# Amherst Medical Practice

## Quality Report

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

# Summary of findings

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# Summary of findings

## Overall summary

**Overall summary**

Amherst Medical Practice is registered with the Care Quality Commission to provide the regulated activities: Diagnostic and screening services; Family Planning; Maternity and Midwifery services; Surgical procedures; Treatment of disease, disorder and injury.

Amherst Medical Practice provides primary care services from its main surgery in Amherst and the branch surgery in Brasted.

During the inspection we spoke with patients, members of the patient participation group and staff.

The practice was well led. There was a clear mission statement which we found was demonstrated by staff in their day to day work. The practice had a system which ensured patients' views on the service were listened and responded to. The practice met nationally recognised quality standards for improving patient care and maintaining quality. However the practice internal quality processes were not regularly monitored and recorded which would have assisted in the early identification of risks to patients.

Patient feedback suggested they were highly satisfied with the care and treatment they received describing staff as friendly, professional and supportive. The services provided enabled patients to access the care they needed promptly and efficiently.

Care and treatment was delivered in line with best practice. The practice had the appropriate equipment and procedures to manage patient emergencies safely and effectively.

The service was not safe with regards to the storage, checking and dispensing of medicines which put patients at risk.

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

**Are services safe?**
The practice was not safe with regards to the storage, checking and dispensing of medicines which put patients at risk. The practice had systems which recognised and supported patients who were at risk of abuse. There was appropriate equipment, medicines and procedures to manage patient emergencies.

**Are services effective?**
The practice was effective. The practice met nationally recognised quality standards for improving patient care. Care and treatment was delivered in line with current best practice.

**Are services caring?**
The practice was caring. Patient feedback suggested they were highly satisfied with the care and treatment they received. We observed staff were patient and caring in their interactions with patients.

**Are services responsive to people's needs?**
The practice was responsive to patients' needs. The services provided enabled patients to access the care they needed promptly and efficiently. The practice had a system which ensured patients' views were listened to and acted upon. Feedback from patients had resulted in changes to the amount of information displayed in the practice and the availability of appointment times.

**Are services well-led?**
The practice was well led. There was a clear mission statement which we found staff demonstrated through their day to day work. The practice had a system which ensured patients' views on the service were listened and responded to. The practice met nationally recognised standards for improving patient care and maintaining quality. However the practice internal quality processes were not regularly monitored and recorded which would have assisted in the early identification of risks to patients.

# 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 supported older patients by enabling access to services without people having to attend the surgery. Two GPs provided primary care services to a local nursing home.

**People with long-term conditions**
The practice supported patients with long term conditions by offering treatment, advice and support through specialist clinics, screening and evidence based information. Staff worked with other health care providers to enable effective end of life care for patients who wanted to die at home.

**Mothers, babies, children and young people**
The practice supported mothers, children and young people by working with other healthcare providers and offering advice and support through specialist clinics, screening and information.

**The working-age population and those recently retired**
The practice supported the working age population and those recently retired by providing screening for common medical conditions. They offered a flexible appointment system and access to information and services via the internet.

**People in vulnerable circumstances who may have poor access to primary care**
The practice supported patients in vulnerable circumstances by the early identification and protection of patients at risk. Patients had fair and equal access to treatment and support.

**People experiencing poor mental health**
The practice supported patients experiencing poor mental health by regular monitoring of their treatment and support needs.

# Summary of findings

## What people who use the service say

Patients we spoke with, feedback from the patient participation group and a recent patient survey indicated patients' high levels of satisfaction with the service they received. Staff were described as friendly, caring and understanding. The services provided at the practice were described as excellent and professional. The three patients who had rated the practice on the NHS Choices website had given the highest rating of five stars.

## Areas for improvement

**Action the service MUST take to improve**

- Repeat prescriptions must have an authorised signature prior to medicines being dispensed to patients.
- Routine expiry date checking of medicines held in the dispensary must be undertaken and recorded.
- Dispensing staff must receive the appropriate training to undertake the final checks required prior to medicines being dispensed.
- The practice must have a system to monitor the effectiveness of the quality assurance processes of the dispensary, such as the recording of refrigerator temperatures.
- There must be a clear process in place for dispensing staff to convey the risks associated with the service.

## Good practice

Our inspection team highlighted the following areas of good practice:

- The practice supported children by offering primary care services to a local school.

# Amherst Medical Practice

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector and GP specialist advisor. They were accompanied by a second CQC inspector and a CQC pharmacy inspector who inspected the branch surgery dispensary.

## Background to Amherst Medical Practice

**Amherst Medical Practice**
21, St. Botolphs Road

Sevenoaks

Kent TN13 2RP

**Branch Surgery**
High Street

Brasted

Kent TN16

Amherst Medical Practice and it's branch surgery are part of the West Kent Clinical Commissioning Group.

The main practice is situated in the village of Amherst and the branch surgery in Brasted village on the outskirts of Sevenoaks. The practice has a patient population of approximately 13,000, of which over 1800 patients attend the branch surgery. Primary care services are provided Monday to Friday during working hours. In addition there are a range of clinics for all age groups, specialist nursing treatment and support and other patient services such as a dispensary at the branch surgery.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

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

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

We carried out an announced visit on 15 May 2014 between 9am-6pm.

Before our inspection, we reviewed a range of information we held about the service and asked other organisations, such as the local Clinical Commissioning Group and local

# Detailed findings

Healthwatch to share what they knew. We carried out an announced visit on 15 May 2014 at both the main and branch surgery. During our visit at the main surgery we spoke with six GPs, three nurses, the practice manager and administration staff. We spoke with 10 patients who used the service and members of the Patient Participation Group who represented patient views about the practice. We observed how staff talked with and cared for patients. We looked at patient surveys and comment cards. During the inspection at the branch surgery dispensary we spoke with dispensing staff. We looked at practice documents such as policies and meeting minutes as evidence to support what people told us.

# Are services safe?

## Summary of findings

There were safe systems which recognised and supported patients who were at risk of abuse. The practice had appropriate equipment, medicines and procedures to manage patient emergencies.

The service was not safe with regards to the storage, checking and dispensing of medicines which put patients at risk.

The practice had appropriate equipment, medicines and procedures to manage patient emergencies.

## Our findings

### Safe Patient Care

The practice used a range of information to identify risks and improve quality regarding patient safety. For example, reported incidents and accidents and national patient safety alerts. They completed an annual complaints report in order to analyse and identify trends in the occurrence of complaints. All staff we spoke with were aware of how to report incidents.

### Learning from incidents

There was a culture of openness to reporting and learning from patient safety incidents. There were quarterly meetings during which significant events were reviewed. Records demonstrated changes to practice occurred when things went wrong. For example, the processes followed for reporting blood results to the doctor. We saw from the significant incident reporting tool that patients were informed following an incident and the appropriate support was given.

### Safeguarding

The practice had systems to recognise and support patients who were at risk of abuse. There was an identified safeguarding lead GP who had a clear role supporting staff and overseeing the safeguarding process. Patients and staff had ready access to the safeguarding policies for both children and adults for information and guidance. Both policies included contact details of the appropriate authorities to report concerns.

Training records demonstrated staff attended training updates every three years. We noted this was not in line with the practice recommendation of an annual update. However the staff we spoke with were aware of their roles and responsibilities with regards to protecting people from abuse or the risk of abuse. They were able to provide us with a range of potential signs of abuse and knowledge of how to react should the situation arise.

There was a system to highlight vulnerable patients on their computerised records. This information was available on the patient's record so that staff were aware of any issues when they attended the surgery. Staff told us the practice did not have a system to regularly check

# Are services safe?

the quality of information recorded in patients' clinical records. We did not see documented evidence that monitoring of patients' records to improve the quality and safety of patient care took place.

### Monitoring Safety & Responding to Risk

The practice had the appropriate equipment, medicines and procedures to manage patient emergencies. The emergency equipment included an automated external defibrillator, portable oxygen, ventilation equipment suitable for adults and children, and manual suction. The relevant emergency medicines were available to respond quickly in life threatening situations until further help arrived. Although records demonstrated staff checked emergency equipment monthly we found one piece of equipment to maintain a clear airway was out of date. The accuracy of checking and completing records was not monitored. This meant staff could not be assured equipment was safe to use.

Staff were aware of the procedure to summon assistance and the information emergency services required to accompany the patient. This enabled emergency services to be appropriately prepared to support patients safely and effectively.

### Medicines management

Patients were not protected from the risks of unsafe medicines management. We observed there were some areas of good practice in the storage, supply and disposal of medicines. For example, there was the facility to order medicines twice a day when the dispensary was open which meant medicines were available within 24hrs to meet the needs of the patients.

However certain medicines were not stored and dispensed in line with legal requirements. There were aspects of unsafe practice in the storage, checking and dispensing of medicines which put patients at risk. Medicines requiring storage in the refrigerator were not stored under conditions which ensured their quality was maintained. For example, we looked at records and saw medicine refrigerator temperatures were not accurately recorded. The refrigerator thermometer was not reset regularly.

We found repeat prescriptions were signed after the medicines had been dispensed to patients. Prescription pads were not securely stored.

Staff did not routinely check or record the expiry dates of medicines held in the dispensary.

Staff had not attended a recognised training course or it's equivalent to undertake final accuracy checks of medicines prior to dispensing to patients.

There was not a clear system for dispensary staff to discuss the risks associated with the dispensing service. For example, dispensary staff did not attend practice meetings where governance issues were discussed.

### Cleanliness and infection control

Patients were cared for in an environment which was clean and reflected good infection control practices. There was an identified lead GP with a clear infection control role which included reviewing the procedures used and ensuring staff knowledge and skills were up to date.

All areas of the practice we looked at were visibly clean, tidy, well lit and uncluttered of unnecessary equipment which aided cleaning.

There were sufficient hand washing facilities for staff and patients. Staff had access to the necessary personal protective equipment such as gloves and aprons when undertaking clinical procedures.

We noted the infection control audit completed in May 2014 did not have an action plan. This may have meant any outstanding actions may not have been addressed.

The practice had some infection prevention and control policies as guidance and information for staff such as hand hygiene and the disposal of waste and other used equipment. However, not all of the policies suggested in the Code of Practice on the prevention and control of infections and related guidance (DH 2008) had been developed. This may have meant staff did not have sufficient information to undertake certain procedures, for example, wound dressings and other clinical procedures.

### Staffing and recruitment

The practice had limited written guidance to support staff with the recruitment and selection process of new staff. However staff were able to describe the process and information required for recruitment and selection. The interview schedules were comprehensive and included questions designed to evaluate the candidate's suitability for the role. Suitable candidates were asked to provide documentation to verify their identity and qualifications. These included references and proof of a person's

qualifications or registration with the appropriate professional body. GPs and nurses were subject to a satisfactory criminal records check via the Disclosure and Barring Service (DBS).

### Dealing with Emergencies

The practice had a comprehensive emergency plan to cover a range of situations which could disrupt the service provided. Staff were aware of what to do in the absence of the practice manager who would normally co-ordinate the plan. Records demonstrated staff had annual fire drill and evacuation training.

### Equipment

We saw from practice records that equipment was regularly serviced and maintained. Maintenance checks included the annual testing of all electrical equipment and fire protection equipment such as fire extinguishers. We saw the practice had independent legionella and fire risk assessments to ensure the building was safe and fit for purpose.

# Are services effective?

(for example, treatment is effective)

## Summary of findings

The service was effective. Care and treatment was delivered in line with current best practice. The practice met nationally recognised quality standards for improving patient care.

## Our findings

### Promoting best practice

Staff we spoke with told us they applied national guidelines in the treatment and support of patients. Examples included working with others to deliver effective end of life care for patients dying at home and patient treatment pathways for managing long term condition such as asthma.

The GPs we spoke with were confident in their knowledge of consent and the importance of the assessment of capacity and the application of the law. They gave examples of how this applied to children and adults with impaired mental capacity.

### Management, monitoring and improving outcomes for people

Patient care was improved by the effective monitoring of treatment. Each GP participated in clinical audit for example, the use of antibiotics for tonsillitis. Data we looked at demonstrated the practice met nationally recognised quality standards for improving patient care and compared favourably with other practices in the area.

### Staffing

Staff received the appropriate training and support to undertake their role. Training records demonstrated staff had completed essential training to support safe effective practice such as basic life support and safeguarding training. GPs and nurses told us they had study time to update their knowledge and skills and to complete their verifiable continuing professional development (CPD) requiring documentary proof of completion. Non registered health care staff had extended their roles and undertaken specific training such as wound care and immunisations.

Practice and staff related concerns and issues were addressed on an informal basis as and when they arose or at team meetings.

We saw from records staff had an annual performance review. We looked at one example of a review and saw the discussion provided feedback on the employee's performance and the opportunity to identify learning and development requirements.

### Working with other services

The GPs worked with other healthcare providers to co-ordinate and manage patients' care effectively. There

# Are services effective?

## (for example, treatment is effective)

were monthly multidisciplinary meetings (MDT) including palliative care nurses to review the care of patients with life limiting conditions at end of life. In addition there were quarterly MDT meetings to review the care of patients with long term conditions.

The GPs worked with other providers caring for people in the community. For example two GPs carried out regular visits to two local nursing homes and another provided support to a local school.

Although district nurses, health visitors and community mental health nurses were not based at the surgery the practice told us they worked closely with community staff to ensure continuity of care.

### Health, promotion and prevention

Patients had access to a range of health promotion information in the surgery and on the practice website. The practice offered specialist clinics for patients with diabetes and respiratory conditions where health promotion discussions were part of their treatment plan. There was a smoking cessation clinic and immunisation and vaccination sessions. There was time allocated each day for patients to contact a nurse for telephone health advice and information.

# Are services caring?

## Summary of findings

The service was caring. Patient feedback suggested they were highly satisfied with the care and treatment they received.

We observed staff were patient and caring in their interactions with patients.

## Our findings

### Respect, dignity, compassion and empathy

Patients were treated with dignity, respect and kindness. Patients told us and provided written feedback stating staff were caring, understanding and helpful. The three patients who had rated the practice on the NHS Choices website had given the highest rating of five stars.

We observed staff were patient and kind in their interactions with patients and relatives.

Overall the practice was designed to enable confidentiality and privacy to be maintained. The waiting area was away from the reception area which meant conversations between receptionist and patient could not be easily overheard by patients waiting to be seen. However on the day of the inspection we observed there were times when reception was busy with patients. Although staff spoke quietly to maintain privacy we noted it was difficult to maintain confidentiality because of the number of patients waiting to check in. We saw from minutes of the meeting of the patient participation group (PPG) the practice was aware of the situation and had started to address the issue. For example, there was a patient self-check in system away from the main reception to avoid congestion and promote privacy.

The practice manager told us there was usually a treatment room available for use for confidential discussions.

Patients said they were consistently treated with dignity and respect. They told us staff closed doors, curtains and blinds before starting treatment to maintain privacy and they were asked if they wanted a chaperone (having someone accompany a patient if their appointment is with a clinician of the opposite sex) during a consultation.

### Involvement in decisions and consent

Patients we spoke with told us their permission to care and treatment was always sought. They said they were involved in their treatment plans, encouraged to ask questions and given appropriate information to enable them to make an informed decision about care and treatment. There was a variety of information on display in the waiting area of the practice and also on the practice website. This included health promotion leaflets and information about available services offered by the practice and other health care providers.

# Are services caring?

To improve communication for some patients the practice had access to translation services for people whose first language was not English. There was a loop system for patients with hearing difficulties. However we noted there were limited alternative formats for patients requiring support with communication such as diagrams, models and easy read formats. This may have meant some patients may not have had appropriate information to make informed decisions.

The staff we asked were aware of the importance of supporting patients who may have had impaired mental capacity with regards to decision making. Strategies they used to support patients included the use of a specific assessment for patients with dementia; involving carers with the patient's permission and allowing extra time for appointments.

# Are services responsive to people's needs?

(for example, to feedback?)

## Summary of findings

The service was responsive to patients' needs. The service provided enabled patients to access the care they needed promptly and efficiently. The practice had a system which ensured patients' views were listened to and acted upon.

## Our findings

### Responding to and meeting people's needs

The practice delivered core services to meet the needs of the main patient population they treated. The patient population had a higher than the national average population group of older adults and patients under 18 years of age.

There were immunisation clinics for babies and children and the practice supported children by offering primary care services to a local school. They worked with other healthcare providers to provide maternity services.

Older adults had access to screening services to detect and monitor the symptoms of certain long term conditions such as heart disease.

The practice undertook minor surgical procedures such as biopsies and removal of appropriate lumps in line with the National Institute for Health and Care Excellence (NICE) guidelines.

### Access to the service

The service provided enabled patients to access the care they needed promptly and efficiently. Patients were triaged at the point of contact. When patients presented with certain symptoms they were offered an appointment with the lead nurse who was appropriately qualified to provide treatment and support.

The practice had extended the surgery opening times which meant patients who were working or not able to attend during normal practice hours were able to see a doctor. Patients told us they usually did not have difficulty getting an appointment on the day with the doctor of their choice. However they said their appointment was often running late. The practice had begun to address the issue by offering double appointments for patients requiring more time with their doctor.

Patients were able to book an appointment and order a repeat prescription via the practice website if that was more convenient for them.

### Concerns and complaints

The practice had a system which ensured patients' views on the service were listened to. There had been four written complaints in 2014. They had been managed in line with

# Are services responsive to people's needs?

## (for example, to feedback?)

the practice policy and did not demonstrate a trend in the concerns patients raised. We noted the actions to address the issues had not been monitored to evaluate their effectiveness.

Patients were able write their views or post their comments about the service on a notice board or file. This enabled patients to receive a prompt response to their concerns and issues. We noted although the practice responded promptly some of their replies addressed patients' personal concerns which may have compromised confidentiality.

Patients told us they had no complaints about the service. Although they were not familiar with the procedure for making a complaint they said they would not hesitate to speak to the doctor or practice manager if they had concerns.

We saw information regarding making a complaint was available in the surgery and on the provider website.

# Are services well-led?

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

## Summary of findings

The practice was well led. There was a clear mission statement which we found staff demonstrated through their day to day work. The practice had a system which ensured patients' views on the service were listened and responded to. The practice met nationally recognised standards for improving patient care and maintaining quality. However the practice's internal quality processes were not regularly monitored and recorded which would have assisted in the early identification of risks to patients.

## Our findings

### Leadership and culture

The practice had a clear leadership structure. They had a comprehensive mission statement which emphasised the importance of the individual doctor patient relationship, effective communication and evidence based patient care. Each doctor had their own patient list and secretarial support to support the service.

We observed and heard through talking with staff they were committed to the values of the mission statement.

Many of the staff had worked for the practice for a number of years. They said they were well supported by the doctors and other staff.

### Governance arrangements

Staff were aware of their roles and responsibilities for managing risk and improving quality. Each service area had a department lead to develop their service and manage their staff. Individual GPs had lead responsibilities, for example safeguarding and complaints. Department leads met with the GPs on a weekly basis to discuss practice issues, developments and performance standards and a quarterly basis to review incidents and complaints. We noted the dispensary lead was not invited to these meetings which may have meant other service teams were not aware of dispensing issues.

### Systems to monitor and improve quality and improvement

The practice had systems to reduce risk and improve the quality of the service. They were committed to demonstrating the care and treatment the practice provided met the Quality and Outcomes Framework (QOF) nationally recognised quality standards. The GPs were engaged in a programme of clinical audit, the results of which were available for staff information on the practice intranet.

However the practice's internal quality processes were not regularly monitored and recorded. For example, we saw the accurate checking of expiry dates of emergency equipment and medicines was not monitored by senior practice staff. We were told audits of care plans were undertaken however there was no documented evidence to support

# Are services well-led?

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

this. Action plans from staff meetings and audits were not completed. Effective completion of the quality monitoring processes would have assisted in the early identification of risks to patients.

### Patient experience and involvement

The practice used a variety of strategies to collect patient views on the service. The practice and patient participation group (PPG) conducted an annual patient survey. The PPG confirmed the GPs were engaged in patient matters and responsive to patient concerns. A GP representative attended the PPG meetings regularly.

### Staff engagement and involvement

Staff were engaged informally and formally with practice issues. They told us they could raise ideas for improvement or concerns with their team lead who reported at the weekly practice meetings. Important information would be reported back by the lead to monthly team meetings to keep staff updated.

### Learning and improvement

The practice valued learning. GPs and nurses were encouraged to update and develop their clinical knowledge and skills. For example, a member of nursing staff told us they had study leave each year to update and extend their professional skills in their area of clinical specialty. GPs told us they had a study leave period of one week a year and shared their learning with practice staff. We saw from records non clinical staff were supported to complete further training to develop their role.

The practice participated in a range of learning events. For example, we saw the practice enabled dedicated shared learning by closing the practice once every two or three months for learning afternoons. The GPs told us there were monthly 'lunch and learn' meetings with other practices in the area.

We saw evidence all staff had an annual performance review and personal development plan.

### Identification and management of risk

The practice had a robust system to evaluate patient complaints and significant clinical events. However, the practice's internal quality processes were not regularly monitored and recorded which would have assisted in the early identification of risk.

# Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

## Summary of findings

The practice supported older patients by enabling easier access to services without having to attend the surgery and providing support to two local nursing homes.

## Our findings

The practice supported older patients by enabling easier access to services without having to attend the surgery. For example, a dispensary based in the branch surgery, and the facility to book an appointment and request a repeat prescription via the internet. Two GPs provided primary care services to residents of a local nursing home.

# People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

## Summary of findings

The practice supported patients with long term conditions by offering advice and support through specialist clinics, screening and information.

## Our findings

The practice supported patients with long term condition such as diabetes and respiratory disease by offering advice, education and treatment through specialist clinics. The clinics were led by specialist nurses appropriately qualified and able to offer additional services such as prescribing. For example, the respiratory nurse was developing treatment plans for patients with asthma based on national guidance.

There were regular meetings with a range of health care providers to enable patients with life limiting conditions at end of life die in their preferred place of care. There was a GP with a special interest in palliative care who provided additional guidance and support to staff and patients.

# Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

## Summary of findings

The practice supported mothers, children and young people by working with other healthcare providers and offering advice and support through specialist clinics, screening and information.

## Our findings

The practice supported mothers, children and young people by offering primary care services to a local school. They worked with other healthcare providers to provide maternity services. Immunisation clinics were led by appropriately qualified and trained nurses. Children and young adults with respiratory conditions were monitored by the nurse practitioner a respiratory nurse specialist. The regular support provided by the service included health education and individualized treatment plans. The nurse practitioner also saw patients over the age of one year for minor ailments. The nurse explained this service helped develop relationships with families.

The practice website included useful links to other services for young people such as child line and sexual health advice.

# Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

## Summary of findings

The practice supported the working age population and those recently retired by providing screening for common medical conditions. They offered a flexible appointment system and access to information and services via the internet.

## Our findings

The practice provided screening services for adults between the ages of 40 and 75. This enabled the early detection of medical conditions such as diabetes, respiratory conditions and high blood pressure. Specialist clinics for example, diabetes provided ongoing information, monitoring and support for patients with an existing condition or the newly diagnosed. The practice website had links to further information and organisations.

The practice had recently provided 25 additional appointments outside working hours (9am – 5pm) to meet the needs of working people.

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

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

## Summary of findings

The practice supported patients in vulnerable circumstances by the early identification and protection of patients at risk. Patients had fair and equal access to treatment and support.

## Our findings

The practice had facilities to support patients with communication difficulties. There was access to a translation services for people whose first language was not English. There was a loop system in the reception area for patients with hearing difficulties.

There was strong leadership in the safeguarding of vulnerable adults and children. All practice staff were confident in their role and responsibilities in detecting and reporting abuse.

The practice worked with a voluntary carers organization to provide information and support for long term carers of patients.

Two GPs provided primary care services to a nursing home for patients with physical and learning disabilities.

# People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

## Summary of findings

The practice supported patients experiencing poor mental health by regular monitoring of their treatment and support needs.

## Our findings

Data from the Quality and Outcomes Framework (QOF) national quality standards demonstrated patients experiencing poor mental health had a comprehensive care plan to meet their needs. The practice regularly monitored patients for the side effects of certain medicines used in the treatment of mental health conditions.

The practice website included useful links to other information and support services.

This section is primarily information for the provider

# Compliance actions

## Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

| Regulated activity | Regulation |
| --- | --- |
| Treatment of disease, disorder or injury | **Regulation 13 HSCA 2008 (Regulated Activities) Regulations**<br><br>**2010**<br><br>**Management of medicines.**<br><br>People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. Repeat prescriptions did not have an authorised signature prior to the dispensing of medicines to patients.<br><br>The conditions for the storage of some medicines were not accurately monitored.<br><br>Medicine expiry dates were not monitored. |