Old Hall Surgery

Quality Report

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Date of inspection visit: 4 June 2014
Date of publication: 17/09/2014

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

Summary of findings

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Summary of findings

Overall summary

Old Hall Surgery operates from a converted detached house within the Ellesmere Port area of Cheshire. There are 4 practice partner General Practitioners (GP) and full supportive practice staff serving a population size of approximately 5,460 people. The practice opening hours is from 08.30 to 18.30hours and they are registered with the Care Quality Commission (CQC) to provide the regulated activities diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

Patients are very positive about their experiences at the practice and this feedback was given during our inspection. This view was also shared with us when we asked patients to complete a CQC comments card to our visit. Patients told us that staff are caring and compassionate, friendly and helpful. Many patients have known the longstanding GP's for many years and they told us they are confident their family's needs are consistently met by the practice. Three of the 27 patients comments cards reported that appointments are at times difficult to access.

The practice has a strong culture of patient safety and awareness. They have a good leadership team who encourage all staff to be proactive in engaging with patients, learning from incidents and taking ownership when things do not go as planned and incidents occur.

The practice is providing an effective service for their local population. Care and treatment is considered in line with current published guidelines and best practice all of which are available to staff on their intranet.

Throughout our inspection we saw good compassionate care where patients are given time and support during their appointment. We saw how the whole team were responding to both the clinical and non-clinical needs of their patients. We found the practice to be a responsive practice in particular in terms of patient access and in listening to patient feedback. Each of the population groups we reviewed during the inspection were receiving a good service from the practice.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice had a strong culture of patient safety and awareness. They was a good leadership team who encouraged the whole practice to be proactive in engaging with patients, learning from incidents and taking ownership, when things did not go as planned and incidents occur.

The practice had a good understanding of safeguarding matters and was engaged and proactive in child protection work locally. Systems were in place for infection control and prevention work and medicines management. Staff we spoke with were familiar with these however we found improvements were needed for the management of controlled drugs.

Are services effective?

The practice was providing an effective service for their local population. Care and treatment was considered in line with current published guidelines and best practice, all of which were available to staff on their intranet.

The practice undertook regular audit and monitoring both internally and externally. All staff were appropriately qualified and competent to carry out their roles safely and effectively in line with best practice. There were systems in place for engagement with other health and social care providers and other bodies to co-ordinate care and meet patient's needs.

Are services caring?

The practice was caring. Throughout our inspection we observed good compassionate care where patients were given time and support during their appointment. We saw how the whole team responded to both the clinical and non-clinical needs of their patients. The practice had an active Patient Participation Group (PPG) and this group was well supported by the Practice Manager to undertake this work.

Are services responsive to people's needs?

The practice was responsive to the needs of their local population in terms of patient access and how they were listened to when complaints were made. Good patient information was available to support patients.

Summary of findings

Are services well-led?

The practice was well led. Staff reported an open culture where the leadership support was good or very good. The leadership team which included the Practice Manager and lead GP Partners were strong and visible and worked closely within the practice.

We found many staff and GP's had worked at the practice for a long period of time and they had a respectful working relationship. Staff reported an open culture where they felt safe to report incidents and mistakes knowing they would be treated as a learning opportunity.

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

Older patients received safe and appropriate care. Care and treatment was considered in line with current published guidelines and best practice. We saw good compassionate care where older patients were given time and support during their appointment. Patient information was available in leaflet form and on-line to support patients. Systems were in place to monitor the services provided to older patients, so these patients experienced safer and better quality patient care and experience. Those we spoke with during the inspection told us they felt safe and confident of the treatment they received.

People with long-term conditions

Patients with long term conditions received safe and appropriate care. We found the practice had good protocols for the management of long term conditions and this often included a multi-disciplinary approach to care. Regular professionals meetings took place to discuss patients and families of patients with long term conditions who practice staff were concerned about. We observed good compassionate care where these patients were given time and support sometimes when making life changing decisions. Systems were in place to monitor the services given to patients so they experienced safer and better quality patient care and experience.

Mothers, babies, children and young people

Mothers, babies, children and young people received safe and appropriate care. Care and treatment was considered in line with current published guidelines and best practice.The practice had a good understanding of safeguarding matters and was engaged and proactive in child protection work locally. The practice had good systems in place for child health development and surveillance, this included working in partnership with the School Nurse and Health Visitor services. We spoke with a mother with young babies during our inspection and she told us she had been at the practice for some time and had attended for all her antenatal care and was pleased with the care she received.

The working-age population and those recently retired

Working age patients (and those recently retired) received safe and appropriate care. Care and treatment was considered in line with current published guidelines and best practice, all of which were

available to staff on their intranet. Those we spoke with during the inspection told us they were happy with the care they received and they were pleased that appointments and repeat prescriptions could now be arranged online.

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

Patients in vulnerable circumstances who may have poor access to primary care received safe and appropriate care. We had positive feedback for patient experience from this patient group. Care and treatment was considered in line with current published guidelines and best practice, all of which were available to staff on their intranet. Systems were in place to monitor the services given to patients so they experienced safer and better quality patient care and experience.

People experiencing poor mental health

Patients experiencing poor mental health received safe and appropriate care. Care and treatment was considered in line with current published guidelines and best practice, all of which were available to staff on their intranet. The practice worked closely with partners to protect patient's experiencing poor mental health who may become vulnerable as set out in statutory, national and local guidance. Local registers were kept to ensure that patients were reviewed annually and that this review included not just mental but also physical assessments and reviews.

Summary of findings

What people who use the service say

Prior to our inspection we asked patients to complete a short satisfaction comments card. We asked what they thought of the service they received from the practice and we collected 27 responses. The comments made by patients were overwhelmingly positive. They commented on the caring and compassionate nature of staff and that the facilities were clean and tidy. Staff were reported to be friendly and helpful, they treated patients with dignity and respect and it was reported to us that as the GP's have worked at the practice for a long time they were confident that theirs and their family's needs were met at all times. Three of the 27 patients commented that appointments were at times difficult to get.

Our conversations with patients on the day of the inspection reflected the same views as patients who had completed the comments cards. During our inspection patients told us they had a good relationship with the GP's and practice staff because they had been visiting the practice for many years. They confirmed appointments had been made on line and this was much easier for a patient in full time employment we spoke with.

Data we hold shows the GP Patient Survey (01/01/2013 – 30/09/2013) results were positive in terms of positive patient experience for making an appointment, patient confidentiality in the waiting area, staff treating them with dignity and respect amongst others. NHS Choices patient feedback comments also included positive patient feedback results such as relating to doctors, nurses and staff being helpful and obliging.

Areas for improvement

Action the service COULD take to improve

- We observed that one of the medicines held in the practice had not been fully accounted for, stored and appropriately recorded.
- There was insufficient evidence of the investigation processes in place when patient safety incidents occur.

Good practice

Our inspection team highlighted the following areas of good practice:

- To reduce avoidable accident and emergency attendances (for which the practice was poorly performing) each attendance was reviewed and contact made with the patient to ask the reason for their attendance. This information was then used to help staff understand more clearly why many of their patients were visiting A&E for treatment rather than the practice.
- The GP's visited a local nursing home on a weekly basis to monitor and assess the on-going needs of older people living there. This was a proactive way of ensuring all older people were monitored closely to ensure problems could be identified and treated at an early stage.
- The practice recently won an award from the local Clinical Commissioning Group (CCG) commending them on the work they do in supporting patients with long term conditions. This award was based on the practice patient survey results and the positive comments made by patients.
- The practice had developed a patient/family leaflet for all families experiencing recent family bereavement.

Old Hall Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a GP and a Practice Manager Specialist Advisor.

Background to Old Hall Surgery

Old Hall Surgery is part of the NHS West Cheshire Clinical Commissioning Group (CCG). This CCG comprises of 37 practices. Census data shows an increasing population and a lower than average proportion of Black and Ethnic Minority residents. There is a higher proportion of people aged 40 and over living in the Cheshire West and Chester area than the England average. There are comparatively higher levels of deprivation in the practice area.

The practice operates from a converted detached house within the Ellesmere Port area of Cheshire West. There are 4 practice partners General Practitioners (GP's) and full supportive practice staff serving a population size of approximately 5,460 people. The practice opening hours is from 08.30 to 18.30 hours.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

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

Before our inspection we carried out an analysis of data from our Intelligent Monitoring system. This did not highlight any significant areas of risk across the five key question areas. As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us.

We carried out an announced visit on 4 June 2014 and the inspection team spent eight hours at the practice. We reviewed all areas that the practice operated, including the administrative areas. We sought view from patients both face-to-face and via comment cards. We spoke with the practice manager, three GPs, two nurses, a healthcare assistant, a number of administrators and receptionists staff who were on duty.

Are services safe?

Summary of findings

The practice had a strong culture of patient safety and awareness. They was a good leadership team who encouraged the whole practice to be proactive in engaging with patients, learning from incidents and taking ownership, when things did not go as planned and incidents occur.

The practice had a good understanding of safeguarding matters and was engaged and proactive in child protection work locally. Systems were in place for infection control and prevention work and medicines management. Staff we spoke with were familiar with these however we found improvements were needed for the management of controlled drugs.

Our findings

Safe patient care

The practice had a strong culture of patient safety and awareness. There was a good leadership team who encouraged the whole practice to be proactive in engaging with patients, learning from incidents and taking ownership when things don't go as planned and incidents occur. The practice had a cohesive team and each member we spoke with were clear about the reporting systems in place for ensuring patient safety.

Staff reported an open culture where they were confident to raise concerns and report incidents without fear of reprisals. Trainee medical staff reported that patient safety was a strength of the practice and they felt staff were fully aware of their accountabilities and had moved on from a blame culture when mistakes happen. Good communication meetings where in place with clinicians and other practice staff. Minutes of these meetings showed that incidents and patient complaints were discussed openly so that improvements if required could be made to prevent reoccurrence of the same concerns. We found good safety systems in place in terms of clinical governance, Serious Event Audits (SEA) and other quality assurance activities.

Incidents

Staff had a constant and good awareness of the potential for accidents and incidents to occur. The practice had a real-time incident reporting system. Each of the trainee doctors explained that incident reporting was part of their induction, they could and did report incidents. The practice had local reporting of incidents and more widespread incident reporting via the regional DATIX system. This enabled the practice to share experiences with other practices by making lessons learned about patient safety widely available.

The practice had a process for monitoring serious event accidents (SEA) and we saw that when needed they were reported to the local Clinical Commissioning Group (CCG) for further monitoring and scrutiny. We saw that all such incidents were recorded and lessons learnt and actions were put into place to reduce the same event occurring. However we considered there was insufficient reported information about the investigation process or the root

cause analysis they had undertaken as part of the incident reporting process. We discussed this with the leadership team and were assured that thorough investigations had been undertaken for all events.

We saw that all incidents were discussed at clinical and other practice staff meetings. A culture of openness was reported to us from staff taking part in these meetings. Of the events we reviewed that happened across 2013 we were satisfied that appropriate actions and learning had taken place. We found that overall actions that needed to be taken were simple, appropriate and easy to carry out. This is important so that staff are clear and able to achieve all actions required. We observed that timescales had been identified for the planning and completion of actions. These were monitored and reviewed at staff meetings to be sure they had been implemented. We had discussions with the practice staff about ensuring that annual analysis of events takes place to help identify trends and themes that may be more apparent across the year.

Safeguarding

The practice had a good understanding of safeguarding matters and was fully engaged and proactive in child protection work locally. The practice had a named lead for safeguarding children and vulnerable adults who had received appropriate safeguarding training. Their role was to ensure staff working directly with children and vulnerable adults had access to advice and support at all times. Staff had access to safeguarding policies and procedures for both children and vulnerable adults. These policies were accessible by staff at all levels and were consistent with statutory, national and local guidance. We spoke with staff and confirmed they knew how to act on concerns that a child and or a vulnerable adult may have been abused, or was at risk of abuse or neglect in line with local guidance.

We observed guidance for staff related to domestic violence and in the patient waiting area we saw leaflets and information providing advice and support to all women whether they are affected by domestic violence or not.

The practice regularly reviewed cases where there were safeguarding concerns for children. Weekly clinician led meetings were held including the GP, Health Visitor/ Midwife/School Nurse/ District Nurse as appropriate to discuss vulnerable families to see how they can be best supported. The practice had a clear means of identifying in records those children (together with their parents and siblings) who were subject to a child protection plan.

We saw incidents reports where there had been concerns in relation to a patients vulnerability that may impact on their parenting capacity (e.g. drugs dependency) we saw that discussions had taken place with the child's health visitor to ensure closer monitoring and support was provided to the family.

General Practitioner's worked closely with partners to protect children and vulnerable adults and they regularly participated in child safety reviews as set out in statutory, national and local guidance. A case discussed with us showed practice involvement when a child was not accessing education. The child's GP attended with partner agencies a review to establish if there were safeguarding matters that needed to be addressed. In addition to this we saw how GPs made available information to inform decision making at child/adult protection conferences. This consisted of a chronology of their involvement with the child and family and was used as part of the safeguarding review process.

Cleanliness, infection control and hygiene

All staff had access to a written infection control policy and supporting protocols. The Practice Nurse was the infection control lead. We found good supportive engagement with the local Community Infection Control Nurse and staff at the practice attended a monthly Infection Control & Prevention (ICP) meeting outside of the practice. This gave the practice staff opportunity to hear of any ICP updates relating to clinical practice and infection control prevention. Annually joint ICP risk assessments were undertaken and action plans put into place to ensure compliance with national standards.

Each of the staff we spoke with were aware of ICP and what this meant in terms of safe practice. Staff had been educated about standard principles and trained in hand decontamination, the use of protective clothing and the safe disposal of sharps. In each patient consultation and treatment room we observed adequate supplies of liquid soap, hand rub, towels and sharps containers. We observed the Practice Nurse and the consultations with patients and noted that after each episode of direct patient contact hands were washed and decontaminated. Alcohol based hand gel was available and used by staff. It was reported

Are services safe?

that protective equipment such as gowns and gloves were available and used as required to prevent the risk of contamination of the healthcare practitioner's clothing and skin by patients' blood, body fluids, secretions or excretions.

Sharps containers were stored in each treatment and consultation room. We observed these containers were stored on worktops and benches away from the floor and out of reach of children. These containers were appropriately sealed in accordance with manufacturers' instructions once full, and were disposed of according to local clinical waste disposal policy. We saw care equipment for example, bed trolleys, ECG machines, dressing trolleys and found them to be clean and tidy. The practice had a cleaning schedule to ensure the equipment remained clean and hygienic at all times. Clean curtains around the patient bed were observed in each consultation room. The practice used single item equipment for invasive procedures for example, taking blood and cervical smears.

Although the practice building was old we observed a tidy and 'clutter free' environment, this is important to ensure cleaning can be undertaken. Patient treatment and consultation areas were well organised, storage of equipment and patient information was also well organised. We saw that clinical waste was disposed of in hands free/pedal operated waste bins and appropriate colour coded bags for waste disposal were in place. Appropriate systems were in place for obtaining and the collection of patient samples taken at the practice.

Monitoring safety and responding to risk

The practice had been open for many years and over this period there had been a number of extensions and refurbishment undertakings. The leadership team were aware of the problems and risks associated with an old building and appropriate steps had been taken in response to this. Environmental risk assessments were observed. Disability Discrimination Act access risk assessments were undertaken annually, highlighting in particular access problems with the outside entrance to the building. We spoke with the practice Patient Participation Group (PPG) members who told us they had been consulted on changes to the environment and had been involved in the decision making when changes were made to the patient waiting area. Full and comprehensive health and safety risk assessment and activity were observed to ensure a safe working environment for patients and staff. Evidence that building maintenance was carried out was observed.

Medicines management

The practice had comprehensive and up to date medicines management policies in place. Staff we spoke with were familiar with these. We found systems in place to keep patient prescription pads secure. Overall staff handling of patients medicines held at the practice was safe, they were held securely and only appropriate medicines were kept on site. We observed effective prescribing practices in line with published guidance. Information leaflets were available to patients relating to their medicines. We reviewed the bags available for doctors when doing home visits and found their contents were intact and in date.

Clear records were generally kept when any medicines were brought into the practice and used. However we found during our examination of the emergency bag that the storage of a controlled drug (which are strong drugs that require robust storage and records keeping) was inappropriately placed in here. We discussed this with the lead GP who took immediate action to secure this medicine.

Staffing and recruitment

Robust recruitment processes were in place for staff working with children and or vulnerable adults. References were always sought, a full employment history was viewed on staff files. Professional qualifications were checked and appropriate Disclosure and Barring Systems (DBS) and Criminal Records Bureau Disclosure (CRB) checks were undertaken in line with national and local guidance.

Dealing with emergencies

The practice had policies in place for dealing with emergencies relating to the premises, power supplies and utilities. Staff had received resuscitation training and life support skills. Emergency equipment including drugs were stored securely and accessible to staff. In the event of a patient medical emergency the practice would contact the local ambulance service.

Equipment

Suitable equipment which included medical and non-medical equipment, furnishings and fittings was in place. We saw regular safety checks to ensure all equipment was in working order, including annual

Are services safe?

electrical testing. For example each refrigerator was monitored daily in terms of temperature control to ensure that drugs placed in these were safely stored. We observed information that showed equipment such as the ECG machine had been serviced and maintained in line with manufacturer's guidelines. Oxygen cylinders were in date and appropriately stored. One of the nursing staff members had designated responsibility for monitoring equipment and keeping records to demonstrate safety.

We saw a self-service blood pressure (BP) monitoring equipment in the patient area. This was useful as it enabled patients to monitor their own BP while they waited for an appointment. The practice had recently purchased a new emergency bag with all the required kit for use in a patient medical emergency. Records were kept of the content of the emergency bag and this was checked monthly.

Are services effective?

(for example, treatment is effective)

Summary of findings

The practice was providing an effective service for their local population. Care and treatment was considered in line with current published guidelines and best practice, all of which were available to staff on their intranet.

The practice undertook regular audit and monitoring both internally and externally. All staff were appropriately qualified and competent to carry out their roles safely and effectively in line with best practice. There were systems in place for engagement with other health and social care providers and other bodies to co-ordinate care and meet patient's needs.

Our findings

Promoting best practice

The practice was providing an effective service for their local population. Care and treatment was considered in line with current published guidelines and best practice all of which were available to staff on their intranet. Nursing and medical staff were clear about the rationale for the treatments they were prescribing and providing. We saw that local and national best practice guidelines were discussed regularly at clinicians meeting. Each of the practice partners led on a particular subject/condition and presented any updates relevant to this at the meetings.

All patients' needs were individually assessed and treatment plans were patient centred. When secondary care, such as hospital care was required we found this was carried out in a timely way.

Management, monitoring and improving outcomes for people

The practice had good results showing achievement for identifying early patient diagnosis for health care conditions such as Chronic Obstructive Pulmonary Disease (COPD), Asthma, Diabetes, Coronary Heart Disease (CHD) and Dementia. This was particularly good for the deprived population the practice served. This information was in line with national data and showed the practice was very good at identifying these patients early to enable effective treatment programmes to begin. We were told how each day a staff member checked the appointments of patients that were attending. They looked to see if they required a review, for example Asthma, blood pressure check or smoking status review. A marker was made by the patients name to prevent them from checking in automatically via the machine in the waiting room. This gave the reception staff the opportunity to remind the patient what was required and to arrange a suitable appointment date for this check. The practice had found that arranging an appointment with patients in this way increased the likelihood of attending for the review because the patient had agreed a time convenient for themselves.

The practice had recently won an award from the local CCG commending them on the work they did in supporting patients with long term conditions. This award was based on the practice patient survey results and the positive comments made by patients.

Are services effective?

(for example, treatment is effective)

The practice had good early detection of cancer rates compared to the average practice across England. This work was led by one of the GP's and effective systems were in such as patient registers, regular monitoring meetings. The referral and waiting times for this patient group were closely monitored by the practice.

To reduce avoidable accident and emergency attendances (for which the practice was poorly performing) they now write to each patient who attended Accident & Emergency (A&E). The letter notes the reason for the patients attendance and informed the patients that at this time the practice was open. The patient was then asked to complete a short questionnaire to share their comments on why they attended A&E. This information was then used to help the practice understand more clearly why many of their patients were attending A&E rather than the practice.

We saw evidence the practice undertook regular audit and monitoring. Across 2013 the practice had undertook audits of cancer diagnosis in primary care, diabetes, cervical screening services and prescribing audits, amongst others. Audit reports were shown to us during the inspection along with action plans and recommendations for actions that were required based on the results. We were shown information demonstrating external review and monitoring from outside regulators and as part of the Quality Outcomes Framework (QOF) assessments. Overall positive scores were observed and where there were improvements needed the practice were aware of these and actions had been taken.

The practice undertook an annual patient survey to find out what patients thought of the practice. This was published in November 2013. Particular attention was made for the less favourable results and actions plans were put into place. Data we hold showed the GP Patient Survey (01/01/2013 – 30/09/2013) results were positive in terms of positive patient experience for making an appointment, patient confidentiality in the waiting area, staff treating them with dignity and respect. NHS Choices patient feedback comments also included positive patient feedback results such as doctors, nurses and staff being helpful and obliging, caring and patient centred.

Staffing

All staff were appropriately qualified and competent to carry out their roles safely and effectively in line with best practice. This included appropriate checks being carried out when recruiting new staff, including locums and on an on-going basis. We found a good induction programme for new staff, in particular the new Practice Nurse had a thorough induction programme which included the achievement of key core competencies.

Staff training also included training and development relating to the use of patient equipment and the practice facilities. We found the learning needs of staff in addition to mandatory training were identified and training was put in place to meet these needs, which has a positive impact on patient outcomes. Regular supervision of staff took place and annual appraisals were also completed for all staff.

Working with other services

We observed good examples of proactive engagement with other health and social care providers including District Nurses, Midwives and other bodies to co-ordinate care and meet patient's needs. Examples of this were the close working the practice had with the child protection and safeguarding agencies. The work undertaken by the GP's with regard to safeguarding children was very good. This showed some good examples of how effective partnership arrangements were in place to safeguard children in this area. A further example of good partnership working included visiting a local nursing home on a weekly basis to review and assess patients living at the home.

There were monthly clinicians meetings across a number of health care professionals. Minutes of these meetings showed effective communication, information sharing and decision-making about individual patient care, in particular care for older people in the community. These meetings were also important for patients with complex or chronic conditions such as those with mental health needs. The details of all out-of-hours consultations were shared with the practice the following morning. Also if a patient with complex needs required out of hours services, for instance a patient requiring end of life care, contact was made with the service to ensure they were aware of the patient's needs.

Health promotion and prevention

The practice had systems in place to proactively identify people, including carers who may need on-going support. We were told that all new patients were offered a consultation to assess details of their past medical and family histories, social factors including occupation and lifestyle, medications and measurements of risk factors (e.g. smoking, alcohol intake, blood pressure, height, weight). We observed that information on a range of topics

Are services effective?

(for example, treatment is effective)

and health promotion literature was readily available to patients. We observed how they were given to patients during treatment and were available for collecting within the patient reception and waiting room. This included information about services to support them in (i.e. smoking cessation schemes).

The practice had a good patient newsletter and this reminded patients about seasonal travel and flu vaccines as well as the schedule of vaccinations required for children. The newsletter had very good information not just for patients but also in signposting carers to areas where they could get additional support.

Are services caring?

Summary of findings

The practice was caring. Throughout our inspection we observed good compassionate care where patients were given time and support during their appointment. We saw how the whole team responded to both the clinical and non-clinical needs of their patients. The practice had an active Patient Participation Group (PPG) and this group was well supported by the Practice Manager to undertake this work.

Our findings

Respect, dignity, compassion & empathy

Throughout our inspection we saw good compassionate care where patients were given time and support during their appointment. The whole team responded to both the clinical and non-clinical needs of their patients. We saw staff being welcoming, cheerful, listening to patients and this led to a relaxed and stress free atmosphere throughout the practice.

We saw how reception staff interacted with patients who arrived at the practice. We noted efforts to maintain patient privacy and respect when discussing their appointment. Staff were attentive and empathetic to the needs of the patients who attended the practice. All consultations with doctors and nurses were undertaken in private rooms and a chaperone was offered to patients if required.

Patients we spoke with told us the doctors and nurses had worked at the practice for many years, they were familiar with their needs and the needs of their families. They had been supported to make lifestyle choices in some cases with the practice staffs time, supportive information and in a respectful manner. This was observed on the day for the care provided to patients with a long term chronic condition. We observed how explanations were given clearly and extra appointment time was given. The nurses listened to anxieties and gave advice about lifestyle changes, including the risks associated with the condition. This discussion was enhanced with written patient information leaflets.

Involvement in decisions and consent

We spoke with patients and staff and found that all staff adhered to the Mental Capacity Act 2005 and the Children Act 1989 and 2004. Capacity assessments and Gillick competency assessments of children and young people were undertaken by staff. This enabled staff to make decisions about the child or young person having the maturity and capacity to make decisions about their treatment and care. We observed consent policies and processes in place. The practice had a patient leaflet that informed patients how their information was used, who may have access to that information, and their own rights to see and obtain copies of their records. Data we held showed that the practice performed much better than expected for having this (NHS Information Authority (NHS IA), Information Governance Toolkit).

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The practice was responsive to the needs of their local population in terms of patient access and how they were listened to when complaints were made. Good patient information was available to support patients.

Our findings

Responding to and meeting people's needs

The practice was a responsive practice in particular in terms of patient access to medical appointments. Knowing there were concerns about access to medical appointments the practice undertook a two day mapping exercise in July 2013 to establish the demands of the population. The results led to many of the changes now experienced by patients along with an increased telephone lines improving patient contact with the practice.

Patients were able to contact the practice via telephone, call at the practice, internet access was also now available for booking appointments and for ordering repeat prescriptions. Having access to online appointment booking enabled the patient population to have a 24/7 access to the practice. This system provided additional convenience for patients and enabled the practice to function more efficiently. The practice had also introduced a text messaging service to patients reminding them of their appointment. The impact of this has meant fewer appointments were not attended by patients.

We reviewed the appointment system and found that most appointments made with doctors and nursing staff were for a 10 min period, but longer appointment times were used for patients with more complex conditions. The practice used a duty doctor to monitor same day appointment requests thus enabling a triaging system whereby decisions were made about who was the best person to see the patient and when. The practice also arranged consultations via telephone with patients. These were pre planned and we were told were an effective way to assess and treat more patients. If a child required an appointment they were always seen on the same day.

We saw effective team work, with a mix of GP's, trainees, Practice Nurses and Health Care Assistants (HCA's) all undertaking different roles safely and effectively. This meant that work previously undertaken only by GP's was now being done by others meaning patients had increased access to a primary care professional more quickly.

Patient access

We spent time in the patient waiting room and spoke with patients about their views and experiences. The reception area was accessible and with glass panels was able to ensure patient confidentiality. Generally the area was small

Are services responsive to people's needs?

(for example, to feedback?)

and not well lit. The chairs were the same colour as the walls and the carpet, we discussed with the leadership team how this might be difficult for patients who had sight impairment. We noted the practice had an induction loop which was clearly displayed and could be used for patients with hearing difficulties. The area had piped music which made it a calming atmosphere and might make some patients feel more relaxed if they were anxious. The area had reading materials such as magazines. The walls displayed patient information and patient leaflets were available.

The receptionists had a pleasant and helpful manner both in their interactions with patients attending the practice and during telephone conversations. The practice communicated well with patients about opening times and the services offered. This information was available within the patient newsletter, the practice leaflet and on the practice website. We observed also that opening times were clearly displayed in the patient waiting areas. Patients we spoke with told us they did not have any problems trying to get through to the practice on the telephone.

The practice had a very good website which displayed information for patients on a range of subjects including, opening times, the clinics available, general information about the practice including photographs of the GPs and the practice. The web page provided advice to people about health campaigns and how to access services.. In addition, the website served as the gateway to the practice's online facilities, including appointment booking and repeat prescription services.

Concerns and complaints

The practice had a complaints policy and information about this was available to patients within the practice and also on their web page. The Practice Manager oversees all concerns and complaints made and if the patient wants to make a formal complaint the practice provided advice about how to do this.

The practice had a documented audit trail for all the complaints that were made. This showed the concern raised, the investigation undertaken and the outcomes for the complainant and the practice. The complaints we looked at showed that appropriate and responsive actions had been taken and staff had used the experience to learn and develop. Staff we spoke with were clear about how complaints were managed. Discussions with staff and the leadership team showed that the practice operated a culture of openness that ensured any complaint made by a patient or their family would be listened to and acted on.

Are services well-led?

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

Summary of findings

The practice was well led. Staff reported an open culture where the leadership support was good or very good. The leadership team which included the Practice Manager and lead GP Partners were strong and visible and worked closely within the practice.

We found many staff and GP's had worked at the practice for a long period of time and they had a respectful working relationship. Staff reported an open culture where they felt safe to report incidents and mistakes knowing they would be treated as a learning opportunity.

Our findings

Leadership and culture

Staff reported an open culture where the leadership support was good or very good. Fostering a positive culture is important to ensure the practice provides compassionate, high quality and safe patient care. The leadership team which included the Practice Manager and lead GP Partners were strong and visible and worked closely within this small practice. We found staff and GP's had worked at the practice for many years and they had a respectful working relationship. Staff reported an open culture where they felt safe to report incidents and mistakes knowing they would be treated as a learning opportunity.

Governance arrangements

Systems and processes for quality assurance and improvement were in place and were effective and well led. The practice undertook regular audits. Across 2013 we saw they undertook audits of cancer diagnosis in primary care, diabetes, cervical screening services and prescribing audits amongst others. Audits reports were shown to us along with action plans and recommendations for actions that were required based on the results. This is an important way that the practice can monitor quality and risks across the service.

We looked at how complaints were managed and found that overall the process of acknowledgement and responding within a specific time period worked well. All complaints were managed and overseen by the Practice Manager. We were told the practice offered face-to-face meetings with complainants at an early stage in the hope that the complaint could be resolved to the satisfaction of the patient/family member. Actions taken as a result of complaints were open and appropriate, they were discussed at staff meetings and were used to ensure staff learnt from the event.

Systems to monitor and improve quality and improvement

Appropriate systems were in place for gathering and evaluating accurate information about the quality and safety of patient experience and outcomes. This included feedback from patients, audits, adverse incident reporting and complaints management along with any patient

Are services well-led?

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

comments made. The practice used a range of information relating to their performance including internal and external reviews systems and this information was discussed widely at staff meetings.

Patient experience and involvement

The practice had an active Patient Participation Group (PPG) and during our inspection we spoke with two members. We were told how caring staff were at the practice and how supportive the Practice Manager had been at PPG meetings. Examples were given showing us that staff always took account of patient views and perspective particular in making decisions that could have an impact on older people and their care. Information about the group and how patients could join was available in the patient's waiting room and on the practice website.

Staff engagement and involvement

Staff reported a culture where their views were listened to and if needed action would be taken. We observed how staff interacted and found there was care and compassion not only between patients and staff but also amongst staff themselves. This was particularly evident in the support given to new staff. This was important because effective leadership cannot be achieved without all staff at all levels working together and without effective systems in place for staff engagement and involvement.

Regular clinical and non-clinical meetings took place. At these meetings any new changes or developments were discussed giving staff the opportunity to be involved. All incidents, complaints and positive feedback from surveys were discussed. We observed how information on patient experience and performance was discussed at the meetings. Where issues were identified, action plans were put in place based on the views of staff who attended the meeting.

Learning and improvement

There were good management systems in place which enabled learning and supported staff to improve performance. All staff had annual appraisals and performance review. Objectives were set at this time and performance reviewed by a line manager arrangement. Staff we spoke with were clear about their lines of accountability. We observed effective team work and we saw how closely staff worked together to resolve problems and develop practice.

Comprehensive induction programmes were in place for all new staff. For instance we reviewed the programme for the new Practice Nurse and found that the learning and development needs that formed the basis of the induction were based on the needs of the patients who used this service. We reviewed all staff mandatory training and found sufficient time had been given to staff to attend training and keep up to date. Regular peer and one to one supervision took place providing staff with the opportunity to talk through any issues they might have relating to their training and development needs.

Identification and management of risk

Effective systems were in place to ensure that any risks to the delivery of high quality care were identified and mitigated before they become issues which adversely impact on the quality of care. The practice had system in place to identify and manage risk safely. All of the staff interviewed during the course of the inspection knew how to report an incident. The practice had local reporting of incidents and more widespread incident reporting via the regional DATIX reporting system. This enabled the practice to share experiences with other practices by making lessons learnt from patient safety incidents more widely available. The practice had a process for monitoring Serious Event Accidents (SEA) and we observed that when needed they were reported to the local CCG for further monitoring and scrutiny.

We found that appropriate risk assessments for each area such as fire, infection control and safety were available and up to date.

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

Older patients received safe and appropriate care. Care and treatment was considered in line with current published guidelines and best practice. We saw good compassionate care where older patients were given time and support during their appointment. Patient information was available in leaflet form and on-line to support patients. Systems were in place to monitor the services provided to older patients, so these patients experienced safer and better quality patient care and experience. Those we spoke with during the inspection told us they felt safe and confident of the treatment they received.

Our findings

Older patients received safe and appropriate care from practice staff that had an open culture and that had a good awareness of patient safety issues and concerns. Those we spoke with during the inspection told us they felt safe and confident of the treatment they received, because they had been coming to the practice for many years and had a long standing good relationship with the GP's and Practice Nurses.

The practice had good policies and procedures for the protection of vulnerable older people and staff had received training in what to do should they have any concerns relating to this. Regular professionals meetings took place to discuss patients and families of older people who practice staff were concerned about.

General Practioner's worked closely with partners to protect older patients who were known to be vulnerable as set out in statutory, national and local guidance. A case discussed with us showed practice involvement when a carer was struggling to cope with the demands of caring for an elderly relative who's needs had increased. A multi-agency meeting was held and the care package reviewed and the GP played an active part in this meeting.

We found the practice was providing an effective service for older patients. This included those who had good health and those who may have one or more long-term conditions, both physical and mental. Care and treatment was delivered in line with current published guidelines and best practice, all of which were available to staff on their intranet. The practice had systems in place for reviewing on an annual basis all medications taken by older patients. Registers were kept of older patients to enable the practice to monitor the population needs as a whole. This work was not only undertaken in the practice and the patient's home but the GP's also visited a local nursing home on a weekly basis to monitor and assess the on-going needs of older people living there. This was a proactive way of ensuring all older people were monitored closely to ensure problems could be identified and treated at an early stage.

Older people

Throughout our inspection we observed good compassionate care for older patients, they were given time and support during their appointment. We observed how the whole team responded to both the clinical and non-clinical needs of these patients. Older patients told us during the inspection that staff had always been respectful, caring and treated them with dignity.

We found the practice to be a responsive practice in particular in terms of access to treatment for older patients. They were able to contact the practice via telephone, call at the practice, internet access (if able to use) was also now available for booking appointments and for ordering repeat prescriptions. Patient leaflets relevant to older patient and their carers were seen in the patient waiting room. The practice newsletter in particular signposted older patients to voluntary groups where they could get support, advice and help if needed.

We spent time in the patient waiting room and spoke with older patients about their views and experiences. The reception area was accessible and with glass panels was able to ensure patient confidentiality. Generally the area was small and we considered not well lit. We observed the chairs the same colour as the walls and the carpet and we discussed with the leadership team how this might be difficult for patients who have sight impairment. We noted the practice had an induction loop this was clearly displayed and could be used for patients with hearing difficulties. The area had piped music which made it a calming atmosphere and might make some patients feel before relaxed if they were anxious.

The practice had an active Patient Participation Group (PPG), some members were older patients who attended the practice. We were told how caring staff were at the practice and how supportive the Practice Manager had been at PPG meetings. Examples were given showing us that staff always took account of patient views and perspective particular in making decisions that will affect them.

We observed that staff were working as an effective them. When an older patient attended for a GP appointment and they needed to have a further test to be carried out by the Practice Nurse an appointment time was slotted in for the patient. This prevented the patient from having to return on another day and they were grateful for this.

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

Patients with long term conditions received safe and appropriate care. We found the practice had good protocols for the management of long term conditions and this often included a multi-disciplinary approach to care. Regular professionals meetings took place to discuss patients and families of patients with long term conditions who practice staff were concerned about. We observed good compassionate care where these patients were given time and support sometimes when making life changing decisions. Systems were in place to monitor the services given to patients so they experienced safer and better quality patient care and experience.

Our findings

Patients with long term conditions received safe and appropriate care from practice staff that had an open culture and that had a good awareness of patient safety issues and concerns. We had the opportunity to speak with a patient who had Asthma during the inspection and they told us they felt safe and confident of the treatment they received. This was because they had been coming to the practice for many years and had a long standing good relationship with the GP's and the Practice Nurses'.

We found the practice had good protocols for the management of long term conditions and this often included a multi-disciplinary approach to care. Regular professionals meetings took place to discuss patients and families of patients with long term conditions who practice staff were concerned about. Patients told us they had been supported to make lifestyle choices in some cases with the practice staffs time, supportive information and in a respectful manner. This was observed by our inspection team during our visit when discussions took place with different groups of patients with long term conditions. We observed how explanations were given clearly. Extra appointment time was given, the nurses listened to anxieties and gave advice about lifestyle changes, including the risks that would benefit the patient. This discussion was enhanced with written patient information leaflets.

Old Hall Surgery had good results showing achievement for identifying many patient groups early including identifying Chronic Obstructive Pulmonary Disease (COPD), Asthma, Diabetes, Coronary Heart Disease (CHD) and Dementia. This was particularly good for the deprived population the practice serves. This information is in line with national data and shows the practice is very good at case finding and identifying these patients early to enable effective treatment programmes to begin. The practice recently won an award from the local CCG commending them on the

People with long term conditions

work they do in supporting patients with long term conditions. This award was based on the practice patient survey results and the positive comments made by patients.

Registers were kept of patients with long term conditions to enable the practice to monitor the population needs as a whole. This was a proactive way of ensuring all older people were monitored closely to ensure problems could be identified and treated at an early stage.

As with other population groups the practice was a responsive practice in particular in terms of access to treatment for patients with long term conditions. They were able to contact the practice via telephone, call at the practice, internet access (if able to use) was also now available for booking appointments and for ordering repeat prescriptions. Patient leaflets relevant to patients with long term conditions were seen in the patient waiting room.

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

Mothers, babies, children and young people received safe and appropriate care. Care and treatment was considered in line with current published guidelines and best practice.The practice had a good understanding of safeguarding matters and was engaged and proactive in child protection work locally. The practice had good systems in place for child health development and surveillance, this included working in partnership with the School Nurse and Health Visitor services. We spoke with a mother with young babies during our inspection and she told us she had been at the practice for some time and had attended for all her antenatal care and was pleased with the care she received.

Our findings

Mothers, babies, children and young people received safe and appropriate care from practice staff that had an open culture and that had a good awareness of patient safety issues and concerns. The practice had a good understanding of safeguarding matters and was fully engaged and proactive in child protection work locally. The practice regularly reviewed cases where there were safeguarding concerns for children. Weekly clinician led meetings were held including the GP, Health Visitor/ Midwife/School Nurse/ District Nurse as appropriate to discuss vulnerable families to see how they can be best supported. The practice had a clear means of identifying in records those children (together with their parents and siblings) who are subject to a child protection plan.

We spoke with a mother with young babies during our inspection and she told us she had been at the practice for some time and had attended for all her antenatal care and was pleased with the care she had received. She told us she was always able to have an appointment on the day requested if her child had become unwell.

We found the practice had good systems in place for child health development and surveillance, this included working in partnership with the School Nurse and Health Visitor services. The practice also held regular contraceptive and maternity services for mothers and young women.

The practice was providing an effective service for mothers, babies, children and young people. Care and treatment was delivered in line with current published guidelines and best practice, all of which were available to staff on their intranet. Registers were kept of this patient population group to enable the practice to monitor the population needs as a whole.

We spoke with patients and staff and found that all staff adhered to the Children Act 1989 and 2004. Gillick competency assessments of children and young people

Mothers, babies, children and young people

were undertaken by staff. This enabled staff to make decisions about the child or young person having the maturity and capacity to make decisions about their treatment and care. We observed consent policies and processes in place. The practice had a patient leaflet that informs patients how their information is used, who may have access to that information, and their own rights to see and obtain copies of their records.

Throughout our inspection we observed good compassionate care for mothers, babies, children and young people, they were given time and support during their appointment. We observed how the whole team responded to both the clinical and non-clinical needs of these patients. A mother told us that staff were always friendly and pleasant and helpful in trying to arrange an appointment.

We found the practice to be a responsive practice in particular in terms of access to treatment for mothers, babies, children and young people. We found that patients were able to contact the practice via telephone, call at the practice, internet access was also now available for booking appointments and for ordering repeat prescriptions. Having access to booking appointments on-line enabled the practice to have a 24/7 access for their patient population. This system provided additional convenience for patients who have children and enables the practice to function more efficiently. The practice had also introduced a text messaging service to patients reminding them of their appointment. This could be popular with younger adults. The impact of this has meant fewer appointments are not attended by patients. The practice had a good patient newsletter and in here patients were reminded about seasonal travel and flu vaccines as well as the schedule of vaccinations required for children.

The reception area though small was accessible for mothers with prams. There were books and soft toys for children to play whilst waiting for an appointment. The area had piped music which made it a calming atmosphere and might make some patients feel before relaxed if they were anxious.

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

Working age patients (and those recently retired) received safe and appropriate care. Care and treatment was considered in line with current published guidelines and best practice, all of which were available to staff on their intranet. Those we spoke with during the inspection told us they were happy with the care they received and they were pleased that appointments and repeat prescriptions could now be arranged online.

Our findings

Working age people (and those recently retired) received safe and appropriate care from practice staff that had an open culture and that had a good awareness of patient safety issues and concerns. Those we spoke with during the inspection told us they were happy with the care they received and they were pleased that appointments and repeat prescriptions could now be arranged online.

We found the practice was providing an effective service for working age people. This included those who have good health and those who may have one or more long-term conditions, both physical and mental. Care and treatment was delivered in line with current published guidelines and best practice, all of which were available to staff on their intranet. Should this population have long term conditions or more complex needs the service provision, the care and treatment would be no different to other population groups. The practice had systems in place for reviewing on an annual basis all medications taken, registers were kept of specific conditions/diseases to enable the practice to monitor the population needs as a whole.

Throughout our inspection we observed good compassionate care for working age and recently retired people, they were given time and support during their appointment. We observed how the whole team were responding to both the clinical and non-clinical needs of these patients.

As with other population groups the practice was a responsive practice in particular in terms of access to treatment for this population group. We found that patients were able to contact the practice via telephone, call at the practice, internet access was also now available for booking appointments and for ordering repeat prescriptions. Having access to booking appointments on-line enabled the practice to have a 24/7 access for their patient population. The practice had also introduced a text messaging service to patients reminding them of their

Working age people (and those recently retired)

appointment. This will have benefits for people who were working when the practice was open. The impact of this has meant fewer appointments were not attended by patients.

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

Patients in vulnerable circumstances who may have poor access to primary care received safe and appropriate care. We had positive feedback for patient experience from this patient group. Care and treatment was considered in line with current published guidelines and best practice, all of which were available to staff on their intranet. Systems were in place to monitor the services given to patients so they experienced safer and better quality patient care and experience.

Our findings

Patients in vulnerable circumstances who may have poor access to primary care received safe and appropriate care. We spoke with one patient who had recently come out of prison and they had joined the practice. They told us they had experienced problems in the past in terms of accessing primary care services so they were happy that this practice had allowed them to register. They said staff were approachable, friendly and helpful.

We found the practice had good policies and procedures for the protection of vulnerable older people and this covered vulnerable patients in general. Regular professionals meetings took place to discuss patients and families of vulnerable patients and families who practice staff were concerned about. We observed guidance for staff relating to domestic violence and in the patient waiting area we saw leaflets and information providing advice and support to all women whether they are affected by domestic violence or not.

The practice regularly reviewed cases where there were safeguarding concerns for children. Monthly clinician led meetings were held including the GP, Health Visitor/ Midwife/School Nurse/District Nurse as appropriate to discuss vulnerable families to see how they can be best supported. The practice had a clear means of identifying in records those children (together with their parents and siblings) who are subject to a child protection plan.

We observed incidents reports where there had been concerns in relation to a patients vulnerability that may impact on their parenting capacity (e.g. drugs dependency) discussions had taken place with the child's Health Visitor to ensure closer monitoring and support was provided to the family.

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

We found that GP's work closely with partners to protect patients known to be vulnerable as set out in statutory, national and local guidance. For instance regular multi-disciplinary team meetings were held to discuss care, support and treatment with mental health problems. Local registers were kept to ensure that patient were reviewed annually and that this review included not just mental but also physical assessments and reviews. This was a proactive way of ensuring all these patients were monitored closely to ensure problems could be identified and treated at an early stage.

We found the practice was providing an effective service for patients in vulnerable circumstances who may have poor access to primary care. This included those who have good health and those who may have one or more long-term conditions, both physical and mental. Care and treatment was delivered in line with current published guidelines and best practice, all of which were available to staff on their intranet.

Throughout our inspection we observed good compassionate care for patients in vulnerable circumstances. We observed how the whole team were responding to both the clinical and non-clinical needs of these patients. We found the practice to be a responsive practice in particular in terms of access to treatment for these patients. They were able to contact the practice via telephone, call at the practice, internet access (if able to use) was also now available for booking appointments and for ordering repeat prescriptions. Patient leaflets relevant to patients in vulnerable circumstances and their carers were seen in the patient waiting room.

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

Patients experiencing poor mental health received safe and appropriate care. Care and treatment was considered in line with current published guidelines and best practice, all of which were available to staff on their intranet. The practice worked closely with partners to protect patient's experiencing poor mental health who may become vulnerable as set out in statutory, national and local guidance. Local registers were kept to ensure that patients were reviewed annually and that this review included not just mental but also physical assessments and reviews.

Our findings

Patients experiencing poor mental health received safe and appropriate care. We were not able to speak with this population group during our inspection.

We found that GP's in the practice work closely with partners to protect patient's experiencing poor mental health who may become vulnerable as set out in statutory, national and local guidance. For instance regular multi-disciplinary team meetings were held to discuss care, support and treatment with mental health problems. Quarterly meetings took place with the local Mental Health Team to discuss patient's needs. Local registers were kept to ensure that patients were reviewed annually and that this review included not just mental but also physical assessments and reviews. This was a proactive way of ensuring all these patients were monitored closely to ensure problems could be identified and treated at an early stage. We found the practice was providing an effective service for this group. Care and treatment was delivered in line with current published guidelines and best practice, all of which were available to staff on their intranet.

We found the practice to be a responsive practice in particular in terms of access to treatment for patients experiencing mental health problems. They were able to contact the practice via telephone, call at the practice, internet access (if able to use) was also now available for booking appointments and for ordering repeat prescriptions. Patient leaflets relevant to these patients and their carers were seen in the patient waiting room.

We spoke staff and found that they adhered to the Mental Capacity Act 2005. Capacity assessments of patients were undertaken by staff. We observed consent policies and processes in place. The practice had a patient leaflet that informed patients how their information was used, who may have access to that information, and their own rights to see and obtain copies of their records. Data we hold shows the practice performs much better than expected for having this (NHS Information Authority (NHS IA), Information Governance Toolkit).