanced level. There were appropriate policies in place to direct staff on when and how to make a safeguarding referral. The policies included information on external agency contacts, for example the local authority safeguarding team. These details were displayed where staff could easily find them.

There were monthly virtual ward meetings with relevant attached health professionals including, social workers, district nurses, palliative care, physiotherapist and occupational therapists where patients with more complex health care needs were discussed and reviewed. Health care professionals were aware they can raise safeguarding concerns about vulnerable adults at these meetings.

Staff said communication between health visitors and the practice was good and any concerns were followed up, for example, if a child looked unkempt or was losing weight the GP could raise a concern for the health visitor to follow up.

The computer based patient record system allowed safeguarding information to be alerted to staff. When a vulnerable adult or 'at risk' child had been seen by different health professionals , they were aware of their circumstances. The staff told us they had received safeguarding training, which training records confirmed. They told us they were aware of whom the safeguarding leads were and demonstrated knowledge of how to make a patient referral or escalate a safeguarding concern internally.

A National Society for the Prevention of Cruelty to Children (NSPCC) poster for children about raising concerns was on display adjacent to a childrens book and play area in the waiting room.

Monitoring Safety & Responding to Risk

The practice had a risk assessment in place which related to fire hazards and health and safety. The last fire risk assessment from July 2014 highlighted several action points which the practice was addressing. At the inspection we noted that there was no automatic fire detection system or smoke detectors fitted throughout the building. The alarm relies upon a person noting the fire. The manager was able to produce evidence to show the building had passed recent building regulations in terms of fire detection and risk for life.

The building is owned by the GP partners. The attached pharmacy rents space from the partners. Building work had recently been completed to improve capacity and now patient access is available on three floors. The corridor on the lower floor was narrow, with wall heaters restricting access in places. This could possibly reduce accessibility and could have an impact if a patient needed to be evacuated in an emergency on a stretcher. There was no risk assessment for this.

Are services safe?

The provider had a suitable business continuity plan that documented the surgeries response to any prolonged period of events that may compromise patient safety. For example, this included computer loss and lists of essential equipment.

During adverse winter weather in February 2014 the town lost a main train line to the storms. Patients were evacuated from their homes and re-housed in a local community hall. The practice organised an emergency clinic to be held within the community hall to ensure patients were fit and had access to the medicines and support they required. The local clinical commissioning group, media and members of parliament praised the practice for this response.

Medicines Management

Patients were informed of the reason for any medication prescribed and the dosage. Where appropriate patients were warned of any side effects, for example, the likelihood of drowsiness. All patients said they were provided with information leaflets supplied with the medication to check for side effects.

Patients were satisfied with the repeat prescription processes. They were notified of health checks needed before medicines were issued. Patients explained they could use the box in the surgery, send an e-mail, or use the recently introduced on-line facility for repeat prescriptions. Patients also explained they could collect their medicines from the pharmacy which is located next to the practice. There was also a courier service operated by the pharmacy for vulnerable patients who are unable to collect their medicines in person.

The GPs were responsible for prescribing medicines at the practice. There were no nurse prescribers employed. We saw that medicines and prescription pads were stored safely. All prescriptions were authorised by the prescriber.

The computer system highlighted high risk medicines, and those requiring more detailed monitoring. We discussed the way patients' records were updated following a hospital discharge and saw that systems were in place to make sure any changes that were made to patient's medicines were authorised by the prescriber.

There were systems in place to make sure any medicines alerts or recalls were actioned by staff.

There were appropriate arrangements for controlled drugs management and those medicines requiring cold storage. There were systems in place so that checks took place to ensure products were kept within expiry dates. Those medicines which required refrigeration were stored in secure fridges. Fridge temperatures were monitored daily to ensure that medicines remained effective.

We conducted a visual check on a sample of medicines to check they were in date. This included checks on emergency medicines. We also checked emergency equipment with the nurse, the resuscitation kit, additional portable kit, defibrillator and oxygen all were in order.

Controlled drugs, those which could be subject to misuse, were stored in a locked cabinet and the quantity of each drug was recorded and signed for. There was a clear audit trail of receipt and issue of controlled drugs. The practice had clear procedures in place for the disposal of controlled drugs.

The protocol for checking medicines in GPs own bags had been changed. GPs' secretaries held the list of medicines and expiry dates and prompted each GPs when to order more. The lead nurse supplied medicines from practice stock on receipt of the request or ordered more as necessary. Staff said this system was working well.

Cleanliness & Infection Control

We left comment cards at the practice for patients to tell us about the care and treatment they receive. We received 39 completed cards. Of these, 33 commented on the building being clean and tidy. Patients told us staff used gloves and aprons and washed their hands.

The practice had policies and procedures on infection control and these had been recently reviewed. We spoke with the infection control lead, who was the lead nurse. Staff had access to supplies of protective equipment such as gloves and aprons, disposable bed roll and surface wipes. The nurse and health care assistants described the steps they took in between patient appointments, such as changing gloves, hand-washing, changing bed roll, and wiping the couch, to reduce risks of cross infection.

We saw records of an infection control audit that had been completed in December 2013. This included an individual room audit. A whole staff memorandum in January 2014 set out actions that had arisen from the audit. These

Are services safe?

included the removal of material blankets from treatment rooms, the ordering of additional sharps bins, and toys which could not be easily cleaned being removed from treatment rooms.

Treatment rooms, public waiting areas, toilets and treatment rooms were visibly clean. There was a cleaning schedule carried out by external contract cleaners. A system was in place to raise issues with contractors.

Clinical waste and sharps were being disposed of in safe manner. There were sharps bins and clinical waste bins in the treatment rooms. The practice had a contract with an approved contractor for disposal of waste. Waste was stored in a secure, external store cupboard.

Staffing & Recruitment

The practice had a low turnover of staff. The practice did not use locums as staff covered for each other during staff absence.

Recruitment procedures were safe and staff employed at the practice had undergone the appropriate checks prior to commencing employment. Clinical competence was assessed at interview. Once in post staff completed an induction which consisted of ensuring staff met competencies and were aware of emergency procedures.

Criminal records checks carried out by Disclosure and Barring Service (DBS) were only performed for GPs and nursing staff, not administrative staff. The practice manager explained an informal risk assessment had been performed regarding this decision. However, there were no records to show this process had been followed.

The practice had clear disciplinary procedures to follow should the need arise.

The registered nurses' Nursing and Midwifery Council (NMC) status was completed and checked annually to ensure they were on the professional register to enable them to practice as a registered nurse.

Dealing with Emergencies

There was a duty system in operation to ensure one of the nominated GP partners covered for their colleagues, for example emergency home visits and checking blood test results.

Appropriate equipment was available and maintained to deal with emergencies, including if a patient collapsed. Staff explained that emergency procedures had been used successfully on a patient who had collapsed. Administration staff appreciated that they had been included on the basic life support training sessions.

Equipment

The emergency medicines and equipment available, together with the arrangements in place ensured they were serviced or safe to use. Equipment such as the weighing scales, blood pressure monitors and the electrocardiogram (ECG) machine were serviced and calibrated where required.

Emergency equipment available to the practice was within the expiry dates. The practice had an effective system using checklists to monitor the dates of emergency medicines and equipment which ensured they were discarded and replaced as required.

Portable appliance testing (PAT) where electrical appliances were routinely checked for safety was last carried out by an external contractor in October 2012 and next scheduled for October 2014.

Liquid nitrogen is used at the practice. Protocols were available for the safe storage and handling but the protocol did not highlight that placing the liquid nitrogen in an area accessible to patients was appropriate. Evidence that staff who handled liquid nitrogen were trained was not produced.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care & treatment in line with standards

There were examples where care and treatment followed national best practice and guidelines. For example, emergency medicines and equipment held within the practice followed the guidance produced by the Resuscitation Council (UK). The practice followed the National Institute for Health and Clinical Excellence (NICE) guidance and we saw that where required, guidance from the Mental Capacity Act 2005 had been followed.

The practice used The Quality and Outcome Framework (QOF) to measure their performance. The QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice in their surgeries. The QOF data for this practice showed that they generally achieved high or very high scores in areas that reflected the effectiveness of care provided. The local clinical commissioning group (CCG) data demonstrated that the practice performed well in comparison to other practices within the CCG area.

The practice is an approved centre for research. One of the GPs is a member of the Primary Care Research Network based at the local medical school. The GP was recruiting patients onto clinical trials for a heart condition. Patients had responded to this well, they had been given additional appointments and screening and had given their full informed consent.

The GPs had made a decision that clinical care pathways for patients with respiratory diseases, diabetes and cardiovascular disease were GP led at the practice. The nursing staff carried out health screening but the management of these patients was done by the GPs. GPs told us this meant they could provide a better continuity of care.

Management, monitoring and improving outcomes for patients

The practice provided a service to up to 13,000 patients. The practice staff told us 30% of the patient population group are above the age of 65. The practice also provided a service to an additional 3,500 holiday makers who come to the area each year. There are daily appointments at a branch surgery which is situated close to holiday parks and mobile homes.

The practice were keen to ensure that staff had the skills to meet patients needs. For example, one of the GPs had a special interest in mental health and provided a physical medicine service to a large local medium secure mental health hospital. The practice is situated next door to Dawlish Community Hospital. Two named GPs work as the link for this resource including being the on call GP for the minor injury unit. Other services include annual checks and health action plans for patients living with learning difficulties. The practice also had patients who live at two local boarding schools.

Effective Staffing, equipment and facilities

All of the GPs in the practice participated in the appraisal system leading to revalidation of their practice medicine over a five-year cycle. The three GPs we spoke with told us these appraisals had been appropriately completed. Nursing and administration staff had received an annual formal appraisal and kept up to date with their continuous professional development programme. We saw documented evidence to confirm this process was robust. There was a comprehensive induction process for new staff.

Staff felt well supported in the training programme. We saw the staff training record which showed that all staff were up to date with mandatory training including basic life support, infection control, confidentiality, customer care and data protection. Staff said that they could ask to attend any relevant external training to further their development.

The practice was accredited by the University of Exeter and NHS Education (South West) as a suitable teaching centre for trainee GPs and medical students. One of the GPs is the link for these members of staff although all staff have involvement with students and trainees.

Working with other services

Once a month there was a virtual ward meeting to discuss vulnerable patients, high risk patients and patients receiving end of life care. This included the multidisciplinary team such as social workers, palliative care team, physiotherapists, occupational therapists, community matrons and the mental health team. We spoke with a health care professional who said the practice facilitated these meetings to make sure the patients received the best care.

Are services effective?

(for example, treatment is effective)

The practice website detailed how patients can access further services. These include the minor injuries unit, physiotherapists, occupational therapists, speech and language therapist, X-rays, health visitor, podiatrist and minor injury unit.

Health Promotion & Prevention

New patients had a screening assessment and those with more complex illnesses or diseases were offered an appointment for review. Well women and man clinics and vaccination clinics were offered. This enabled the clinicians to recommend lifestyle changes to patients and promote health improvements which might reduce dependency on healthcare services.

The Practice Charter was featured on the practice website set out the practice and patient responsibilities so that patients knew what service to expect and how to help make it as effective as possible. The practice worked in partnership with patients, they provided support and trained them to monitor their own conditions, especially older or younger patients with chronic conditions. This included information sharing and lending blood pressure monitoring equipment.

There was a range of leaflets and information documents available for patients within the practice and on the website. These included leaflets for mental health issues, smoking cessation, diet, how to live a healthy lifestyle and support groups such as domestic violence support. The practice website had links for patients to follow which included how to obtain urgent medical advice and support, healthy lifestyle, holiday health and self-treatment of common illness and accidents. These links were simple to locate.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

Patients we spoke with told us they felt well cared for at the practice. They told us they felt they were communicated with in a caring and respectful manner by all staff.

We left comment cards at the practice for patients to tell us about the care and treatment they received. We received 39 completed cards, of these 33 contained detailed positive comments. There were 22 comment cards which stated that patients were grateful for the caring attitude of the staff and for the staff who took time to listen effectively. Sixteen cards commented about the confidence in the advice from staff and their medical knowledge.

Comment cards also included positive comments about the continuity of care, not being rushed at appointments and being pleased with the ongoing care arranged by practice staff.

We saw that patient confidentiality was respected within the practice. The waiting areas had sufficient seating and were located away from the main reception desk which reduced the opportunity for conversations between reception staff and patients to be overheard. There were additional areas available should patients want to speak confidentially away from the reception area. We heard, throughout the day, the reception staff communicating pleasantly and respectfully with patients.

Conversations between patients and clinical staff were confidential and always conducted behind a closed door. Window blinds, sheets and curtains are used to ensure patient's privacy. The GP partner's consultation rooms were also fitted with dignity curtains to maintain privacy.

We discussed the use of chaperones to accompany patients when consultation, examination or treatment were carried out. A chaperone is a member of staff or person who acts as a witness for a patient and a medical practitioner during a medical examination or treatment.

The practice website describes that patients are entitled to have a chaperone present for any consultation, examination or procedure where they feel one is required. The practice had a written policy and guidance for providing a chaperone for patients which included expectations of how staff are to provide assistance. Health care assistants at the practice told us that they acted as chaperones as required and that they understood their role is to reassure and observe that interactions between patients and doctors are appropriate. There were appropriate systems in place to respect and maintain patients' privacy and dignity.

Involvement in decisions and consent

Patients we spoke with told us they were able to express their views and said they felt involved in the decision making process about their care and treatment. They told us they had sufficient time to discuss their concerns with their GP and said they never felt rushed. Feedback from the comment cards showed that patients had different treatment options discussed with them, together with the positive or possible negative effects the treatment may have.

Patients told us that nothing is undertaken without their agreement or consent at the practice. The number of patients whose first language is not English was very low. Staff knew these patients well and are able to communicate well with them. The practice staff knew how to access language translation services if information was not understood by the patient, to enable them to make an informed decision or to give consent to treatment.

Where patients did not have the mental capacity to consent to a specific course of care or treatment, the practice had acted in accordance with the Mental Capacity Act 2005 to make decisions in the patient's best interest. Alerts on patient records also flagged up important information to inform staff as to which family member they were able to share information with.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to patient's needs

The practice had an open waiting areas and sufficient seating. The reception and waiting area had sufficient space for wheelchair users. The reception staff were pleasant and respectful towards the patients.

Patients we spoke with told us they felt the practice were responsive to their individual needs. They told us that they had been visited at home when appropriate and they felt confident the practice would meet their needs. GPs told us that when home visits were needed they were usually made by the GP who was most familiar with the patient.

We saw the practice responded to changing patient needs. For example, nursing staff had felt rushed during some appointments. An analysis of this incident had resulted in longer appointment times had been introduced for a particular procedure to reduce patients being rushed or having to wait.

Access to the service

The GPs provided a personal patient list system. These lists were covered by colleagues when GPs were absent. Patients appreciated this continuity but said this meant there was sometimes a delay in seeing the GP of their choice, adding that if they wished to see a preferred GP they had to plan their visits well ahead.

Difficulty booking appointments was highlighted in a practice survey conducted in March 2014 when 575 patients had responded. Twenty eight patients had said it was difficult to get an appointment with their named GP. Thirteen patients had experienced difficulty getting through on the telephone in the morning.

The strategic business manager told us the survey had resulted in a new appointment booking system being introduced. This included patients being able to book appointments six weeks in advance, so patients now found it easier to see the GP of their choice.

Of the 39 comment cards we received, five stated that patients had to sometimes wait to get an appointment with the GP of their choice. Six cards stated that it was easy to get a same day appointment. One card stated that there had been a slight problem getting appointments in the past but this had now been resolved. Of the 18 patients we spoke with half said there was sometimes still a problem making a same day appointment. Six said it was no problem and another two said it had become easier in the last few months. The practice managers told us this was being kept under review with help from the patient participation group. We saw a patient information leaflet detailing the recent changes to the appointment system.

In addition to the practice website, an information welcome leaflet for patients was available in the reception area. This contained information on the services provided and included staff employed, opening times, appointments, home visits, out of hours care, how to complain and telephone call back services.

Meeting patient's needs

Systems were in place to ensure any referrals, including urgent referrals for secondary care and routine health screening including cervical screening, were made in a timely way. Patients were able to choose which hospital they wished to attend. Patients told us that any referral to secondary care had always been discussed with them and arranged in a timely way.

An effective process was in place for managing blood and test results from investigations. When GPs were on holiday the other GPs covered for each other. Patients said their test results had been either given immediately, phoned through by a GP, sent by letter or supplied when they phoned the surgery. Everyone was certain that there was no delay no matter which method was used.

Concerns & Complaints

The practice had an effective complaints procedure in place. The management had an open door policy for patients to discuss any concerns. Eight of the 18 patients we spoke with indicated that they knew how to make a complaint, the remaining 10 patients did not know but added they would find out, four of these patients said they did not need to know as they had no reason to complain or did not know what they could complain about.

Information on how to raise a complaint or concern was displayed within the practice and information is also available on the website. The process included timescales in which the practice would respond and information of other regulatory bodies to whom patients could complain.

The practice had received 35 complaints or concerns last year, of these ten were upheld. A file was kept to record

Are services responsive to people's needs?

(for example, to feedback?)

complaints and an annual return was sent to the commissioning board of the NHS England local area team. The practice manager was in the process of standardising the complaints template to show learning more effectively.

We were given an example where a recent complaint was received about a particular medicine. This resulted in the GP partners discussing the issue and agreeing a protocol for reduction of these medications in line with national guidelines.

Are services well-led?

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

Our findings

Leadership & Culture

We spoke with GPs nurses, health care assistants and administration staff during the inspection process. All spoke highly and respectfully of their colleagues, their employment at the practice and the standard of leadership they worked under. There were clear lines of accountability and staff are aware of each other's roles and responsibilities. All said that the GP partners and practice managers were very approachable and said there is a strong team ethos throughout the practice. All of the staff we spoke with made very positive references to the open culture within the practice.

Governance Arrangements

There were suitable systems in operation to manage governance of the practice. The practice had structured meetings that ensured information is shared, for example, a business meeting is held every Monday. GP partners, the practice manager, the lead nurse and the heads of departments meet to discuss clinical issues and matters relating to the running of the practice such as staffing, significant events and complaints. This ensured that matters that may have an impact on patient care and safety were discussed to ensure awareness and effective service delivery.

There were practice nurse meetings for nursing staff to catch up, share information, training and feedback. Twice monthly partners meetings were held to discuss business strategy. These often had a training or educational aspect.

Systems to monitor and improve quality & improvement

The quality of care is reflected in the practice achievements against the Quality and Outcomes Framework (QOF). There was a QOF lead in the practice and each GP and practice nurse contributed to the practice's current achievements.

The clinical auditing system assisted in driving improvement. For example, an audit of tranquilising medicines resulted in patients being invited to the surgery for a medication review, this had led to a reduced number of these medicines being prescribed and a change in prescribing policy.

Administration staff felt supported to raise concerns and highlight where the business does not run effectively. For example, recent frustrations had been raised about working patterns, this was addressed by the practice manager and had resulted in more efficient roles and responsibilities.

Practice seeks and acts on feedback from users, public and staff

The practice recognised the importance of patient feedback and ensured that appropriate facilities were available and advertised for patients to see.

The practice has a patient participation group (PPG) which had been running for approximately 5 years. We spoke with a representative who told us the group of eight patients met bi-monthly with a GP and the practice managers. The PPG organised the most recent patient feedback questionnaire and analysed the results. This survey had resulted in recent changes to the telephone system and an introduction of early (from 7am) morning appointments with GPs and nurses one day a week. The PPG intend to monitor the effectiveness of the appointment system.

Learning & Improvement

Staff demonstrated awareness of the incident reporting policy and described a willingness to learn and an open culture in raising awareness and responding to untoward events.

The practice used a standard document for all significant event reports and used the same process for medication errors, complaints and near miss incidents. The practice manager told us the GPs and nursing staff discussed these significant events when they are identified, but also more formally at regular Monday morning meetings. Minutes are kept for these meetings but we found that some discussions are not always documented to show what action plans had been put in place. The strategic manager told us this had already been identified and is planned to be introduced by the end of the summer.

Identification & Management of Risk

The practice had systems in place to identify and manage risks to the patients, staff and visitors that attended the practice. We saw risk assessments had been completed for health and safety risks relating to the building. The practice had a suitable business continuity plan to manage the risks associated with a significant disruption to the service. This included, for example, if the electricity supply failed, IT is lost or if the telephone lines at the practice failed to work.

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.

Our findings

The practice told us and our data confirmed there are a high number of patients over the age of 65 compared to other practices in the area. Patients over the age of 65 told us they were pleased with the care they received.

There were not specific older person clinics held at the practice, but treatment is organised around the individual patient and any specific condition they had.

Routine vaccination clinics against pneumonia and flu were organised at the practice in the Autumn. These included any patient over the age of 65.

Home delivery of prescriptions was arranged for some older vulnerable 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).

Our findings

Patients with long term illnesses had their condition and medication reviewed when required. GPs also supported and trained patients to monitor their own conditions, especially older patients with chronic conditions, and also younger patients. The practice has a carers' register and all carers are contacted by telephone to offer them an appointment for a carers' check with nursing staff. Newly registered patients who are carers are informed of the service. Specific staff training had been given for this.

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

Staff worked effectively with other agencies in relation to long term conditions. For example, if it was apparent patients needed other equipment, grab rails or treatment, staff made contact with occupational therapy and physiotherapy teams.

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.

Our findings

Parents we spoke with were very happy with the care their families received.

There were well organised baby and child immunisation programmes available.

Ante-natal care was provided by a team of midwives who worked with the practice. Midwives held clinics at the community hospital which is next door to the surgery. The midwives have access to the practice computer system and could speak with a GP should the need arise. Health visitors also held baby clinics at the community hospital and the practice had contact with the school nursing team. Systems were in place to alert health visitors when children had not attended routine appointments and screening.

The GPs provide a service for two local boarding schools who have children with behavioural problems and physical disabilities.

Appropriate systems were in place to help safeguard children or young people who may be vulnerable or at risk of abuse.

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.

Our findings

Patients who were of working age or who had recently retired were pleased with the care and treatment they received.

A telephone triage was available for patients at work. There are three mornings where patients who work are able to access early morning appointments. Patients told us these are really useful.

Suitable travel advice is available from the GPs and nursing staff within the practice and supporting information leaflets within the waiting areas.

The staff carry out opportunistic health checks on patients as they attend the practice. This includes offering referrals for smoking cessation, providing health information, routine health checks and reminders to have medication reviews.

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).

Our findings

The practice offers a service to patients with substance misuse. One of the GPs had a special interest in caring and treating patients with drug and alcohol problems. The practice manager told us that some of these patients know that the practice can be relied upon to help and treat them, even if they had moved out of the area or were homeless. The practice manager informed us that they do not turn away any patient who is of no fixed abode if they are asking for help.

There are care homes for people with learning disabilities in the area. Annual health checks are offered to these patients using extended appointments, appropriate language and tools including picture boards to help communication.

Vaccinations are offered when required and managed safely. Appropriate arrangements are in place to ensure that patients with mobility limitations had access to care.

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.

Our findings

The practice provides a GP service to patients who live at a local specialist medium secure mental health hospital. One of the GPs with a special interest in mental health works with the community mental health team and hospital clinicians either on the hospital site or at the surgery.

Routine care appointments for patients experiencing a mental health problem are available and advanced bookings could be made if required.

The practice were responsive in referring patients with mental health concerns to specialist services, this was confirmed through patient feedback and records.

Liaison was undertaken with external agencies, for example the mental health crisis team, local support groups and counsellors when required.