Wellington Road Family 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.

Contents

Summary of findings

Overall summary

Wellington Road Family Practice is a small GP practice situated in Yate in South Gloucestershire. The practice supports approximately 2,264 patients from the local community. The practice provides surgeries five days a week and consists of one full-time GP and one part-time GP. There is a system of open appointment surgeries between 9am and 11am and 4pm and 6pm each day, with the exception of Thursday afternoons. The practice offers a booked appointment system for late afternoon surgeries on alternate Tuesdays and Wednesdays for anyone having difficulty attending during normal surgery hours. There is a part-time practice nurse who works three mornings a week.

During the inspection visit we spoke to patients attending the practice and following the visit we spoke with two patient carers who are supported by the practice.

We found the practice delivered the support and treatment patients needed. The practice provided a safe and effective service ensuring that patients had a caring and responsive service. GPs and staff invested time and commitment to ensure the practice was well-led and care was provided in the best interests of their patients.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to CQC at that time.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice was safe because there were systems in place for monitoring and responding to risks. This included protecting patients from the risk of abuse, learning and improving from safety incidents and having systems for dealing with emergencies.

Staff were recruited appropriately, which ensured they were suitably skilled and qualified for the roles they were employed for. The premises and the equipment were maintained well.

Are services effective?

Care and treatment was delivered in line with recognised best practice standards and guidelines. The GPs took responsibility for maintaining their knowledge and involving the practice nurse if there was a change in approach to patients' care and treatment. The practice assessed patients' needs and planned care and treatment accordingly. There was a review and monitoring system in place to ensure patients' needs continued to be met, which included regular meetings by the healthcare team. Patients at high risk or who required careful monitoring were included in a virtual ward. The virtual ward is similar to a ward in a hospital environment in that it has a structure of both clinical and administrative staff who coordinate and provide direct care to patients. The main difference is that the actual ward does not physically exist to house all the patients in one location, the care is provided in the individual patient's own home.

Patients were consulted and offered appropriate options when they needed further medical treatment outside of the GP practice. The practice also had a peer review system in place to review the amount and appropriateness of patient referrals to other services.

Are services caring?

GPs and staff at the practice demonstrated there was a high level of personal commitment and provided continuity of care for patients. Patients were treated with respect, dignity, compassion and empathy. Patients experienced holistic care and compassion when they were supported through times of hardship, bereavement and loss.

Patients were involved in the decisions about their care and treatment. Children attending the practice participated in their care

Summary of findings

because GPs included them in the decision making process. Patients were not rushed while seeing the GPs or nurses and there were no set limits for the length of time taken to see each patient who turned up for a consultation.

Are services responsive to people's needs?

GPs and staff worked flexibly and were responsive to patients' needs. By having an open surgery time each morning, patients could be seen quickly if and when illnesses occurred. The practice ethos was to have no restriction on the number of patients seen or the number of illnesses they presented with. GPs stayed as late as needed and the practice nurse added extra patients for treatment to their list as and when required.

The practice was responsive when accessing further tests and treatment for patients. GP services were made available to patients when they were unwell and in changed circumstances. Alternative arrangements were made for some patients who could not cope with using the waiting area or attending the practice.

Are services well-led?

The practice supported a relatively small patient group when compared with other GP practices in the local area. There was a small team of staff with designated lines of accountability for the different aspects of the service. GPs took lead roles in areas such as safeguarding and the overall management of the practice. The practice nurse and practice manager also had specific roles to ensure the safe delivery of the service. Staff were flexible and had multiple roles at the practice so there was continuity of care and delivery of support to patients. This included administration staff stepping in to the receptionist role when required.

The practice delivered a professional service when meeting patients' individual needs. There was a system of audit and governance, which led to the services they provided improving and developing.

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 a flexible service to provide support and healthcare to older patients. They supported carers and worked with other health and social care professionals to offer treatment that was in the patients' best interests. Patients and their supporters were directed to external agencies and charities, for additional support. Patients living in extra care facilities received the same quality of support from the GPs at the practice as those who lived in their own homes.

People with long-term conditions

The GPs and practice nurse were responsive and provided treatment and care that met the needs of patients with long-term conditions. These patients had their health reviewed regularly. Reviews took place with the individual and, where appropriate, their carer. Age-related conditions were targeted by the practice. The practice used health promotion to ensure patients felt appropriately monitored, and were treated where necessary.

Carers' needs were regularly reviewed. The practice assisted carers to access additional support so that they were able to continue looking after family members safely.

Mothers, babies, children and young people

The open appointment system and flexibility of the practice supported mothers, children and young people. Patients and parents were able to book an appointment at the end of surgeries if they had difficulty in attending during school hours. There was a system of pre-bookable appointments for the afternoon surgeries alternate Tuesdays and Wednesdays. Distressed and unwell children were prioritised on the appointment list.

GPs and the practice worked in conjunction with the local community midwifery service and health visitors. Patients dealing with pregnancy and miscarriage were supported sensitively. GPs offered a service for patients, which provided confidential contraceptive and sexual health services to young patients.

The practice promoted breast feeding and ensured there was a very supportive environment at the practice. GPs were signposting patients to guidance from other organisations and gave their own advice regarding positioning for breast feeding and other aspects of support to new mothers.

Summary of findings

The working-age population and those recently retired

The practice had a flexible approach to providing appointments and access to services for patients who were not able to attend during usual working hours. GPs listened and were accommodating to special requests from patients for appointments, often opening earlier and staying later so that patients could attend.

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

The practice was involved in work to provide healthcare to travellers and travelling show people who visited the area. Patients were able to register for treatment even though they did not have a registered address in the locality. GPs worked with the Travellers' Liaison Service and shared information which allowed them to support patients with on-going health needs and transfer treatment plans to other healthcare providers.

People experiencing poor mental health

The practice provided support to patients with a variety of mental health needs, including depression, dementia and poor mental health. Patients were assessed and had on-going reviews of their needs. They were supported to have a continuity of care because additional support was provided from other professionals, such as the local mental health team.

The practice staff had a responsive and accommodating approach to patients who were unable to cope with busy areas and being in the vicinity of other patients. The practice made alternative arrangements so that they could obtain the care and support they need.

Summary of findings

What people who use the service say

We spoke to 18 patients during the inspection visit and we received 11 comments cards. Within that information we had feedback from most of the patient groups, except from patients in vulnerable circumstances and patients experiencing poor mental health.

All the patients we spoke with who had a long-term condition said they felt confident in the care and treatment they received for their conditions. Patients talked about feeling involved in their care and treatment, they were able to make choices about their care and had been given suitable advice. Patients said they had been called for health checks and routine screening appointments.

Maternity services were provided by the GPs and the local midwifery team. Parents praised the support and responsive service from GPs, particularly in reassuring new parents about any concerns they might have. The children we spoke with commented about how well the GPs communicated with them.

Patients who were either working or retired were confident that the GPs would see them the same day at either of the two surgery sessions held. Patients told us the GPs would stay on duty until every patient who had turned up for a consultation was seen.

There were positive themes to the comments we received from patients. Patients felt safe at the practice and were confident in the skills and experience of staff. We were told about the cleanliness of the equipment and premises. Patients had observed staff consistently wearing protective clothing when carrying out examinations and treatment, and described staff as being professional, friendly, helpful and caring.

Areas for improvement

Outstanding practice

Our inspection team highlighted the following areas of good practice:

- The use of a virtual ward and regular ward meetings with other health professionals, such as the district nursing team, ensured there was continuity of care for patients, especially when transitioning from other healthcare providers and returning home.
- The practice had enabled access for those patients in vulnerable circumstance who, by the nature of their lifestyle as travellers and show people, had poor access to regular healthcare. GPs worked with the Travellers' Liaison Service and shared information, in order that they were able to support people with on-going health needs and transfer treatment plans to other providers, such as the community nursing teams. The practice offered the building as a safe place for patients to contact other services, such as the local domestic abuse service.

Wellington Road Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist adviser and the team included second inspector and a practice manager specialist adviser.

Background to Wellington Road Family Practice

Wellington Road Family Practice is a small GP practice situated in Yate in South Gloucestershire. The practice had approximately 2,264 registered patients from the local community, including patients living in four care homes in the area. The practice had two consulting rooms and two treatment rooms.

Wellington Road Family Practice is only provided from one location:

Wellington Road

Yate

South Gloucestershire

BS37 5UY

The practice supported patients from all the population groups: older people; people with long-term conditions; mothers, babies, children and young people; working-age population and those recently retired; people in vulnerable circumstances who may have poor access to primary care; and people experiencing poor mental health.

Over 60% of patients registered with the practice were working age, just above 19% were over 65 years old and 20% were under 18 years of age. Information from the South Gloucestershire Clinical Commissioning Group (CCG) showed that 60.8% of the patients had long standing health conditions, which was above the national average of 53%. The percentage of patients affected by income deprivation was 11% children (the national average of 21.8%) and 11% for those categorised as older people (the national average of 18.1%) at Wellington Road Family Practice.

There was one full-time and one part-time GP and a part-time practice nurse, who between them provided access to consultation and medical treatment five days a week. The GPs were available between the hours of 8am and 6.30pm Monday to Friday. The practice referred patients to another provider for an Out of Hours service to deal with any urgent needs when the practice was closed.

Why we carried out this inspection

We inspected this 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

The practice provided us with information to review before we carried out an inspection visit. We used this, in addition

Detailed findings

to information from their public website. We obtained information from other organisations, such as the local Healthwatch, the South Gloucestershire Clinical Commissioning Group (CCG), and the local NHS England team. We looked at recent information left by patients on the NHS Choices website. We spoke with a district nurse and home care manager from the local area before the inspection visit. We received written feedback from two health visitors who worked in conjunction with the practice to provide support to patients, and from two members of staff at other care services whose patients were registered with the practice.

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 were provided for specific groups of people and what good care looks like for them. The population groups were:

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

During our visit we spoke with both of the GPs, the practice nurse, the practice manager, the three reception and administration staff on duty. We spoke with 16 patients in person during the day and two carers following the inspection visit. We used information from the 11 comment cards left at the practice premises.

We observed how the practice was run, the interactions between patients and staff and the overall patient experience.

Are services safe?

Our findings

The practice was safe because there were systems in place for monitoring and responding to risks, including protecting patients from the risk of abuse, learning and improving from safety incidents and systems for dealing with emergencies.

All 18 patients we spoke with said they felt safe at Wellington Road Family Practice.

Safe patient care

We spoke with both GPs and reviewed information about the clinical incidents that had occurred at the practice. We were told seven clinical incidents had occurred during the last 12 months. Incidents, including minor events, such as delays in information sharing within the practice or receiving information from other health providers, were analysed and actions put in place. Where events needed to be raised externally, such as with the Out-Of-Hours service, this was done in a timely way with appropriate steps taken. We found that any events that impacted on the safety and safe delivery of the service at the practice were dealt with in a similar manner.

Learning from incidents

The records we reviewed showed that each clinical event or incident that impacted upon the practice was analysed and discussed by the GPs and practice nurse, and with staff where appropriate, during staff meetings. We saw that staff practice was changed to ensure similar events did not reoccur. For example, we saw how records were managed in non-clinical areas of the practice so that the potential risks to patient confidentiality was minimised. We were told the practice received safety alerts via email and responded and put changes in place to reflect the new guidance.

Safeguarding

The practice had policies and procedures in place for health and safety and safeguarding patients from the risk of abuse. When we spoke with staff they had a clear understanding of their responsibilities and how to respond should concerns be raised about a patient's safety and welfare. Each member of staff had received the required level of training appropriate to their role. One GP lead had a significant interest in adult and child protection and domestic abuse at the practice, and also holds an external post as the named doctor for safeguarding children and the clinical lead for domestic abuse for the South Gloucestershire Clinical Commissioning Group (CCG).

A member of administration staff coordinated any information the practice received about children at risk and monitored any interventions carried out by the practice or other health providers. This was escalated to the practice lead when needed. For example, this process identified frequent contact with the Out-Of-Hours service or visits to the local accident and emergency department. We were told that these concerns were discussed and monitored, and that steps were taken if required. We were told a similar process was being set up for adults to monitor information received into the practice.

The GPs ensured relevant information was available to locums who worked at the practice using a system of alerts that popped up on the computer patient record system. Each patient who was assessed as being at risk had a summary of key information for the locum to see so they were aware of the particular needs of the individual.

Patients we spoke with told us they were aware of the systems to protect them, including the specific interest and involvement of one of the GPs with safeguarding and protection. Patients also told us they were asked their preference of a male or female GP, particularly for intimate examinations, and given support if it was needed. This information matched the practice's policies and procedures. Staff told us that alternative appointments were made if the appropriate gender of doctor was not on duty.

Monitoring safety and responding to risk

We saw that there were some limitations to the building, which impacted on accessibility for patients who used mobility aids or had prams or pushchairs. We saw two patients who used wheelchairs and a third patient who used a wheeled walking frame have difficulty getting through the waiting room. Two heavy fire doors had to be negotiated and space within the waiting room was limited due to the layout of furniture. Each time a patient who used a mobility aid needed to reach the consultation or treatment rooms, furniture was moved to accommodate them.

There was a policy and procedure in place for responding to medical emergencies. Appropriate serviced and

Are services safe?

maintained equipment was in place for staff to use. Staff received the required training to respond and provide treatment. This included the administration and reception staff.

Medicines management

One of the two GPs took the lead for managing medicines at the practice. We were told and saw that the practice held a very small amount of medicines on the premises, including those to be used in a medical emergency. There were no controlled medicines kept at the practice.

The medicines management policy and procedure stated the lines of accountability and expected standards for record keeping, audit and reporting. There were systems for stock level checks, ordering and safety checks, including temperature checks for the storage of vaccines in the nurse treatment room. We saw how the practice had implemented a Medicines and Healthcare Products Regulatory Agency (MHRA) notification relating to the classification of medicines. The emergency medicines pack had been reviewed and specific medicines identified to be removed. There was an audit and record of medicines used in the doctors bags.

Patients we spoke with confirmed GPs discussed with them the side effects and benefits of medicines. One person described how the GP had worked with them to find the most effective treatment for them.

Cleanliness and infection control

The practice had an up-to-date infection control policy and procedure in place. The practice nurse was the designated lead for infection control. We found the relevant guidance had been followed, including suitable hand wash facilities and the availability of personal protective equipment, such as gloves and aprons.

We saw that the practice had undertaken an audit of infection prevention and control measures during July 2014.Areas of potential risks had been identified and acted upon.

We spoke with the lead GP for the overall management of the practice about the infection control management and we were told there were recent changed responsibilities within the staff team. Training had also been arranged for those staff responsible for infection control audits and management.

The practice employed a contract cleaner and we saw that there were agreed cleaning schedules and standards in place. We saw the contractual company providing the cleaner carried out their own audit checks and gave feedback to the practice about its findings, including the action plans taken to improve standards. Each consulting and treatment room had a good supply of hand soap, paper towels and alcohol gel. There were hand washing guidelines above all the basins. The practice provided a visibly clean and hygienic environment for patients.

Staffing and recruitment

The practice employed one full-time and one part-time GP. A practice nurse and the practice manager were part-time. There were four staff, all part-time, to cover the reception and administration needs of the practice. We heard from both staff and patients that one GP covered reception and other duties when the practice was busy and when other staff were not available.

The practice had a very small turnover of staff employed. During the last 12 months only two new staff had been employed. They were in the process of employing a new lead nurse. We reviewed the records for the recruitment of new staff and found the required information was obtained about staff. All members of staff had a criminal record check via the Disclosure and Barring Service (DBS) before they commenced working in the practice.

We spoke with the two GPs about cover for the practice when they were absent for holiday or training and we were told that the practice used locum doctors to cover whilst they both were away, and this was usually for a maximum of between two and three weeks per annum. We were told that checks were made, such as professional registration, work history and references before locum GPs were employed.

We also asked other health and social care professionals who came in contact with the practice about arrangements that were made to cover the GPs' absences. We heard that this had worked well and without problems because the GPs had provided a good handover of patients and information to them.

Dealing with Emergencies

There were several systems in place for dealing with anticipated emergencies and disruption to the practice. There were procedures and equipment available for responding to medical emergencies.

Are services safe?

We were told about the method of calling for assistance using a call system should a member of staff need help. The risks to staff and other patients from some patient groups or behaviours had been assessed and staff had found the availability of open access appointment system reduced the need for anxious patients to wait unduly.

We saw a copy of the practice's business contingency plan, which contained arrangements for ensuring a service was provided if, for example, power, heating or safety were compromised. Agreed arrangements were in place and staff were given guidance on how to respond and put actions in place should the need arise.

Equipment for dealing with medical emergencies, such as the defibrillator, oxygen and emergency medicines, was stored in a central place, known to staff in the practice and was readily available.

Equipment

There was a system in place for monitoring the medical equipment used at the practice. Equipment such as spirometers, nebulisers and an Electrocardiogram (ECG) machine were all regularly serviced. Weekly cleaning and checks were routinely carried out on equipment.

The equipment for the general operation of the practice, such as computers, screens and photocopiers, were in place. There was evidence that these and other electrical equipment were subject to regular portable electrical appliance testing.

Are services effective?

(for example, treatment is effective)

Our findings

Staff explained to us how prospective patients were told about what was on offer at the practice and the processes carried out when new patients registered with the practice. Patients had access to information from the practice's website, which told them about the services on offer and the opening times. This information was also provided in leaflets and brochures at the reception.

Every new patient was required to provide a summary of their personal information and evidence of their eligibility to NHS treatment. Each patient was seen by a GP as part of the registration process and if further tests and screening were needed, such as joining the on-going monitoring for long-term health conditions like diabetes and high blood pressure, these were arranged.

Patients we spoke with confirmed their consent was obtained by GPs before carrying out intimate examinations, prescribing treatment or referring for further investigations. Patients told us that the GPs used a standard form to obtain consent for minor procedures.

Patients told us their care was inclusive. For example, a child told us the GP always spoke to them first at a level they understood and involved them and their parent in decisions.

Promoting best practice

Care and treatment was delivered in line with recognised best practice standards and guidelines. We found that the GPs took responsibility for maintaining their knowledge and they involve the practice nurse if a change in approach to patients care and treatment is needed. For example, we were told that they had already implemented the National Institute for Health and Care Excellence (NICE) guidance for home monitoring of patients blood pressure.

The practice assessed patients' needs and planned care and treatment accordingly. There was a review and monitoring system in place to ensure patients' needs continued to be met, which included regular meetings by the healthcare team. Patients at high risk or who required careful monitoring were included in a virtual ward, which involved healthcare practitioners and specialists such as the district nursing team. A virtual ward is where patients were monitored and supported by healthcare professionals and others in their own homes as if they were being treated as a patient in a hospital or clinical setting.

Patients were consulted about their wishes and offered appropriate options where they needed further medical treatment outside of the GP practice. The practice also had a peer review system in place to review the amount and appropriateness of referrals to other agencies.

Management, monitoring and improving outcomes for people

We looked at the information provided by the practice and from South Gloucestershire Clinical Commissioning Group. We found patients' long-term conditions were monitored effectively using the information from the Quality and Outcomes Framework (QOF) 2012/2013. The long-term conditions included asthma, coronary heart disease and diabetes.

Three out of 18 patients we spoke with told us they had long-term conditions. They told us the GPs carefully monitored their health, which included regular check-ups and attendance for blood tests. For example, a patient with diabetes told us they had retinal screening each year at a clinic held at the practice. Patients with diabetes can be at risk of developing blindness due to their condition. Retinal screening allowed health professionals to monitor patients who may be at risk and to provide early intervention if needed.

The GPs at the practice undertook a very minimal number of minor surgical interventions; these include incisions and excisions for biopsy of 'lumps and bumps' and steroid joint injections. Specimens were taken for histology and the current system was that patients were asked to follow up and check with the practice for results. The GPs told us they were reviewing this system to ensure there was an audit trail and that the practice responds appropriately if the patient fails to contact the practice.

Patients' needs were regularly discussed and monitored and information was shared between practitioners at the practice. Some of these discussions were recorded, however some were not. We were told that the GPs were reviewing how they could ensure this monitoring and audit was recorded other than in the patients records.

Staffing

All permanent and temporary staff were appropriately qualified and competent to carry out their roles safely and effectively. We reviewed the records for recruitment and employment of staff, including those for induction, on-going supervision and appraisals.

Are services effective?

(for example, treatment is effective)

The learning needs of staff were identified and training was put in place. This included developing the practice manager's skills to have a greater overview of control of infection practices and encouraging reception and administration staff to extend their roles. Mandatory health and safety training, such as fire and safeguarding, were provided to all staff. The practice supported the practice nurse to undertake update training to maintain clinical skills, including cervical smear testing.

All of the patients we spoke with were confident in the skills and experience of the clinical team.

Working with other services

The practice worked effectively with other health and social care providers. We were told by two care home services and other health and social care professionals that there was good communication with the practice they had found working with them an excellent experience. They told us about the monthly virtual ward meetings and stated they felt the GPs had provided a personal and accessible service to their patients. One practitioner told us the GPs had made end of life care very personal and had taken time outside of normal practice hours and at weekends to respond to patient needs. This was reflected by the comments given by a care home manager about their positive experience, which started with the first contact with the reception staff.

We heard from the Health Visitor team who told us the GPs had good communication channels with them, including monthly child protection meetings. They also told us the GPs were very accessible, had good knowledge about their patients and would do joint home visits where necessary. They added that the reception and administration staff were always very helpful and had a 'can do' attitude.

Three carers spoke about the holistic care the GPs at Wellington Road Family Practice had given to them and their relative. For example, a carer told us a GP had intervened and attended a funding panel with the South Gloucestershire Clinical Commissioning Group (CCG) to ensure additional support was forthcoming for their family.

Continuity of care between the practice and Out-Of-Hours services was recognised by the GPs as a potential risk for patients at the practice. However, patients told us that the way GPs dealt with information following a patient's care by the Out-Of-Hours service was responsive and effective. For example, a patient who was diagnosed and had been treated with a blood clot told us one of the GPs at the practice had contacted them when the practice opened and suggested they visit the patient at home. Patients told us they found this approach reassuring.

The pharmacy manager, although independent to the GP practice, worked in conjunction with them so that patients could obtain their medicines out of normal hours if attending the practice for an appointment at these times.

Health, promotion and prevention

We were told that the practice involved and informed patients about local health promotion events and ran regular influenza vaccination sessions each year. Patients were directed to external networks and organisations, to gain additional assistance, advice and support.

Information leaflets and guidance were available to patients, including for those experiencing domestic violence and for carers. Support for lifestyle changes and healthy living was provided at the practice. This included support for smoking cessation. Two patients we spoke with praised the support they had received to live more healthily.

Patients were prompted to look at health promotion information on the noticeboard in reception. We were told it changed every month; this month's topic was about 'plants that can poison your child in your garden' and the previous month had information about the risks of sun damage to skin for adults and children.

GPs at the practice offered support and were involved in the promotion of breast feeding. They were working with the local midwifery team to increase the number of mother's breast feeding in the community. The GP offered mothers advice and guidance regarding positioning for breast feeding, as well as moral support. The staff had ensured that patients/visitors were made aware that breast feeding facilities were available in the waiting room area or mothers had the use of a back office if privacy was required.

Are services caring?

Our findings

Health and Social Care professionals, such as the members of the community nursing team told us there was a high level of personal commitment by the GPs and that they provided continuity of care for patients. Patients had fed back to them about their experiences and confirmed that the practice was very focussed on making the patient experience positive.

Respect, dignity, compassion and empathy

The verbal and written feedback we received from 29 patients had common themes about their experiences at the practice and praised all of the staff who worked at the practice. Patients found staff to be professional, friendly, helpful and caring. Examples patients shared with us demonstrated they were experiencing holistic care. We heard many positive examples of the support received from the GPs during times of hardship, bereavement and loss. Patients told us the compassion they were shown had helped them through these times.

Staff spoke politely and respectfully to patients, both on the phone and face to face. GPs and the practice nurse collected patients from the waiting room and ensured the consulting or treatment room doors remained shut while the patient was with them.

There was information to show that staff had received training on equality and diversity.

Involvement in decisions and consent

Patients told us they felt involved in the decisions about the care and treatment they received and were able to decline treatment. Two comments we received from children who were patients, demonstrated they experienced inclusive care. For example, a child told us the GP always spoke to them first at a level they understood and involved them and their parent in decisions.

Patients we spoke with confirmed their consent was obtained by GPs before carrying out intimate examinations, prescribing treatment or referring for further investigations. Patients told us that the GPs used a standard form to obtain consent for minor procedures.

None of the 29 patients we spoke with or received written comments from said they had ever felt rushed while seeing the GPs or nurses. We were told that the GPs did not have set limitations for the length of time taken to see each patient who turned up for a consultation.

Patients were given a copy of the practice's policy and procedures in regard to consent and the sharing of information when they joined the practice. Information was also on display in patient areas and on the public website.

The GPs confirmed they had training in the Mental Capacity Act 2005 and had regular discussions about obtaining consent, use of covert medication and acting in the best interests of patients. We were told how they tried to involve relatives and community psychiatric nurses who worked for social services in best interest decisions. Each patient was assessed on a case by case basis and they would seek local expert advice if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

GPs and staff worked flexibly and were responsive to patients' needs. By having an open surgery time each morning, patients could be seen quickly if and when illnesses occurred. The practice ethos was to have no restriction on the number of patients seen or the number of illnesses they presented with. GPs stayed as late as needed and the practice nurse added extra patients for treatment to their list as and when required.

The practice was responsive when accessing further tests and treatment for patients. GP services were made available to patients when they were unwell and in changed circumstances. Alternative arrangements were made for some patients who could not cope with using the waiting area or attending the practice.

Responding to and meeting people's needs

We heard from GPs and staff how the service worked flexibly and was responsive to patients' needs. The GPs ran an open surgery each morning of the week where patients were able to register for an appointment between the hours of 9am and 11am, and again in the early evening on selected days, allowing anyone who needed medical care to be seen. We saw evidence of the flexibility of staff on the day of the inspection, where patients were still being seen in the early afternoon to ensure they had the treatment they needed.

All of the patients told us that the practice responded to their individual health needs well. They said that preferences, such as to see a doctor of the same sex, were always met. Patients consistently remarked about the high level of satisfaction they had with regard to continuity of care from named GPs.

Patients said the new system for obtaining repeat prescriptions was excellent. Some patients used the online request service, other patients telephoned to request theirs. All patients said the prescription service was efficient and they were reminded to come in for health checks before further prescriptions would be issued.

The practice did not have a Patient Participation Group (PPG), so patients were unable to provide feedback this way. However, they did carry out surveys and had a comments book that patients could use. The majority of the patients who gave us verbal or written feedback remarked about the openness of the practice. For example, several patients made specific comments about the vision the two GPs had to provide holistic care and supporting the whole person. This was what they told us they received.

GPs and staff told us about the arrangements they had in place for some of their patients with high anxiety who could not cope with using the waiting area or attending the practice. They collected patients from the car park area and took them directly to the consulting room or arranged to visit them in their own home.

Patients told us about how responsive the practice was in regard to accessing further tests and treatment. Patients provided us with examples of how the GP service was made accessible to them when they were unwell, with GPs calling them on the telephone, and the prompt response to refer for emergency hospital treatment or MRI scans when needed.

We heard very positive feedback from patients about how the service met their needs in difficult circumstances. One mother told us about how one of the GPs visited them at home in deep snow, up an inaccessible track, when they were worried about their baby. The GP had stayed and spent an hour with them and had reassured the family.

Other patients gave examples of the extra lengths the GPs at the practice took to support them. This included dealing with the immediate clinical need of patients and following through with delivering medicines when they were unable to obtain them themselves.

Access to the service

All the patients who gave feedback to us were satisfied with the arrangements to see a GP. The practice ran open sessions twice a day where patients turned up and waited to see a doctor, rather than pre-booking appointments. The downside of this approach, was that patients told us they often had to wait for a lengthy period to see the doctor, although they all found this acceptable because they recognised that when they themselves needed extra time to talk, or have an examination, they were given this time.

Appointments for specific interventions like immunisations or blood testing were made. We saw reception staff talking with patients about what would be the most convenient date and time for this next appointment, which was then set up for the patient.

Are services responsive to people's needs?

(for example, to feedback?)

We were told that there were no significant needs, such as language and communication needs, for patients at this practice. However, if required they had access to interpreting services. When we spoke with a patient who was deaf and used lip reading they told us the GPs knew how they liked to be communicated with and accommodated this.

We were told the practice worked to engage with hard to reach groups of patients, for example travellers and show people, to ensure they had access to healthcare. This was through supporting these patients to register and attend the open appointment system and to provide treatment at the time of their attendance. Which meant, where possible, their needs were met at the one visit to the practice.

Concerns and complaints

None of the 29 patients we spoke with, or patients who gave written comments had ever made a complaint. Patients said they would either speak to the receptionists, the GP or practice manager. Patients consistently said they had no need to complain when the service they received was so good.

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice.

We spoke with the practice manager about comments, concerns and complaints received by the practice. We were told there had only been one complaint made to the practice during the last two years and none in the last 12 months. Patients were able to record comments in a book in reception. We heard from other staff there were many cards and letters sent in thanking the GPs and staff for their treatment and support.

We saw from the information provided by the practice that patient numbers had doubled in size since 2007. Health and social care professionals told us that patients had been recommended to the practice by other patients. One patient told us they lived outside the catchment area for the practice but still chose to attend the practice.

We spoke with the GPs and practice manager about other aspects of patient involvement. There was no Patient Participation Group at the practice. However, they told us this was included in their planned improvements for the practice.

Are services well-led?

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

Our findings

The practice had designated lines of accountability for the different aspects of service delivery. GPs took lead roles in areas such as safeguarding and the overall management of the service. The practice nurse and practice manager also had specific roles they carried out to ensure the safe delivery of the service.

Leadership and culture

All of the staff we spoke with had a good understanding of the ethos and vision of the practice, which allows staff to have a strong knowledge about patients and provide continuity of care. There was a culture of information sharing between GPs and the practice nurse.

Governance arrangements

The practice had a recorded overview of their clinical governance which outlined their approach and the systems they had put in place to monitor the quality of the services they provided. The practice had a Clinical Governance Committee which consisted of the two GPs.

We saw how they used information and made changes in accordance to national standards to improve the service to patients which included using information from the National Institute for Health and Care Excellence (NICE). The practice had a system of governance for meeting the Quality and Outcomes Framework (QOF) targets and patients' clinical needs.

Staff took lead roles for specific areas, including prescribing, medicines management and safeguarding. There was a system for reporting and acting on any issues raised.

Systems to monitor and improve quality and improvement

We saw there was joint working to respond to significant events. Staff meeting minutes showed there was a whole team approach to rectifying gaps and implementing change. We found that, at times, formal recorded audits of the overall picture of the practice's performance did not always take place, although actions were taken swiftly on individual events.

Patient experience and involvement

Patients had participated in the National Patient Survey during 2014, where they contributed their experience about the practice. We found there was an on-going informal process of seeking patients opinion, specifically about waiting times and open access, and these were discussed at staff meetings. We found that patients were confident about being able to comment about their care and treatment to the GPs or others.

The practice did not have a Patient Participation Group (PPG). Nearly all the patients we received feedback from mentioned feeling 'listened to' and improvements had been made to the service as a result of this. The practice monitored feedback via external sources such as NHS Choices.

Patients said all the staff were polite, friendly and very kind. We heard from patients and external health and social care professionals that patients were often referred to the practice by word of mouth.

Staff engagement and involvement

There was information to show that the practice acted on patient comments and feedback. For example, following feedback from patients through surveys and in the comments book in the reception an independent pharmacy was set up on site so that patients could collect their medicines in one visit to the practice.

Learning and improvement

There was evidence that learning from significant events, monitoring of the service and feedback from patients had an impact on the management and delivery of the service. We found that the team collaborated to improve the service. This involved regular staff meetings where the management and business of the practice were discussed. The last meeting, six months ago, looked at the skill mix and hours of the administration staff. They also considered expanding the GP team to meet the needs of the patients they supported.

Identification and management of risk

The practice had systems to assess and manage risks. This included clinical governance and control of infection. There was a business contingency plan, which identified suitable temporary alternative accommodation should the delivery of the service be disrupted at the practice premises. There were also plans in place if GP and nursing staff were unavailable, such as immediate emergency cover in working hours with another local GP practice.

Older people

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

Our findings

We found that the practice offered a flexible service to provide support to older patients. They worked with other healthcare professionals to act in the patients' best interests and continued to engage patients' carers and supporters where possible. Patients and their supporters were directed to external agencies and charities, for additional support. Older patients living in care services in the local community were provided with the same quality of support from the GPs at the practice as those who lived in their own homes.

Older patients at the practice appreciated the care they received from the GPs and practice nurse. They felt they were supportive, responsive and the treatment and care met their needs. Each patient had a review of their health needs, which took place with the individual and, where appropriate, their carer. Age-related conditions were targeted by the practice. The practice used health promotion to ensure patients felt appropriately monitored, and treated where necessary.

The practice also checked that carers' needs were regularly reviewed. They assisted carers to access additional support so that they were able to continue looking after family members safely.

People with long term conditions

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

Our findings

The GPs at the practice were responsible for managing patients' long-term conditions. The practice nurse supported the GPs with the management of patients with long-term respiratory conditions, such as asthma.

Patients were supported to attend regular screening and health checks and were provided with access to specialist care and treatment when required. We found that the practice worked well with other providers and professionals so that there was a holistic approach to providing support to the individual and their families.

The use of a virtual ward and regular ward meetings with other health professionals such as the community nurse team ensured that there was continuity of care especially when transitioning from other health care providers and returning home.

Mothers, babies, children and young people

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

Our findings

The open appointment system and flexibility of the practice supported mothers, children and young people. Patients and parents were able to book an appointment at the end of surgeries if they had difficulty in attending during school hours. Distressed and unwell children were prioritised on the appointment list.

The practice worked in conjunction with the local community midwifery service and health visitors. Routine antenatal care was held at another health care centre.

Patients told us that the practice was sensitive and supportive when dealing with pregnancy and miscarriage. GPs offered a service for patients that provided confidential contraceptive and sexual health services to young patients.

One of the GPs had a particular interest in promoting breast feeding and so ensured there was a supportive environment offered at the practice, including the waiting area and the availability of a private space for mothers to feed their babies. This GP had identified there was a lack of contact with expectant mothers in the antenatal period and hoped to work with the local midwives to improve contact. The GP signposted patients to guidance from other organisations as well as giving their own advice on positioning for breast feeding and other aspects of support to new mothers.

There was a team approach to supporting parents and young children. This involved regular meetings with the health visitors, where information was shared appropriately about patients who were at risk of harm or possible abuse.

The practice obtained advice and guidance from a local paediatric General Practitioner with Special Interests (GPwSI) when they had concerns or needed further 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.

Our findings

The practice had a flexible approach to providing appointments and access to services for patients who were not able to attend during usual working hours. There were opportunities for booked appointments two evenings a week for patients who needed to plan ahead to see their GPs or the Practice Nurse. We heard how GPs listened to and accommodated special requests from patients for appointments, often opening earlier and staying later so that patients could attend. We heard how other staff were flexible to this approach so that the GP and patients were supported.

We heard that GPs tried to complete investigations such as blood tests, immunisations and treatments at the same time so that patients did not need to attend another appointment to have these completed.

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

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

Our findings

The practice was involved in work to provide health care to travellers and travelling show people who visited the area. Patients were able to register for treatment even though they did not have a registered address in the locality.

GPs worked with the Travellers' Liaison Service and shared information, in order that they were able to support people with on-going health needs and transfer treatment plans to other providers, such as the community nursing teams. The practice offered the building as a safe place for patients to contact other services, such as the local domestic abuse service.

We saw from information provided by the practice there was a very small number of patients known and registered who had a learning disability.

The practice provided a drug and alcohol addiction service for patients, which assisted with them to manage their health well.

People experiencing poor mental health

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

Our findings

The practice provided support to patients with a variety of mental health needs, including depression, dementia and poor mental health. Patients were assessed and had on-going reviews, with additional support from other professionals, such as the local mental health team, to ensure continuity of care,.

The practice staff made alternative arrangements so that patients who were unable to cope with busy areas and being in the vicinity of other patients could obtain the care and support they needed.

Patients with dementia and their carers were directed for more specific access to external support from other organisations. Patients accessed a counselling service from the practice.

We found that any individuals that could pose a risk to themselves and others were risk assessed and strategies were put in place. We were told that staff at the practice had previously talked patients down from episodes of stressful behaviour, which had meant assistance had not been required from police.

We were told that the practice enabled a young person to receive assistance and consultation with children's mental health services by facilitating appointments at the practice because the patient was unable to attend a clinic further away.