Riverside Health Centre

Quality Report

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

Summary of findings

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Overall summary

Riverside Health Centre (here-after in the report referred to as 'the practice') provides primary medical services to people in the town of Manningtree and the surrounding areas. The practice has a dispensary on site to dispense medicines to those people registered at the practice that live remotely from a pharmacy.

We found the practice was safe, effective, caring, well-led and responsive. The practice had arrangements to provide health care services for older people (those over 75 years), people with long-term conditions, mothers, babies, children and young people. There were services for people in vulnerable circumstances who may have poor access to primary care and people experiencing a mental health problem. The practice was able to provide services for the working age population and those recently retired (aged up to 74).

We spoke with eight patients during our inspection. They gave us positive comments regarding the care and treatment they had received. We received positive comments from 14 patients registered at the practice, on comment cards we had left for completion by those attending the practice.

We also spoke with staff in care homes, and with health care professionals who support people who use the services provided at the practice. Both the care homes and the healthcare professionals gave positive comments regarding the contact they had with the practice.

The practice had a management structure that ensured the smooth running of the services provided. Staff told us that they felt supported and valued. There were systems in place that identified relevant legislation, latest best practice and evidence based guidelines and standards which contributed to effective patient care. The practice carried out clinical and environmental audits to check the quality of 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.

People told us they felt safe and had treatment explained when they attended their appointments and consulted with the GPs and nurses. The practice had emergency medication to cope with any emergencies. These were regularly checked and we saw they were in date and appropriate for use.

We saw meeting minutes where incidents had been discussed, with any changes to practice procedure following an incident and investigation which was shared with staff in the practice. Where there were safeguarding concerns with patients registered at the practice, these were identified on the patient computer records system to ensure staff were alerted.

The registered manager told us that they reviewed staffing levels so patients' needs were met in a safe way.

The practice was visibly clean on the day of inspection. We saw that signs showing effective hand washing techniques were displayed next to hand washing facilities.

We were shown the practice emergency telephone call handling protocol. This gave the staff at the practice guidance to signpost patients in emergency situations to safely respond to risk. We checked the equipment used by the practice to monitor patients with chronic disease and saw that, where required, this had been annually checked in line with the manufacturer's guidelines.

Are services effective?

The service was effective.

The registered manager told us treatment was delivered in line with recognised best practice standards and evidence based guidelines. There were procedures to obtain informed consent for this. We saw on the document used to obtain consent that discussions had been held with the patients that clearly outlined the benefits and side effects that could be experienced from the treatment patients were to undergo.

The two GPs we spoke with told us about monitoring via audit done at the practice to improve outcomes for patients. Staff confirmed they received annual appraisals and we saw evidence of this process within staff personal files.

Summary of findings

The GP care advisor told us they found this practice very well organised and that communication with the receptionists and the practice manager to arrange support for patients was excellent. There was printed health promotional information available within the waiting room, there was also travel and immunisation information and information specific to the practice.

Are services caring?

The service was caring.

Comments made by patients on the comment cards we left for completion, reflected that patients at the practice felt the doctors and nurses treated patients with dignity and respect. Some patients also commented that they felt they received excellent/effective care.

Patients visiting the practice during the inspection spoke warmly about the attitude of the staff and how they were treated. We were told the staff were courteous, respectful, caring and helpful. We observed how staff responded to patients and patient's relatives in a manner that showed compassion and understanding.

Patients told us, they felt involved in decisions, that different options were discussed during consultations, and they had consented, to their care and treatment. Consent forms explained the risks and benefits of treatment had been explained and allowed an informed decision to be made.

Are services responsive to people's needs?

The service was responsive to people's needs.

The practice provided a range of clinics to provide co-ordinated and integrated care and support for patients with a range of long-term conditions. The practice had suitable access and toilet facilities for patients with limited mobility.

All of the patients we spoke with told us they had no problems getting an appointment at the practice. Out of Hours (OOH) primary care service provision was carried out by a local provider and information about how to access OOH service was found in the practice information leaflet and on the practice website.

Are services well-led?

The service was well-led.

We saw minutes of daily meetings which discussed the upcoming day's business and briefed all members of the practice regarding the issues that may arise that day. The practice had a comprehensive

Summary of findings

intranet that contained policies, procedures and clinical guidelines including referral criteria and referral forms. We were told by staff members that if there was a course of training available that was relevant to their role the practice manager was happy to send them.

GPs from the practice attended local clinical groups which met regularly and reviewed clinical issues. This ensured the clinical staff at the practice stayed up-to-date with local health economy clinical issues. Healthcare professionals that visited the practice told us the staff and clinicians worked well together and were accommodating and flexible with regards to the services they provided for their registered population.

There was a suggestion box available for patients within the reception/waiting room area. We were shown the record of suggestions that were received and the actions that had been taken to the suggestions made.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice had systems to identify and visit older patients that lived at home or in a care home to ensure regular access to a GP or a nurse. This helped ensure people over the age of 75 registered at the practice had regular health, medicine, physical and mental health checks. The practice had employed a community nurse to carry out these checks.

There were also clinics available to meet the needs of people from within this population group at the practice.

All people over the age of 75 registered at the practice had a named accountable GP in line with recent GP contract changes for 2014 to 2015. Staff members told us whenever possible patients could see the doctor of their choice.

People with long-term conditions

There were systems in place to monitor those patients with long-term conditions and offer them follow-up reviews to maintain their health optimum.

The practice had arrangements to care for patients with on-going health problems and to support their carer's. There were links with community nurses and palliative care nurses to ensure robust care.

The practice held clinics to manage treat and care for patients with long-term chronic conditions.

Mothers, babies, children and young people

We saw that consent processes were effectively applied babies, children and young people.

Antenatal care was provided by a midwife clinic held at the practice. This negated the need for this group of patients to travel to the hospital for their antenatal care.

Cervical screening and childhood immunisation was carried out within national guidelines for patients within this group. This work was undertaken and monitored by the nursing team at the practice.

The working-age population and those recently retired

The practice appointment system ensured patients of working age and those recently retired could make an appointment to see a GP. The practice offered the later-in-the-day appointments to working age patients registered at the practice.

Summary of findings

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

We were told by care homes looking after people in vulnerable circumstances they had an excellent relationship with the practice and gave positive comments with regards the access for patients and their care.

The practice had a nominated GP safeguarding lead, this ensured people in vulnerable circumstances could be protected against the risk of abuse.

People experiencing poor mental health

The practice had a system to identify people experiencing a mental health problem and then refer them appropriately. Services were offered with the local NHS mental health team.

Summary of findings

What people who use the service say

Prior to our inspection we arranged for comment cards to be made available for patients to complete in order that they could give us their views on the services provided at the practice. Our review of the comments cards left by patients for us showed that people were positive about the service provided, and the standard of their care. They were also positive about the clinics provided and reported that they felt that the doctors and nurses treated them with dignity and respect.

When we spoke with patients during the inspection they were positive and satisfied with the attitude of the staff and the way they were treated. Patients told us that staff members and doctors were courteous and respectful. We were also told repeatedly by patients that they felt the doctors and nurses listened to what they had to say and they felt involved in their treatment.

The staff at care homes that used the practice said the receptionists passed the messages to the GPs when requested and that they didn't have any problems requesting home visits for their patients. They said the GPs talked with the patients they cared for and treated them as individuals by not talking over them or addressing only their carer's. They also told us that the clinicians explained treatment and other information to patients in a manner they could understand.

Areas for improvement

Action the service COULD take to improve

The practice could ensure that they review and update their policies and procedures, and that these are followed by staff in all areas of the practice.

The practice could ensure future issues do not occur by performing the cleaning audits that have now been set up to check the status of the cleaning work at the practice.

Good practice

Our inspection team highlighted the following areas of good practice:

We found internal staff communication at the practice was an area of strength, for example through the daily morning meetings with all staff.

The practice employed a community nurse, to carry out basic health checks, phlebotomy, and immunisations, for patients who were unable to visit the practice. Phlebotomy is the process of taking blood from a vein with a needle.

Riverside Health CentreRiverside Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and a GP. The team included a second CQC inspector and a practice manager.

Background to Riverside Health Centre

Riverside Health Centre provides primary medical services for their registered population of approximately 5000 patients living in Manningtree and its surrounding villages. The practice dispenses medicine to 44% of their registered population that live remotely from a pharmacy. Therefore they provide both primary medical services and pharmacy dispensing services in the same location. The clinical team at the practice includes three doctors, three nurses, two pharmacy dispensers, and two phlebotomists.

The practice is located at:

Riverside Health Centre

Station Road

Manningtree

Essex CO11 1AA

The practice is open from 8am to 1pm and from 2pm to 6pm Monday to Friday.

The practice dispensary is open, from 8:30am to 1pm and from 2pm to 6pm Monday to Friday.

Why we carried out this inspection

We inspected this primary care GP service as part of our new inspection programme to test our inspection approach going forward. This provider had not previously been inspected before and that was why we decided to inspect 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?

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:

Detailed findings

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

Before we inspected the practice, we reviewed a range of information we held about the service. We asked local care homes and healthcare professionals that were involved with and worked at the practice, to share what they knew about the service. We carried out an announced inspection on 24 June 2014.

During our inspection we spoke with a range of staff including; two doctors, two nurses, a dispenser, the practice manager and assistant practice manager, secretary, and receptionists. We spoke with patients who used the practice services and talked with carers and family members. We observed how people were spoken with and supported. We reviewed the comment cards we had provided the practice, to enable members of the public to share with us their views and experiences of the practice's service provision. We also spoke with members of the patient participation group (PPG). PPGs are groups of patients who have volunteered from the practice population, to form a group that works together to improve services, promote health and improve quality of care for the practice they represent.

We also reviewed information that had been provided to us during the inspection and additional information which was requested and reviewed after the inspection visit.

Are services safe?

Summary of findings

The service was safe.

People told us they felt safe and had treatment explained when they attended their appointments and consulted with the doctors and nurses. The practice had emergency medication to cope with any emergencies at the practice. These were regularly checked and we saw they were in date and appropriate for use.

We saw meeting minutes where incidents had been discussed, with any changes to practice procedure following an incident and investigation which was shared with staff in the practice. Where there were safeguarding concerns with patients registered at the practice, these were identified on the patient computer records system to ensure staff were alerted.

The registered manager told us that they reviewed staff levels so patients' needs were met in a safe way.

The practice was visibly clean on the day of inspection. We saw that signs showing effective hand washing techniques were displayed next to hand washing facilities.

We were shown the practice emergency telephone call handling protocol. This gave the staff at the practice guidance to signpost patients in emergency situations to safely respond to risk. We checked the equipment used by the practice to monitor patients with chronic disease and saw that, where required, this had been annually checked in line with the manufacturer's guidelines.

Our findings

Safe patient care

Policies and procedures were available for reporting accidents and incidents and responding to complaints. These were in line with national and statutory guidance, for example, from the Health and Safety Executive. Staff we spoke with knew who to approach at the practice for advice or support.

The practice had a system for dealing with the alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA). The alerts had safety and risk information regarding medication and equipment, often resulting in the withdrawal of medication from use and return to the manufacturer. We saw that all MHRA alerts received by the practice and all the actions had been completed.

During our inspection we spoke with eight patients who gave us positive comments about the care they received at the practice. People told us they felt safe and had their treatment explained when they attended their appointments and consulted with the doctors and nurses. We saw that there were no complaints raised regarding patient safety and the comment cards we had left for patients to complete raised no issues regarding safety with patient care.

Learning from incidents

The practice had a system to record, investigate and learn from adverse incidents. We saw the incidents policy, and the actions taken for each incident followed a root cause analysis process. Following the investigation learning points and a change to procedure, where needed, were identified.

We saw meeting minutes where incidents had been discussed. These showed the action that had been taken following an investigation. Any change to practice procedure following an incident and investigation was shared with staff in the practice. The staff told us that incidents were discussed openly at meetings in a 'no blame' culture manner, and the team worked together for future improvement.

The dispensary also had a system to record errors, investigate and learn from incidents. We saw an incident had been recorded, but the actions had not been recorded and we could not see recorded evidence of any change that

Are services safe?

had been made to the dispensing procedure. Although the error did not result in any harm to a patient the practice had not followed, on this occasion, their own procedures or policy for investigation. Following our inspection we were sent evidence of this incident. This was using a new recording process, with the actions, and outcome recorded. The practice gave assurance that they will follow their own procedures for the future.

Safeguarding

The practice had appointed one of the GPs as the safeguarding lead. The lead role included promoting staff awareness of safeguarding and communication with other healthcare professionals who linked with the practice regarding these issues. Where there were safeguarding concerns with patients registered at the practice, these were identified on the patient computer records system to ensure staff were alerted. This gave staff the category of abuse and the family relationship to support clinical decisions.

Staff told us if they had any safeguarding concerns, they would refer them to the safeguarding lead at the practice. There was a practice safeguarding protocol in each of the clinical rooms for staff to follow. The practice had the up-to-date guidance, contact details and referral information to the local social services safeguarding team that was used for safeguarding referrals.

We saw there was a chaperone facility available to patients attending the practice. There was information in the waiting room that communicated the chaperone facility for patients to use. A member of staff told us that a chaperone did not have to be pre-arranged before an appointment and the practice could always accommodate patients' requests. We were told the nurses at the practice were used to chaperone if one was requested.

Monitoring safety and responding to risk

The registered manager told us that they reviewed staffing levels regularly so patients' needs were met in a safe way. We were told the practice rarely needed to employ locum GP cover, because the doctors at the practice covered their colleague's annual leave and sickness where possible.

The registered manager told us that risks to patients were assessed before care and treatment was commenced.

All staff were trained to provide cardio-pulmonary resuscitation (CPR) in an emergency. We were shown the practice emergency telephone call handling protocol. This gave the staff at the practice guidance to signpost patients in emergency situations.

The practice had a system in place to check that patients that been referred using the 'two week wait' criteria were followed up and had been given their appointment within the correct timeframe. A 'Two week wait' referral criterion is used for patients with a suspected diagnosis or symptoms of cancer.

Medicines management

We viewed the practice dispensary and spoke with the dispenser working on the day of inspection. There was a range of standard operating procedures (SOPs) in use by the dispensary staff for their guidance at work. SOPs are written work processes that explain a procedure from start to finish; these processes should be regularly updated and reviewed. We checked the SOPs with the staff member at work in the dispensary on the day of inspection. The controlled drug monthly stock check was correct but the administration recording check did not clearly demonstrate it was used in line with the practice's own procedures.

Information for patients regarding repeat prescriptions was clearly stated in the patient guide to services leaflet available in the waiting room and on the website and was re-enforced with notices in the waiting room areas. There was also guidance on the practice website and repeat prescription requests could be made via email, fax, or by hand. Repeat prescriptions were provided on a 28 day cycle in line with the practice policy. Arrangements could be made for alternative cycles if circumstances arose that required a different time period. Patients were reminded to make an appointment when requested, by the practice, for a medication review.

We checked the emergency medicines and anaphylaxis treatment (Anaphylaxis is the most serious type of allergic reaction). The emergency medicines had been regularly checked. We found them to be in date and suitable for emergency use.

Cleanliness and infection control

The practice was visibly clean on the day of inspection. We saw there were signs showing effective hand washing techniques displayed next to the hand washing facilities.

Are services safe?

The practice undertook comprehensive environmental infection control audits on a six monthly basis. We were shown the last audit that had been completed showed certain areas had been highlighted as needing staff awareness or review of procedure. We saw these issues were to be discussed at the next staff meeting.

Although we received comments from patients and healthcare professionals that they thought the practice was clean, we did note that the practice was not following their own infection control policy and cleaning procedures. The practice contacted the cleaning company employed by the practice on the day of inspection to address these issues. The practice sent us evidence of the communication with the cleaning company, and the actions and changes that had been implemented to address any inconsistencies between the practice's own written procedures and the cleaning and infection control carried out. This included a three monthly audit, by the practice manager, of the cleaning.

Dealing with Emergencies

A continuity plan had been written to ensure the continuation of the service to patients if the practice experienced an emergency that caused disruption or loss to any of the service provision. The plan was comprehensive and covered all aspects of service within the practice. We saw that it was reviewed every six months to ensure it was current and fit for purpose.

Equipment

We checked the equipment used by the practice to monitor patients with chronic disease and saw that, where required, this had been annually checked in line with the manufacturer's guidelines.

The emergency equipment was checked monthly, and appropriate for emergency use. The oxygen was found to be out of date on the day of our inspection although staff had checked it with the other pieces of equipment they were unaware there was an expiry date. The practice purchased new oxygen the day after our inspection and made the staff aware the expiry date must be checked and recorded.

Are services effective?

(for example, treatment is effective)

Summary of findings

The service was effective.

The registered manager told us treatment was delivered in line with recognised best practice standards and evidence based guidelines. There were procedures to obtain informed consent for this. We saw on the document used to obtain consent that discussions had been held with the patients that clearly outlined the benefits and side effects that could be experienced from the treatment patients were to undergo.

The two GPs we spoke with told us about monitoring via audit done at the practice to improve outcomes for patients. Staff confirmed they received annual appraisals and we saw evidence of this process within staff personal files.

The GP care advisor told us they found this practice very well organised and that communication with the receptionists and the practice manager to arrange support for patients was excellent. There was printed health promotional information available within the waiting room, there was also travel and immunisation information and information specific to the practice.

Our findings

Promoting best practice

During our conversation with the registered manager we were able to ascertain that care and treatment was delivered in line with recognised best practice standards and evidence based guidelines. We were told that staff had access to the internet and the practice intranet on their computer desktops. This was where the practice policies, procedures and clinical guidelines were available for staff, along with icons to internet sites such as the National Institute for Health and Care Excellence (NICE).

The practice participated in the quality and outcomes framework (QOF) and achieved a higher than average score for their work in clinical quality in comparison to other practices in the area. QOF is a system to reward general practices to provide good quality care for their chronic disease management patients, and to help fund work to further improve the quality of health care delivered within the practice.

The practice undertook minor surgery. There were procedures to obtain informed consent for this. We saw on the document used to obtain consent that discussions had been held with the patients that clearly outlined the benefits and side effects that could be experienced from the treatment patients were to undergo. They were also advised that even after signing the document they were under no obligation to continue with treatment if they changed their mind.

GPs from the practice attended local clinical groups which met regularly and reviewed clinical issues. This ensured the practice clinical staff stayed up-to-date with local health economy clinical issues.

Management, monitoring and improving outcomes for people

We were able to see from available published information the disease monitoring done at the practice to manage chronic disease through QOF indicators. This information showed the practice's commitment to provide quality care, and to recall and monitor patients to ensure chronic disease care at the practice had outcomes that were improved annually. The two GPs we spoke with told us about other monitoring via audits done at the practice to

Are services effective?

(for example, treatment is effective)

improve outcomes for patients. From further discussion with one of the doctors regarding an audit of referrals we were able to see the audit cycle results were used to improve future referrals.

Staffing

The majority of staff at the practice had been employed for several years. We asked a member of staff who had recently been employed by the practice about their induction, and they confirmed the practice induction process had been appropriate for their role. This was confirmed within their personal file.

Staff confirmed they received annual appraisals and we saw evidence of this process within staff personal files. The staff that we spoke with told us they felt very well supported by the doctors and the practice manager. They said they were kept fully informed and updated on a daily basis regarding the on-going practice business. We were told there was a 'huddle' meeting before the practice opened every morning for the entire staff to update them with any issues that may arise that day. Minutes were taken each morning of this meeting and we saw the record that was kept for staff to refer to.

Working with other services

Prior our inspection we spoke with the community midwife who works at the practice. The midwife told us that communications were excellent with both the administrative staff, and the clinical staff at the practice. The midwife said they were able to access the records system at the practice and could get information regarding results for patients to support their ante-natal needs. The midwife also told us that the GPs were genuinely approachable and would take time to discuss any issues if needed.

We also spoke with the GP care advisor who worked at the practice each week. The GP care advisor service is run by the local community service provider. The role of the GP care advisor is to provide a range of advice, support, information and assistance to vulnerable patients of all age groups. It includes assisting people to access social care, welfare benefits and self-help support to help them maintain their independence at home. The GP care advisor told us they worked in other practices in the area and found this practice very well organised and led. They told us that communication with the receptionists and the practice manager to arrange support for patients was excellent. The GP care advisor said the GPs used the service appropriately to support the patients registered at the practice and improve their quality of life.

Health, promotion and prevention

When new people were registered at the practice they were invited to attend a new patient consultation where information was gathered on health and lifestyle. This appointment was used to give health promotion information to patients and information about the services available in the local community.

We were told the practice employed a community nurse for patients who were unable to visit the practice. This nurse completed basic health checks, phlebotomy, and immunisations.

There was printed health promotion information available within the waiting room. There was also travel and immunisation information and information specific to the practice. Furthermore there were leaflets with detailed information about services available in the local community or from the local authority. There were posters displayed about services for vulnerable groups, support groups, and for carers.

Are services caring?

Summary of findings

The service was caring.

Comments made by patients on the comment cards we left for completion, reflected that patients at the practice felt the doctors and nurses treated patients with dignity and respect. Some patients also commented that they felt they received excellent/ effective care.

Patients visiting the practice during the inspection spoke warmly about the attitude of the staff and how they were treated. We were told the staff were courteous, respectful, caring and helpful. We observed how staff responded to patients and patient's relatives in a manner that showed compassion and understanding.

Patients told us, they felt involved in decisions, that different options were discussed during consultations, and they had consented, to their care and treatment. Consent forms explained the risks and benefits of treatment had been explained and allowed an informed decision to be made.

Our findings

Respect, dignity, compassion and empathy

Our review of the comments cards left by patients reflected that the patients at the practice felt the doctors and nurses treated patients with dignity and respect, and some commented that they felt they received excellent/effective care.

During our inspection patients spoke warmly about the attitude of the staff and how they were treated. We were told the staff were courteous respectful, caring and helpful.

During the inspection we saw staff responded to patients and patients' relatives in a manner that showed compassion and understanding.

Chaperones were available during consultations of an intimate nature. We saw information in the waiting room to explain chaperone availability. We reviewed the chaperone policy which was in date, and the staff members we spoke with understood and knew the practice procedure to request a chaperone. There was also a sign at reception advising patients they could ask for more privacy when having a conversation on request at reception.

The practice had a procedure in place for those patients that had been recently bereaved. They are sent a letter of condolence from the practice with bereavement services information and useful contact details with an offer to contact the practice if there is anything further they can help with.

Involvement in decisions and consent

People told us, they felt involved in decisions, that different options were discussed during consultations, and they had consented, to their care and treatment. We were told by the manager of a local care home that the GPs always helped explain why tests or treatment was needed to the patients directly, and did not ask the staff to explain to them. They told us this was always done in a way patients could understand.

We observed the dispensing staff member checking with patients they understood the dosage instructions on their medication and answered questions about their medications where patients were unclear.

We spoke with the GP about informed consent. We were shown the consent forms and procedures used before treatments and immunisations. These forms explained the

Are services caring?

risks and benefits of treatment had been discussed with patients prior to treatment to allow an informed decision to be made. The practice consent policy explained the practice's method of obtaining consent from various patients within different population groups. The, policy identified implied, and expressed consent acknowledging Gillick competency and the Mental Capacity Act 2005 (MCA). Gillick competency is an established test to determine whether patients under 16 years of age can provide informed consent. MCA is designed to protect patients who can't make decisions for themselves or lack the mental capacity to do so.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The service was responsive to people's needs.

The practice provided a range of clinics to provide co-ordinated and integrated care and support for patients with a range of long-term conditions. The practice also hosted clinics run by a GP care advisor, and an antenatal clinic run by the local midwives. The practice building had suitable access and toilet facilities for patients with limited mobility.

All of the patients we spoke with told us they had no problems getting an appointment at the practice. Out of Hours (OOH) primary care service provision was carried out by a local provider and information about how to access OOH service was found in the practice information leaflet and on the practice website.

Our findings

Responding to and meeting people's needs

The practice provided a range of clinics to provide co-ordinated and integrated care and support for patients with a range of long-term conditions such as, diabetes and asthma. Other clinics and services provided included patients smoking cessation, family planning, minor surgery, baby clinic, spirometry (Spirometry is a test that looks at how well your lungs work), antenatal care, and immunisation.

The practice also hosted clinics run by a GP care advisor, and an antenatal clinic run by the local midwives. The role of the GP care advisor is to provide a range of advice, support, information and assistance to vulnerable patients of all age groups. It includes assisting people to access social care, welfare benefits and self-help support to help them maintain their independence at home.

The practice building had suitable access and toilet facilities for patients with limited mobility.

Access to the service

The practice operated a booked appointment system; patients were able to book appointments in person at the practice, over the phone, or via internet access. All of the patients we spoke with told us they had no problems getting an appointment at the practice. The comments left on the comment cards we collected from the practice also indicated there was no problem for patients when requesting an appointment.

The patient participation group (PPG) had performed a survey that showed there was access for patients to a health care professional at the practice within 24 hours; these findings were publicised on the practice website. A PPG is a group of patients who have volunteered from the practice population, to form a group to work together to improve services, promote health and improve quality of care for the practice they represent.

Out of Hours (OOH) primary care service provision was carried out by a local provider. Information about how to access the OOH service was found in the practice information leaflet and on the practice 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 service was well-led.

We saw minutes of daily meetings which discussed the upcoming day's business and briefed all members of the practice regarding the issues that may arise that day. The practice had a comprehensive intranet that contained policies, procedures and clinical guidelines including referral criteria and referral forms. We were told by staff members that if there was a course of training available that was relevant to their role the practice manager was happy to send them.

GPs from the practice attended local clinical groups which met regularly and reviewed clinical issues. This ensured the clinical staff at the practice stayed up-to-date with local health economy clinical issues. Healthcare professionals that visited the practice told us the staff and clinicians worked well together and were accommodating and flexible with regards to the services they provided for their registered population.

There was a suggestion box available for patients within the reception/waiting room area. We were shown the record of suggestions that were received and the actions that had been taken to the suggestions made.

Our findings

Leadership and culture

The culture and environment at the practice was open and friendly. All the staff members met every morning before they opened to ensure everyone knew what was going on at the practice that day.

The practice's leadership was focused on the importance of quality. This was indicated by the above average quality outcomes framework (QOF) figures against other GP primary care services in the area. QOF is a system to reward general practices to provide good quality care to their patients, and to help fund work to further improve the quality of health care delivered. Staff members we spoke with told us that they felt included, supported, and valued by the management and doctors within the practice. Staff members also told us it was the best practice, with the best team of people they had every worked for.

The practice did not have a recognised statement of purpose but individually the staff members we spoke with told us the culture for the practice was to provide the best quality of service to the patients they can. The senior management told us they would write and promote a statement of purpose for the practice.

Governance arrangements

The practice had a comprehensive intranet that contained policies, procedures and clinical guidelines including referral criteria and referral forms. All documents had agreed review dates, we did note on the day of inspection not all documents policies and procedures were up-to-date, or had been regularly reviewed. When we discussed this with the senior management they agreed this needed to be addressed.

We saw the practice had achieved an overall level two with the 'information governance (IG) toolkit'. The IG toolkit is an online system which allows NHS organisations and partners to assess themselves against Department of Health IG policies and standards. It also allows members of the public to view participating organisations' IG toolkit evaluations. Level two is a satisfactory achievement for primary care services using this toolkit.

Systems to monitor and improve quality and improvement

The GPs we spoke with told us about the clinical audits they had undertaken. One GP told us about an audit done

Are services well-led?

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

for a certain medical condition to review referral processes. This was part of an on-going audit cycle to collect data to check that changes in practice resulted in improved outcomes for patients. Another audit was being undertaken to monitor and review patients with a plan to reduce prescribing.

Patient experience and involvement

There was a suggestion box available for patients within the reception/waiting room area. We were shown the record of suggestions that were received and the actions that had been taken to the suggestions made.

The Patient Participation Group (PPG) had recently published a report with the findings from their recent survey. PPGs are groups of patients who have volunteered from practice populations, to form a group for patients to work together to improve services, promote health and improve quality of care for the practice they represent. There were a number of actions identified by this group that had been taken up by the practice and were in the process of being put into place to improve patient's experience. This report and the actions were available on the practice website.

Staff engagement and involvement

We saw minutes of daily meetings which discussed the upcoming day's business and briefed all members of the practice regarding the issues that may arise that day. We also saw minutes of monthly meetings that discussed more strategic practice issues such as staff recruitments and appointments, skill mix, safety issues, new initiatives, clinical matters. The actions shown at the end of meeting minutes indicated which person was responsible for any work that would be needed.

The PPG member we spoke with told us that the doctors and staff had supported them with any suggestions regarding open evenings, or help they had requested.

The staff members we spoke with told us there was a real team atmosphere at the practice and that everyone was approachable. We were told issues and incidents were discussed openly in meetings in a 'no blame' culture fashion, and that the practice manager was approachable if staff had any issues or concerns.

Healthcare professionals that visited the practice told us the staff and clinicians worked well together and were accommodating and flexible with regards to the services they provided for their registered population. One healthcare professional told us it was the best practice they worked at.

Learning and improvement

Staff told us they had received training within the last 12 months for cardio pulmonary resuscitation training, safe guarding children and vulnerable adults. Some of this training had been delivered internally. The training certificates for staff were kept within the staff records and a single information source for training was recorded on a database to enable the practice manager to see at-a-glance the status of each member staff's training within the practice. When we spoke with the practice manager about this training record, they told the record made sure training for staff members did not get missed or become out of date, and gave them a comprehensive overview of the training at the practice.

We were shown completed appraisals which showed that staff members were given the opportunity to make comments on the appraisal documents before their appraisal. We found from staff records that during their appraisals staff members talked about their role, objectives, training, and future developments for the practice. These were documented and signed to show that the staff agreed with the comments made and objectives set.

We were told by staff members that if there was a course of training available that was relevant to their role the practice manager was happy to send them.

Identification and management of risk

We were shown the environmental risk assessments carried out at the practice annually. These assessments recognised; the hazards (what was the risk), who would be at risk and from what hazard, the controls or management of the risk that was in place, and a list of any risk inadequately controlled or action that was needed to take control. The risk assessment documents were appropriate for use and in line with their own procedure.

Older people

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

Summary of findings

The practice had systems to identify and visit older patients that lived at home or in a care home to ensure regular access to a GP or a nurse. This helped ensure people over the age of 75 registered at the practice had regular health, medicine, physical and mental health checks. The practice had employed a community nurse to carry out these checks.

There were also clinics available to meet the needs of people from within this population group at the practice.

All people over the age of 75 registered at the practice had a named accountable GP in line with recent GP contract changes for 2014 to 2015. Staff members told us whenever possible patients could see the doctor of their choice.

Our findings

The practice had systems to identify and visit older patients who lived at home or in a care home to ensure regular access to a GP or a nurse.

The practice community nurse made health check visits for those patients who lived in care homes. During these visits patient's health issues were highlighted to them and their carer's as required and they were advised on signs that could indicate the need to access medical care.

Older people with complex needs who were house bound and needed regular assessments due to their frailty were visited, in their own home, by the community nurse employed by the practice. This pro-active healthcare and advice was also given to older patients when they received their annual flu vaccinations. This helped to ensure this population group's health and wellbeing.

There were also clinics available to meet the needs of people from within this population group at the practice.

All people over the age of 75 registered at the practice had a named accountable GP in line with recent GP contract changes for 2014 to 2015. Staff members told us whenever possible patients could see the doctor of their choice.

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

There were systems in place to monitor those patients with long-term conditions and offer them follow-up reviews to maintain their health optimum.

The practice had arrangements to care for patients with on-going health problems and to support their carer's. There were links with community nurses and palliative care nurses to ensure robust care.

The practice held clinics to manage treat and care for patients with long-term chronic conditions.

Our findings

There were systems in place to monitor those patients with long-term conditions and offer them follow-up and review appointments to maintain their health optimum. They held clinics for patients with a range of long-term chronic conditions such as, diabetes and asthma. The practice also had nurses with chronic disease management specialties and a prescribing nurse practitioner.

The practice had arrangements in place to care for patients with on-going health problems and to support their carer's. There were links with community nurses and palliative care nurses to ensure co-ordinated care.

The practice had suitable access and toilet facilities for patients with limited mobility.

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

We saw that consent processes were effectively applied babies, children and young people.

Antenatal care was provided by a midwife clinic held at the practice. This negated the need for this group of patients to travel to the hospital for their antenatal care.

Cervical screening and childhood immunisation was carried out within national guidelines for patients within this group. This work was undertaken and monitored by the nursing team at the practice.

Our findings

The practice had systems in place to offer co-ordinated care for this population group.

We were shown the consent processes at the practice and saw how they were applied effectively for this group. The benefits and risks for immunisation were explained and consent was obtained.

We spoke with a midwife who held a clinic at the practice. They told us this population group benefited from appointments held at their own practice. This negated the need for this group of patients to travel to the hospital for their antenatal service.

Cervical screening and childhood immunisation was carried out within national guidelines for patients within this group. This work was undertaken and monitored by the nursing team at the practice.

Working age people (and those recently retired)

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

Summary of findings

The practice appointment system ensured patients of working age and those recently retired could make an appointment to see a GP. The practice offered the later-in-the-day appointments to working age patients registered at the practice.

Our findings

The practice appointment system ensured patients of working age and those recently retired could make an appointment to see a GP.

The staff told us the practice offered the later-in-the-day appointments to working age patients registered at the practice. We were told in this way they were able to accommodate working age patients registered at the practice.

When speaking with patients at the practice they told us they did not have a problem booking an appointment if they needed one.

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

We were told by care homes looking after people in vulnerable circumstances they had an excellent relationship with the practice and gave positive comments with regards the access for patients and their care.

The practice had a nominated GP safeguarding lead, this ensured people in vulnerable circumstances could be protected against the risk of abuse.

Our findings

We found the practice had systems in place to support patients who were vulnerable.

We spoke with care home managers and other staff who supported patients in vulnerable circumstances with learning disabilities. They told us they had a really excellent relationship with the practice and gave us positive comments with regards to the access for patients and their care.

We were told that the practice visited patients when requested and took time to explain treatment or medication to the patients.

The practice had a nominated GP safeguarding lead, this ensured people in vulnerable circumstances could be protected against the risk of abuse. The safeguarding lead also trained staff and produced guidance for staff members to follow.

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 had a system to identify people experiencing a mental health problem and then refer them appropriately. Services were offered with the local NHS mental health team.

Our findings

We saw the practice identified people experiencing poor mental health and referred them for treatment to the local NHS mental health team.

We spoke to a patient from this group and they knew there was a plan of care in place for them. They told us that they felt well treated by everyone at the practice. They were pleased that they did not have trouble getting an appointment or gaining their medication at the practice. They told us they felt supported by the doctor and by the other staff at the practice.