

# The Great Sutton Medical Centre - Green

## Quality Report

Dr Wearne & Partners  
Old Chester Road  
Great Sutton  
Ellesmere Port  
CH66 3SP

Tel: Tel: 0151 339 3126

Website: [www.greatsuttonmedicalcentre.co.uk](http://www.greatsuttonmedicalcentre.co.uk)

Date of inspection visit: 02 June 2014

Date of publication: 10/09/2014

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

## Contents

### Summary of this inspection

	Page
Overall summary	3
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8
Areas for improvement	8
Good practice	8

---

### Detailed findings from this inspection

Our inspection team	9
Background to The Great Sutton Medical Centre - Green	9
Why we carried out this inspection	9
How we carried out this inspection	9
Findings by main service	11

---

# Summary of findings

## Overall summary

The Great Sutton Medical Centre (Green) is one of three General Practitioner (GP) practices in the Great Sutton Medical Centre Group. It is based in Great Sutton, near Ellesmere Port. The practice has four GP partners and two salaried GPs. It is a teaching practice and had two trainee doctors at the time of the inspection. The practice also has three practice nurses, a healthcare assistant and administration staff. There are 7521 patients registered with the practice. The practice is open from 8.00am to 6.30pm Monday to Friday. Patients access the 'extended hours' service for routine appointments from 6.30pm to 8.00pm Monday to Friday and 10.00 am to 12.00pm on Saturday mornings. The practice treats patients of all ages and provides a range of medical services. The practice is registered with the Care Quality Commission to deliver the regulated activities:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

Patients we spoke with and those who completed CQC comments cards were positive about the care they received from the practice. They commented that staff were caring, helpful and respectful.

The practice has a good track record for maintaining patient safety. The practice is making changes following an internal infection control audit in April 2014. We highlighted additional areas for improving infection control standards during the inspection.

The practice works with other health and social care providers.

The practice is responsive to patient feedback and has an active patient participation group (PPG). They have responded to concerns about difficulties contacting the practice by introducing an automated telephone system. This enables callers to select from a menu of choices which best met their needs. The practice is actively seeking feedback from patients about this new service.

The practice has a clear vision and set of values which are understood by staff and evident on the practice website.

The practice provides a service for all population groups safely and effectively. Staff are caring and responsive to the needs of patients, supported by best practice guidelines.

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

The service was safe. Information from NHS England and the Clinical Commissioning Group (CCG) indicated that the practice had a good track record for maintaining patient safety. One of the GPs was trained to be the practice's safeguarding lead. Staff were knowledgeable about what to look out for and which agency to contact if they had concerns.

Emergency drugs and equipment were available and ready for use. Staff had received training on how to deal with medical emergencies. The practice was making changes following an internal infection control audit in April 2014. We highlighted additional areas for improving infection control standards during the inspection.

### **Are services effective?**

The service was effective. There were systems in place which supported GPs and other clinical staff to improve clinical outcomes for patients. The practice was a teaching practice and supported trainee doctors. The GP told us this supported all staff to continually review and discuss new best practice guidelines. The practice offered all staff annual appraisals to review performance at work and identify development needs for the coming year.

The practice worked with other health and social care providers. Quality and Outcome Framework (QOF) information showed the practice performed well regarding health promotion and ill health prevention initiatives. For example, in providing flu vaccinations and smoking cessation advice.

### **Are services caring?**

The service was caring. We looked at 18 CQC comment cards that patients had completed prior to the inspection and spoke with four patients on the day of the inspection. Patients were positive about the care they received from the practice. They commented that they were treated with respect and dignity.

Staff we spoke with were aware of the importance of providing patients with privacy. They told us there was a room available if patients wished to discuss something with them away from the reception area. GPs and nursing staff told us relatives, carers or an advocate were involved helping patients who required support with making decisions.

# Summary of findings

## **Are services responsive to people's needs?**

The service was responsive. The practice made adjustments to meet the needs of patients, including having an audio loop system displayed on the reception counter for patients with a hearing impairment. Staff were knowledgeable about interpreter services for patients where English was their second language.

The practice was responsive to patient feedback and had an active patient participation group (PPG). The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. We saw documentation to record the details of concerns raised and action taken.

## **Are services well-led?**

The service was well-led. The practice had a clear vision and set of values which were understood by staff and evident on the practice website. The practice's mission statement included a commitment to involving patients in their own healthcare and in developing services.

The Group Manager and GPs led on the individual aspects of governance such as complaints, risk management and audits within the practice. Clinical audits were carried out following significant events, complaints and as a result of national alerts or local prescribing initiatives.

# 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 was knowledgeable about the number and health needs of older patients using the service. They kept up to date registers of patients' health conditions, carers' information and whether patients were housebound. They used this information to provide services in the most appropriate way and in a timely manner.

We found the practice worked well with other agencies and health providers to provide support and access specialist help when needed.

### **People with long-term conditions**

The practice was knowledgeable about the number and overall health needs of patients with long term conditions using the service. They worked with other health services and agencies to provide appropriate support.

Staff were skilled in specialist areas which helped them ensure best practice guidance was always being followed.

### **Mothers, babies, children and young people**

The practice provided services to meet the needs of this population group. There were comprehensive screening and vaccination programmes which were managed effectively to support patients.

Staff were knowledgeable about child protection and a GP took the lead for safeguarding. The practice monitored any non-attendance of babies and children at vaccination clinics and worked with the health visiting service to follow up any concerns.

### **The working-age population and those recently retired**

The practice provided a range of services for patients to consult with GPs and nurses, including on-line booking and telephone consultations. Patients were also able to book a consultation with a GP through the extended hours service. This was available from 6.30pm to 8.00pm during the week and on Saturday mornings.

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

Staff were knowledgeable about safeguarding vulnerable adults. They had access to the practice's policy and procedures and had received training in the last 12 months.

# Summary of findings

The practice made adjustments to how they provided the service in order to meet patients' needs. For example, the practice offered longer appointment times for patients with a learning disability. This helped to ensure patients were given time to be fully involved in making decisions about their health.

## **People experiencing poor mental health**

GPs worked with other services to review and share care with specialist teams.

The practice maintained a register of patients who experienced mental health problems. The register supported clinical staff to offer patients an annual appointment for a health check and a medication review.

# Summary of findings

## What people who use the service say

We received 18 completed patient comment cards and spoke with four patients who were using the service on the day of the inspection. All comments made about the care and treatment patients received were very positive. Patients told us they were treated with respect and dignity by all staff. The national GP survey results published in December 2013 found that 98% of patients felt they were treated with care and concern.

We spoke with the chair of the patient participation group (PPG). They told us they were confident their views were listened to and felt they had a contribution to make in service improvement. The Group Manager told us they were reviewing their mission statement with the PPG to see what was working and what could be improved.

Patients we spoke with told us they were fully involved in deciding the best course of treatment. They felt they had time during the consultation to discuss their concerns with the GPs and nurses and did not feel rushed. This was

evident in the national GP patient survey (December 2013). It found that 85% of patients said they were fully involved in making decisions and 97% of patients said they had enough time with the GP during the consultation.

The national GP survey results published in December 2013 showed that 49% of patients said it was not easy to get through to the practice to make an appointment. However 84% of patients said they found the receptionist helpful once they were able to speak with them. The practice's patient survey in 2013 also found that 46% of patients stated they had a poor experience when telephoning the practice to make an appointment. The practice responded to these concerns by putting in an automated telephone system. This enabled callers to select from a menu of choices which best met their needs.

## Areas for improvement

### Action the service **COULD** take to improve

The practice was making changes following an internal infection control audit in April 2014. However we did not see an action plan to show what changes were needed and to monitor progress.

## Good practice

Our inspection team highlighted the following areas of good practice

The practice was proactive in seeking new ways of improving services for patients. For example we saw bids

in place to the innovation fund to develop 'skype' (on-line) consultations, increase interagency working by appointing a patient champion and for resources to improve patient feedback.

# The Great Sutton Medical Centre - Green

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead inspector and the team included a GP, a CQC inspector and an Expert by Experience.

## Background to The Great Sutton Medical Centre - Green

The Great Sutton Medical Centre (Green) is one of three General Practitioner (GP) practices in the Great Sutton Medical Centre Group. It is based in Great Sutton, near Ellesmere Port. The practice has four GP partners and two salaried GPs. It is a teaching practice and had two trainee doctors at the time of the inspection. The practice also has three practice nurses, a healthcare assistant and administration staff.

The Group Manager and several management personnel, for example the Data Manager and Medicines Manager work across all three GP practices. The three practices are located in the same building. We inspected the 'Green' practice (Dr Wearne and Partners) on this occasion.

The practice is part of NHS West Cheshire Clinical Commissioning Group. It is responsible for providing primary care services to approximately 7500 patients. The male patient population is 49.3 %. 25.9% of all patients are over 60 years of age. The largest population group for the practice is the 20-60 years age group which is 52.5% of the practice population. 21.5% of the patient population is under 20 years of age.

When the practice is closed patients access Cheshire West Out of Hours Co-operative based at Ellesmere Port Hospital. An 'extended hours' service is also available for patients who are unable to attend the practice during its opening hours.

## 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 in this programme of inspections.

## How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Mothers, babies, children and young people

# Detailed findings

- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing mental health problems.

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We also reviewed policies, procedures and other information the practice provided before the inspection. This did not raise any areas of concern or risk across the five key question areas. We carried out an announced inspection on 02 June 2014 and spent eight hours at the practice.

We reviewed all areas of the practice, including the administration areas. We sought views from patients both face-to-face and via CQC comment cards. During our visit we spoke with a range of staff including: two GPs, a trainee doctor, two practice nurses, a healthcare assistant, Group Manager and a number of reception and administration staff. We spoke with patients who were using the service on the day of the inspection and with the chair of the patient participation group.

# Are services safe?

## Summary of findings

The service was safe. Information from NHS England and the Clinical Commissioning Group (CCG) indicated that the practice had a good track record for maintaining patient safety. One of the GPs was trained to be the practice's safeguarding lead. Staff were knowledgeable about what to look out for and which agency to contact if they had concerns.

Emergency drugs and equipment were available and ready for use. Staff had received training on how to deal with medical emergencies. The practice was making changes following an internal infection control audit in April 2014. We highlighted additional areas for improving infection control standards during the inspection.

## Our findings

### Safe patient care

The practice had systems in place to monitor patient safety. The Group Manager told us they had been working in the practice for five months and had introduced new procedures and documentation to support incident reporting. Incidents, accidents and complaints were recorded. GPs discussed them at their weekly meetings and action was taken. For example we looked at a recent incident in May 2014 concerning a fridge containing vaccines which had not maintained the required temperature. We saw the actions the practice had taken to ensure only safe vaccines were used. The Group Manager confirmed this would be recorded as a significant event and reported to NHS England and the West Cheshire Clinical Commissioning Group (CCG).

Information from NHS England and the CCG indicated that the practice had a good track record for maintaining patient safety. Information from the quality and outcomes framework (QOF), which is a national performance measurement tool, showed that in 2012-2013 the provider was appropriately identifying and reporting significant events. GPs told us they completed incident reports and carried out significant event analysis as part of their on-going professional development. We looked at a recent significant event from February 2014 which had been reported to NHS England using the DATIX incident reporting system. The practice had completed a significant event analysis which included identifying any learning from the incident.

Staff we spoke with were aware of how to report an accident or an incident and told us they felt confident about doing so. Changes made as a result were shared with them at their weekly meetings. For example, following an incident there had been changes made to how staff manage and process specimens.

### Learning from incidents

We saw evidence that significant events, incidents and complaints were investigated and reflected on by the GPs. GPs told us significant event audits were also included in their appraisals in order to reflect on their practice and identify any training or policy changes required for them and the practice. These were shared with the GPs within the practice. For example, a trainee doctor told us that a complaint the practice had received had been shared with

# Are services safe?

them during a support meeting. Learning from the complaint included how good communication with patients was essential for effective patient care. Safety alerts were checked and acted upon by clinical staff as soon as they were notified. For example, a recent alert regarding two drugs had resulted in the GPs reviewing and changing their prescribing practice.

The Group Manager told us they were in the process of developing a more robust system within the practice to record, review and share information about significant events. Staff we spoke to told us there had been significant organisational changes over the last few months. These had resulted in them feeling more involved and informed than before.

The Group Manager told us they ensured reports about significant events and complaints were also taken to the monthly Executive Board meeting. The Executive Board was responsible for the running of the three GP practices within the Great Sutton Medical Centre Group. This helped ensure there was shared learning from incidents.

## Safeguarding

The practice had up to date 'child protection' and 'vulnerable adult' policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were easily available to staff on their computers. Staff had access to contact details for both child protection and adult safeguarding teams. The trainee doctor we spoke with confirmed they had access to the practice's safeguarding policies and procedures on the practice intranet.

Staff, including trainee doctors, had received training in the last 12 months. They were knowledgeable about the types of abuse to look out for and how to raise concerns. For example, reception staff told us they had recently raised a concern with the GPs which had been followed up immediately.

One of the GPs took the lead for safeguarding and had attended level three training to support them in carrying out their work, as recommended by professional intercollegiate safeguarding guidance. They were knowledgeable about the contribution the practice could make to multi-disciplinary child protection meetings and serious case reviews. The safeguarding lead attended local case conferences and completed reports when necessary.

Staff put alerts onto the patient's electronic record when safeguarding concerns were raised. Staff were proactive in monitoring if children or vulnerable adults attended Accident and Emergency or missed appointments frequently. These were brought to the GPs attention, who worked well with other health professionals such as health visitors, midwives and district nurses. This meant that people were protected from harm and children and vulnerable adults had the risk of abuse minimised.

## Monitoring safety and responding to risk

There were procedures in place to assess, manage and monitor risks to patient and staff safety. These included annual, monthly and weekly checks and risk assessments of the building, the environment and equipment. Any risks were discussed at team and practice/Great Sutton medical Centre Group meetings. For example, the Group Manager had introduced a new fire safety policy and a detailed checklist of testing and maintenance checks to be completed for fire equipment. The policy identified key personnel, such as fire marshals and their duties in the event of a fire. Weekly fire alarm tests and quarterly fire drills were carried out. A fire risk assessment was completed in May 2014 which identified actions to be taken to help manage the risks identified.

The Group Manager had clear staffing levels identified and procedures in place to manage expected absences, such as annual leave, and unexpected absences through staff sickness. The Reception Manager told us they were responsible for approving annual leave and for ensuring there were sufficient reception staff on duty each day. The practice was part of three GP practices within the Great Sutton Medical Centre Group. The Reception Manager told us this gave additional flexibility to cover vacancies, absences or meet increased demand, for example after a bank holiday. The Group Manager had recently reviewed the duties reception staff had. As a result the practice was taking on an apprentice to support staff in carrying out their work.

We found checks were made to minimise risk and best practice was followed. These included monitoring staff refresher training to ensure they had the right skills to carry out their work and monitoring stocks of consumables and vaccines to ensure they were available, in date and ready to use.

# Are services safe?

## Medicines management

There were clear systems in place for medicine management. The GPs re-authorised medication for patients on an annual basis or more frequently if necessary. The Medicines Manager for the practice had a clear role to look at prescribing costs and safety issues relating to medication/prescribing. They worked with pharmacy support from the Clinical Commissioning Group (CCG) to support the clinical staff in keeping up to date with medication and prescribing trends. They updated patient records with information from hospital discharge letters and out-patient prescribing slips. GPs then checked and authorised any changes. This helped ensure patients were receiving the required medication. The GPs met on a quarterly basis with the Medicines Manager and CCG pharmacists to review prescribing trends and medication audits.

We looked how the practice stored and monitored emergency drugs and vaccines, to ensure patients received medicines that were in date and ready to use. Vaccines were securely stored and were in date and organised with stock rotation evident. We saw the fridges were checked daily to ensure the temperature was within the required range for the safe use of the vaccines. Emergency drugs were listed and checked to ensure they were in date and ready to use. The emergency drugs were stored in a locked cupboard in the corridor which gave easy but secure access to staff. The cupboard had an alarm fitted which alerted staff in reception if the drugs cupboard was opened. The practice did not hold stocks of controlled drugs (these are medicines which require extra administration checks to ensure safety).

Prescription pads and repeat prescriptions were stored securely. Reception staff we spoke with were aware of the necessary checks required when giving out prescriptions to patients who attended the practice to collect them. They were also able to describe the additional checks required when giving out prescriptions for controlled drugs.

## Cleanliness and infection control

Patients commented that the practice was clean and appeared hygienic. The practice arranged for two audits in 2014 from an external company regarding the cleanliness of the building and equipment/furniture. We saw that action had been taken to ensure the overall cleanliness of the building was good. Cleaning schedules were in place including a record that the tasks were carried out.

One of the nurses was lead for infection control and had recently undertaken additional training to support her in this role. Training records showed all staff had received hand hygiene training in the last 12 months. Staff we spoke with were knowledgeable about the procedures in place to maintain hygiene standards. This helped to protect patients and staff from the risks of cross infection.

An infection control audit was carried out in April 2014 which identified improvements required. The Group Manager told us the recommendations from the audit would be completed by the end of June 2014. However we did not see an action plan in place to clearly identify the changes required and monitor progress. The nurse told us they were in the process of arranging for the infection control nurse from the CCG to assist them.

The practice had an infection control policy and procedures which were currently being reviewed and updated at the time of our inspection. We saw updated protocols for the safe storage and handling of specimens and for the safe storage of vaccines. These provided staff with clear guidance and were in line with current best practice.

We observed good hand washing facilities to promote high standards of hygiene. Instructions about hand hygiene were available throughout the practice with hand gels in clinical rooms. We found protective equipment such as gloves and aprons were available in the treatment/consulting rooms and in reception. Couches were washable, curtains around them were disposable and there was vinyl flooring in treatment areas.

We were told the practice did not use any instruments which required decontamination between patients and that all instruments were for single use only. Checks were carried out and recorded to ensure items such as instruments, gloves and hand gel were available and in date. Procedures for the safe storage and disposal of needles and waste products were evident in order to protect the staff and patients from harm.

We identified a number of areas for improvement to maintain good infection control standards. For example, in the treatment room the trolley was in a poor condition with rust evident and the privacy screen was not of a suitable

# Are services safe?

material to clean effectively. Sharps boxes were not wall mounted and disposable paper rolls were not in a dispenser. The nurse and the Group Manager confirmed these would be addressed as soon as possible.

## Staffing and recruitment

The practice had a procedure for the safe recruitment of staff including guidelines about seeking references, proof of identity and checking qualifications/clinical registration. We looked at two staff files and found the recruitment procedure had been followed. The Group Manager had carried out checks to show the applicants were suitable for the posts and eligible to work in the UK.

The Group Manager checked the professional registration for clinical staff and locum doctors. The Group Manager confirmed the practice carried out Disclosure and Barring Service (DBS) checks for GPs and nurses. These checks provide employers with an individual's full criminal record and other information to assess the individual's suitability for the post. The practice had carried out risk assessments for reception and administration roles to support their decision not to carry out DBS checks on those staff.

The Group Manager worked with the GPs, senior nurse and administration managers to ensure staffing rotas were managed in order to ensure sufficient staff were on site at all times.

## Dealing with Emergencies

Comprehensive plans to deal with any emergencies that may occur, which could disrupt the safe and smooth running of the practice were available. A detailed business continuity plan was in place, which was reviewed in May

2014 and shared across the three GP practices within the Great Sutton Medical Centre Group. The plan covered staffing, records/electronic systems, clinical and environmental events. Key contact numbers were included and paper and electronic copies of the plan were kept in the practice and by the Group Manager and GPs. Reception staff we spoke with were knowledgeable about the business continuity plans and described how they had used the plan when telephone and IT systems failed.

Staff told us they had training in dealing with medical emergencies including cardiopulmonary resuscitation (CPR).

## Equipment

The practice had a defibrillator and oxygen cylinders for use in a medical emergency. Checks were made to ensure they were working and ready to use. However these checks were not recorded. The Group Manager confirmed a record would be kept of checks in the future.

We observed that the height of a couch in the treatment room was high and might be difficult for patients with mobility difficulties to manage. The Group Manager confirmed they would complete a risk assessment and take any action required to ensure patient safety.

The Group Manager had contracts in place for annual checks of fire extinguishers, 'portable appliance testing' and calibration of equipment.

The computers in the reception and clinical rooms had a panic button for staff to call for assistance.

# Are services effective?

(for example, treatment is effective)

## Summary of findings

The service was effective. There were systems in place which supported GPs and other clinical staff to improve clinical outcomes for patients. The practice was a teaching practice and supported trainee doctors. The GP told us this supported all staff to continually review and discuss new best practice guidelines. The practice offered all staff annual appraisals to review performance at work and identify development needs for the coming year.

The practice worked with other health and social care providers. Quality and Outcome Framework (QOF) information showed the practice performed well regarding health promotion and ill health prevention initiatives. For example, in providing flu vaccinations and smoking cessation advice.

## Our findings

### Promoting best practice

Clinical staff we spoke told us how they accessed best practice guidelines to inform their practice. GPs and nursing staff met weekly and shared updates such as National Institute for Health and Care Excellence (NICE) guidelines. We spoke with a trainee doctor working in the practice. They told us they had access to clinical guidelines on their computer, for example using the 'mentor' on-line tool. This helped ensure staff were up to date with current best practice guidance. GPs discussed new clinical protocols at the Executive Board meeting of the Great Sutton Medical Centre Group of GP Practices. For example in February 2014 they discussed and agreed updated Electrocardiogram (ECG) testing and diabetic protocols.

Practice nurses told us they managed specialist clinical areas such as diabetes, heart disease and asthma. This meant they were able to focus on specific conditions and provide patients with regular support based on up to date information. Clinical staff we spoke with were very open about asking for and providing colleagues with advice and support. For example, GPs reviewed patients' previous consultation notes as part of their assessment. They used the IT system to send a task to colleagues to look at new guidance on specific clinical areas. The practice was a teaching practice and supported trainee doctors. The GP told us this supported all staff to continually review and discuss new best practice guidelines.

### Management, monitoring and improving outcomes for people

The practice had key personnel in organisational roles to support staff in the monitoring and improvement of outcomes for patients. These included a Data Manager and Medicines Manager who collated information to support the practice to carry out audits. The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of Quality and Outcomes framework (QOF) performance. For example we saw an audit regarding the prescribing of supplementary oral feeds. Following the audit the GPs carried out medication reviews for patients who were prescribed these products and altered their prescribing practice, in line with new nutritional guidelines.

The practice used the information they collected for the QOF and their performance against national screening

# Are services effective?

(for example, treatment is effective)

programmes to monitor outcomes for patients. QOF was used to monitor the quality of services provided. The report from 2012-2013 showed the practice was supporting patients well with conditions such as, asthma, diabetes and heart failure. QOF information for 2013-2014 indicated the practice had maintained this high level of achievement. GPs told us this reflected their commitment to maintaining and improving outcomes for patients.

The practice had systems in place which supported GPs and other clinical staff to improve clinical outcomes for patients. The practice kept up to date disease registers for patients with long term conditions such as asthma and chronic heart disease which were used to arrange annual health reviews. They also provided annual reviews to check the health of patients with learning disabilities and patients on long term medication for example for mental health conditions.

## Staffing

The practice had procedures in place to support staff in carrying out their work. For example, newly employed staff were supported in the first few weeks of working in the practice. An induction programme included time to read the practice's policies and procedures and meetings with the manager to help confirm they were able to carry out the role. Staff, including trainee doctors, told us they had easy access to a range of policies and procedures on their computers to support them in their work.

The Group Manager told us they had updated all job descriptions to reflect duties and responsibilities. The absence and leave policies had been updated and more flexible working arrangements put in place. Staff told us they welcomed the changes.

Administration staff told us they had meetings with the Group Manager every week and felt well supported to carry out their work. For example a recent meeting had focussed on the safe handling of specimens and ensuring all documentation was completed fully. Staff had time to look at the new protocol in place for handling specimens and had refresher training on hand hygiene. They told us the Group Manager was readily available to contact at all times.

Clinical meetings within the practice took place weekly and across the three Great Sutton Medical Centre Group of GP

practices monthly in order to support clinical practice and monitor the service provided. Nursing staff told us they worked well as a team and had good access to support from each other and their GP colleagues.

The practice offered all staff annual appraisals to review performance at work and identify development needs for the coming year. Records confirmed staff appraisals were up to date.

The Group Manager kept a record of all training carried out by clinical and administration staff to ensure staff had the right skills to carry out their work. The practice had a rolling programme of half day training for staff, on one afternoon each month. GPs had protected learning time and met with their external appraisers to reflect on their practice, review training needs and identify areas for development. The healthcare assistant told us they had supervision meetings within the nursing team to support them in their work.

## Working with other services

The practice worked with other agencies and professionals to support continuity of care for patients. The GPs described how the practice provided the 'out of hours' service with information, to support, for example 'end of life care.' Information received from other agencies, for example A&E or hospital outpatient departments was read and action taken by the GPs on the same day. Information was scanned onto electronic patient records in a timely manner.

Multi-disciplinary team meetings for patients on the palliative care register took place every three months to ensure patients had sufficient levels of support, equipment and medication were in place in a timely manner. The practice kept a register of patients with a learning disability and offered annual health checks. Reviews for patients with a learning disability were arranged in such a way as to support them to become fully involved in their care and in making decisions.

We spoke with the multi-agency integrated care team on the day of the inspection. They told us they met with the GPs each month to discuss complex patients. They told us the GPs were easily accessible to discuss patients and there was good communication with the practice. For example, they shared clinical information through the EMIS IT system which they told us supported them to provide good care to patients.

# Are services effective?

(for example, treatment is effective)

## **Health, promotion and prevention**

The practice supported patients to manage their health and well-being. The practice offered national screening programmes, vaccination programmes, long term condition reviews and provided health promotion information to patients. They provided information to patients via their website and in leaflets in the waiting area about the services available.

QOF information showed the practice performed well regarding health promotion and ill health prevention initiatives. For example, in providing flu vaccinations/ smoking cessation advice, assessing for depression and providing physical health checks for patients with severe mental health conditions. The practice supported patients requesting travel vaccinations by offering patients an initial telephone consultation with the nurse. This meant the necessary vaccines were in stock when patients attended the surgery.

The practice also provided patients with information about other health and social care services such as carers' support. We saw a range of information posters and leaflets in the practice and on the practice website. Staff we spoke with were knowledgeable about other services and how to access them.

New patients registering with the practice completed a health questionnaire and were given a new patient medical appointment. This provided the practice with important information about their medical history, current health concerns and lifestyle choices. This ensured that patients' individual needs were assessed and access to support and treatment was available as soon as possible.

The practice used the coding of health conditions in patients' electronic records and disease registers to plan and manage services. For example, patients on disease registers were offered review appointments with the nursing staff.

# Are services caring?

## Summary of findings

The service was caring. We looked at 18 CQC comment cards that patients had completed prior to the inspection and spoke with four patients on the day of the inspection. Patients were positive about the care they received from the practice. They commented that they were treated with respect and dignity.

Staff we spoke with were aware of the importance of providing patients with privacy. They told us there was a room available if patients wished to discuss something with them away from the reception area. GPs and nursing staff told us relatives, carers or an advocate were involved helping patients who required support with making decisions.

## Our findings

### **Respect, dignity, compassion and empathy**

We looked at 18 CQC comment cards that patients had completed prior to the inspection and spoke with four patients on the day of the inspection. Patients were positive about the care they received from the practice. They commented that they were treated with respect and dignity. Patients we spoke with told us they had enough time to discuss things fully with the GP and most patients felt listened to. The national GP Patient Survey published in December 2013 found 97% of patients said they had enough time with the GP during the consultation and 98% felt they were treated with care and concern.

The most recent practice patient survey showed that 69% of patients who responded said reception staff were exceptional or good. The Reception Manager told us all reception staff had recently completed a formal qualification in customer care to help them in their work. The practice had a clear set of values about patients being treated courteously and with confidentiality. This was reflected in the practice charter on their website.

Staff we spoke with were aware of the importance of providing patients with privacy. They told us there was a room available if patients wished to discuss something with them away from the reception area. Staff used a facility to block out other patients' names when booking appointments for patients at the reception desk. This maintained patient confidentiality.

We observed that privacy and confidentiality were maintained for patients using the service on the day of the visit. Sufficient consultation and treatment rooms were available and used for all discussions with patients. Consulting rooms had curtains around the examination couch to maintain patients' privacy. We observed staff were discreet and respectful to patients.

The practice offered patients a chaperone prior to any examination or procedure. Information about having a chaperone was in the waiting area to help ensure patients were aware of this facility. Staff we spoke with were knowledgeable about the role of the chaperone and had received training to carry out this work.

# Are services caring?

The practice had an active patient participation group (PPG). The chair of the group told us they felt listened to. Staff welcomed the contribution the PPG made to improve the service.

## **Involvement in decisions and consent**

Staff were knowledgeable about how to ensure patients were involved in making decisions and the requirements of the Mental Capacity Act 2005 and the Children's Act 1989 and 2005. GPs and nursing staff told us relatives, carers or an advocate were involved helping patients who required support with making decisions. One GP we spoke with told us they had been involved in assessing a patient's capacity to make decisions. They were working closely with the patient, carer and their social worker to make a decision in the patient's best interests.

The practice had a consent policy which provided staff with guidance and information about when consent was required and how it should be recorded. Patients' verbal consent was recorded on their patient record for routine examinations. Written consent was obtained for joint injections and gynaecological examinations.

The practice had an 'access to records' consent policy 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. Information was available for patients on the practice website and in leaflets.

Patients we spoke with told us they were fully involved in deciding the best course of treatment. The national GP patient survey (December 2013) found that 85% of patients said they were fully involved in making decisions.

# Are services responsive to people's needs?

(for example, to feedback?)

## Summary of findings

The service was responsive. The practice made adjustments to meet the needs of patients, including having an audio loop system displayed on the reception counter for patients with a hearing impairment. Staff were knowledgeable about interpreter services for patients where English was their second language.

The practice was responsive to patient feedback and had an active patient participation group (PPG). The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. We saw documentation to record the details of concerns raised and action taken.

## Our findings

### Responding to and meeting people's needs

The practice held information about the prevalence of specific diseases. This information was reflected in the services provided, for example screening programmes, vaccination programmes and reviews for patients with long term conditions.

The practice was proactive in contacting patients who failed to attend vaccination and screening programmes. They worked with other health providers to support patients who were unable to attend the practice. For example patients who were housebound were identified and referred to the district nursing team to receive their vaccinations.

Staff we spoke with were knowledgeable about how to support patients who were homeless. The staff told us they made sure the patient received urgent and necessary care whatever their housing status. They were also aware of the GP practice in the Clinical Commissioning Group (CCG) that took the lead for managing homeless patients' long term care. They told us they would ensure patients knew how to access this service.

The practice provided good disabled access in the reception and waiting areas, as well as to the consulting and treatment rooms. Staff were aware that the front doors were heavy and difficult to open. There was a buzzer at the front door for patients to press if they needed help. The practice had a wheelchair for patients who required assistance. Staff confirmed they would check the signage at the front doors to ensure patients were aware of these facilities.

There were comfortable waiting areas for patients attending an appointment and limited car parking was available nearby. There were disabled toilet facilities.

The practice made adjustments to meet the needs of patients, including having an audio loop system displayed on the reception counter for patients with a hearing impairment. Staff were knowledgeable about interpreter services for patients where English was their second language. Patients' electronic records contained alerts for staff regarding, for example patients requiring additional assistance in order to ensure the length of the appointment was appropriate.

# Are services responsive to people's needs? (for example, to feedback?)

## Access to the service

The national GP survey results published in December 2013 showed that 49% of patients said it was not easy to get through to the practice to make an appointment. However 84% of patients said they found the receptionist helpful once they were able to speak with them. The practice's patient survey in 2013 also found that 46% of patients stated they had a poor experience when telephoning the practice to make an appointment. Patients we spoke with and comments left for us showed that patients had difficulties in contacting the practice to book a routine appointment.

The Group Manager told us they had responded to these concerns by putting in an automated telephone system. This enabled callers to select from a menu of choices which best met their needs. The practice was actively seeking feedback from patients about this new service.

The practice offered both pre-bookable appointments and on the day appointments. On-line appointment booking and text reminders were available for patients using the service. Telephone consultations were also available.

Patients unable to attend during the normal opening hours were able to book in advance to be seen at the 'extended hours' service run by the out of hours team. Appointments were available for routine health matters from 6.30pm to 8-00 pm Monday to Friday and on Saturday mornings.

Home visits could be arranged by ringing, if possible, before 10.30am. The GPs told us they were able to meet the current demand for home visits.

## Concerns and complaints

The Group Manager told us there had been a large volume of complaints in 2013, mainly regarding the appointment system and staff attitudes. These were mostly verbal complaints. Since the Group Manager began working at the practice in 2014, they now meet with all patients who make a complaint. We saw documentation to record the details of verbal concerns and written complaints and action taken. For example changes were made to the appointment system and additional training and support provided to staff. The Group Manager reported to the Executive Board of the Great Sutton Medical Centre Group of GP practices each month regarding any complaints received.

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. We saw a leaflet available for patients and information on the practice website about how to raise a concern. This included contact details for the Patient Advisory Liaison Service (PALS) and the Health Service Ombudsman; should patients wish to take their concerns outside of the practice.

Staff we spoke with were knowledgeable about the policy and the procedures for patients to make a complaint and confirmed complaints were discussed at practice meetings.

# Are services well-led?

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

## Summary of findings

The service was well-led. The practice had a clear vision and set of values which were understood by staff and evident on the practice website. The practice's mission statement included a commitment to involving patients in their own healthcare and in developing services.

The Group Manager and GPs led on the individual aspects of governance such as complaints, risk management and audits within the practice. Clinical audits were carried out following significant events, complaints and as a result of national alerts or local prescribing initiatives.

## Our findings

### Leadership and culture

The Group Manager and GP told us they had recently reviewed and made changes to the organisational structure of the practice. The Group Manager had met with all staff to help develop a more cohesive structure. There were clear management roles in place with designated responsibilities. Staff we spoke with told us they had benefited from the changes made and felt they now worked well as a team.

The practice had a clear vision and set of values which were understood by staff and evident on the practice website. The practice's mission statement included a commitment to involving patients in their own healthcare and when developing services.

The practice shared some key management roles with the two other GP practices in the Great Sutton Medical Centre Group. An Executive Board with representatives from all three GP practices met monthly. The Group Manager told us this meant greater flexibility to share resources, streamline processes and allowed more sharing of information.

There was a schedule of regular weekly, monthly and quarterly meetings within the Practice. Staff told us this helped them keep up to date with new developments and concerns. It also gave them an opportunity to make suggestions and provide feedback to the Group Manager. Staff told us they were committed to providing a good service for patients and they were enthusiastic about their contribution.

We saw evidence that showed the practice worked with the Clinical Commissioning Group (CCG) to share information, monitor performance and implement new methods of working to meet the needs of local people. GPs attended prescribing, medicines management and safeguarding meetings and shared information within the practice.

### Governance arrangements

We found that the practice had systems for monitoring all aspects of the service and these were used to plan future developments and to make improvements to the service. The Group Manager and GPs led on the individual aspects

# Are services well-led?

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

of governance such as complaints, risk management and audits within the practice. They told us they planned to strengthen the way in which governance issues were managed and shared within the practice.

GPs shared information at a monthly Executive Board meeting which was attended by representatives from all three GP practices in the Great Sutton Medical Centre Group. The Executive Board had responsibility for monitoring quality across all three practices. Information from the Executive Board was cascaded to staff within each practice.

The practice submitted governance and performance data to the CCG.

## Systems to monitor and improve quality and improvement

The practice used information they collected for the Quality and Outcomes framework (QOF) and national programmes such as vaccination and screening to monitor patient quality outcomes. GPs told us they worked with the Medicines Manager and pharmacist from the CCG in identifying which clinical audits to carry out. Clinical audits were also carried out following significant events and complaints. These were discussed within the practice through a schedule of meetings with staff groups. The Group Manager told us they were setting up a centralised log of audits and any changes made in order to monitor improvements more systematically.

Staff told us they had annual appraisals which included looking at their performance and development needs. The practice was developing a competency framework for health care assistants using guidance from the Royal College of Nursing. This meant that staff were supported to have the right skills and knowledge to provide high quality care.

The GPs and Group Manager all contributed to risk management, clinical audits, staff training and significant event analysis. It was evident that quality monitoring was taking place and action taken to improve quality.

The practice worked with the CCG to share information and implement new methods of working. For example the practice was implementing the 'named GP' initiative for patients over 75 to support continuity of care. The practice was proactive in seeking new ways of improving services for

patients. For example we saw bids in place to the innovation fund to develop 'Skype' (on-line) consultations, increase interagency working by appointing a patient champion and for resources to improve patient feedback.

## Patient experience and involvement

The practice had systems to seek and act upon feedback from patients using the service, including an active patient participation group (PPG). The three practices within the Great Sutton Medical Centre Group of GP practices had joined together to set up a patient participation group (PPG). A PPG is made up of practice staff and patients that are representative of the practice population. The main aim of a PPG is to ensure that patients are involved in decisions about the range and quality of services provided and, over time, commissioned by the practice.

Information about the PPG was available on the practice website and in the practice newsletter. Patients were able to sign up on line or complete a form and hand it in to reception staff. Patients were encouraged to send the PPG or the Group Manager their comments, suggestions and questions via the practice website.

We spoke with the chair of the PPG who told us the group worked well across the three practices. They were confident their views were listened to and felt they had a contribution to make in service improvement. For example, they had requested baby changing facilities be made available and we saw these were in place on the day of the inspection. The Group Manager told us they were reviewing their mission statement with the PPG to see what was working and what could be improved.

The PPG met with practice staff and worked together as a virtual group sharing information by email. The group had been involved in developing and analysing the patient survey for 2013-2014. The survey had been very positive about the care the practice provided. However, it identified patient concerns about car parking and making appointments.

We looked at 18 CQC comment cards that patients had completed prior to the inspection and spoke with four patients on the day of the inspection. Patients' were positive about the care they received from the practice. A number of patients were concerned about the appointment and booking in systems. For example, some

# Are services well-led?

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

patients preferred to speak to the receptionist rather than use the electronic booking in system. The Group Manager told us they were happy for patients to book in at reception if they preferred.

The practice sought feedback from patients through their 'Facebook' and 'twitter' accounts. The Group Manager hoped this would encourage a wider range of patients to provide feedback.

## **Staff engagement and involvement**

Staff told us they felt the practice was well managed with clear leadership from clinical staff and the Group Manager. Staff told us they could raise concerns and felt they were listened to. We spoke with clinical and non-clinical staff during the inspection. All staff told us they felt supported and had easy access to clinicians or the Group Manager if they had concerns. The practice had an up to date whistle blowing policy in place which supported staff to raise concerns outside of the organisation.

The practice had regular staff meetings with different staff groups and a half day each month for training or larger group meetings. Minutes from meetings were available on the intranet for staff that were unable to attend. This helped ensure staff were fully informed of any changes or issues.

## **Learning and improvement**

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Newly employed staff had a period of induction to support them. They had the opportunity to feedback on how useful the induction period had been and

to make suggestions on ways to improve it. They met with the Group Manager to discuss progress and ensure they had the right skills to do their job. On-going peer support and formal appraisals were evident which included identifying learning and development needs.

Staff told us they had good access to training and the Group Manager monitored staff training to ensure essential training was completed each year. We saw that a comprehensive training matrix for all staff employed in the organisation was in place. The practice had half a day protected learning time each month for training and sharing information.

## **Identification and management of risk**

The practice had systems to identify, assess and manage risks related to the service. We saw the practice's health and safety policy which included clear guidance for staff. Monthly health and safety meetings were being introduced and we saw evidence of staff involvement and cascading information.

Procedures were in place to record incidents, accidents and significant events and to identify risks to patient and staff safety. The results were discussed at practice meetings and if necessary changes were made to the practice's procedures and staff training.

The practice carried out audits and checks to monitor the quality of services provided. For example the GPs used prescribing information provided by the CCG pharmacist and national alerts to review the medication they prescribed. This helped to ensure patients were receiving the most appropriate medication in line with best 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.

## Summary of findings

The practice was knowledgeable about the number and health needs of older patients using the service. They kept up to date registers of patients' health conditions, carers' information and whether patients were housebound. They used this information to provide services in the most appropriate way and in a timely manner.

We found the practice worked well with other agencies and health providers to provide support and access specialist help when needed.

## Our findings

### Safe

The practice worked with services based in the community to support patients to receive the care they required. For example, regular meetings with district nursing and the integrated care team were held.

The practice had an up to date 'vulnerable adult' policy and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. Staff were proactive in monitoring if vulnerable adults attended Accident and Emergency or missed appointments frequently.

### Caring

The practice arranged blood tests, ECGs and blood pressure checks wherever possible whilst the patient was at the practice seeing the GP, thus saving the patient returning on another occasion.

The practice had systems in place to record if consent was obtained for a relative to be involved in supporting the patients' health care. This helped ensure staff were knowledgeable about patient's wishes and took them into consideration when making appointments and sharing information.

### Effective

The practice worked closely with other services, for example the district nursing service to ensure patients who were housebound had vaccinations. The GPs worked with the multi-agency integrated care team to identify patients who were frail or those with a long term condition who may be at risk of hospitalisation. The practice was introducing risk profiling for patients to identify those who would benefit from additional support at home.

The practice was introducing the 'named GP' initiative for patients over 75 to support continuity of care and provide patients with a GP with overall responsibility for their care.

### Responsive

The practice monitored patients unplanned hospital admissions to review the level of care being provided.

# Older people

The practice provided assistance and a wheelchair for patients with mobility difficulties. Staff were aware that the front doors were heavy and difficult to open. There was a buzzer at the front door for patients to press if they needed help.

# People with long term conditions

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

## Summary of findings

The practice was knowledgeable about the number and overall health needs of patients with long term conditions using the service. They worked with other health services and agencies to provide appropriate support.

Staff were skilled in specialist areas which helped them ensure best practice guidance was always being followed.

## Our findings

### Effective

Practice nurses told us they managed specialist clinical areas such as diabetes, heart disease and asthma. This meant they were able to focus on specific conditions and provide patients with regular support based on up to date information.

Patients were provided with health promotion information when they attended for their annual health checks. This helped patients make informed choices.

The practice provided patients with information about long term conditions and the services available to support patients. This was evident in the waiting area and on the practice website.

Patients could complete an asthma review form prior to attending their annual health check. The form was available in the practice and on the practice website. This meant the nurse had information available to assist in planning the consultation

### Responsive

Patients with a long term condition were identified and a code was put onto their electronic patient record. This assisted the practice with maintaining up to date disease registers and in recalling patients for their health reviews.

# Mothers, babies, children and young people

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

## Summary of findings

The practice provided services to meet the needs of this population group. There were comprehensive screening and vaccination programmes which were managed effectively to support patients.

Staff were knowledgeable about child protection and a GP took the lead for safeguarding. The practice monitored any non-attendance of babies and children at vaccination clinics and worked with the health visiting service to follow up any concerns.

## Our findings

### Safe

The practice had up to date 'child protection' policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were easily available to staff on their computers. Staff had access to contact details for child protection teams. The trainee doctor we spoke with confirmed they had access to the practice's safeguarding policies and procedures on the practice intranet.

The safeguarding lead attended local case conferences and completed reports when necessary.

### Caring

Mothers and babies were invited to a joint appointment for the eight week check by the GP and their baby's vaccinations with the nurse. These were scheduled together to support parents by having only one visit to the surgery and provided an opportunity to discuss any concerns with both the GP and the nurse.

### Effective

The practice carried out comprehensive screening and vaccination programmes to support babies, children and their mothers' health and well-being.

The practice website had dedicated pages to provide patients with information about healthcare. This included for pregnancy and health care immediately after birth, health care for 0-5 year olds and information on 6-15 year olds' health initiatives and sexual health.

### Responsive

Staff were proactive in monitoring if children attended Accident and Emergency or missed appointments frequently and worked with the health visiting and midwifery services to follow up any concerns.

GPs and reception staff told us children were always prioritised and given an appointment with a GP.

# Mothers, babies, children and young people

## **Well-led**

The practice worked well with the patient participation group. They had requested baby changing facilities be made available and we saw these were in place on the day of the inspection.

# Working age people (and those recently retired)

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

## Summary of findings

The practice provided a range of services for patients to consult with GPs and nurses, including on-line booking and telephone consultations. Patients were also able to book a consultation with a GP through the extended hours service. This was available from 6.30pm to 8.00pm during the week and on Saturday mornings.

## Our findings

### Caring

The practice kept a register of patients who were carers for family members. They provided them with information about carers' services and prioritised them for GP and nurse consultations.

### Effective

The practice website had advice regarding men and women's health including screening and vaccination programmes available.

Reception staff told us patients who were unable to take time off work to attend for a routine appointment were prioritised for an early morning or late afternoon appointment.

The practice provided a range of ways to consult with GPs and nurses. They offered both pre-bookable appointments and on the day appointments. On-line appointment booking and text reminders were available for patients using the service. Telephone consultations were also available.

### Responsive

The practice provided a flexible phlebotomy clinic (for taking blood samples) to support patients access this service. The service was available each morning from 8.30 am to 12.00pm and patients did not require an appointment.

Patients who were unable to attend the practice for a routine appointment were able to book a consultation with a GP through the extended hours service. This was available from 6.30pm to 8.00pm during the week and on Saturday mornings.

# 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

Staff were knowledgeable about safeguarding vulnerable adults. They had access to the practice's policy and procedures and had received training in the last 12 months.

The practice made adjustments to how they provided the service in order to meet patients' needs. For example, the practice offered longer appointment times for patients with a learning disability. This helped to ensure patients were given time to be fully involved in making decisions about their health.

## Our findings

### Safe

Staff we spoke with were knowledgeable about how to support patients who were homeless. The staff told us they made sure the patient received urgent and necessary care whatever their housing status. They were also aware of the GP practice in the Clinical Commissioning Group (CCG) that took the lead for managing homeless patients' long term care. They told us they would ensure patients knew how to access this service.

The practice had a vulnerable adults safeguarding policy and staff were knowledgeable about the types of abuse to look out for. They had easy access to contact numbers for the adult safeguarding team in the local authority.

### Responsive

The practice kept a register of patients with a learning disability and offered annual health checks.

Appointments for patients with a learning disability were double the standard appointment time in order to ensure the needs of the patient and their carer were met. Staff told us an increased appointment time gave staff more opportunities to ensure the patient was fully involved in making decisions about their healthcare.

# 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

GPs worked with other services to review and share care with specialist teams.

The practice maintained a register of patients who experienced mental health problems. The register supported clinical staff to offer patients an annual appointment for a health check and a medication review.

## Our findings

### Effective

The practice had information for patients in the practice and on their website to inform them of other services available. For example, for patients who would benefit from counselling services for bereavement.

The practice had a patient questionnaire on the practice website regarding depression. Patients were encouraged to complete this prior to an appointment or annual review if they were experiencing poor mental health.

The practice maintained a register of patients who experienced mental health problems. The register was used by clinical staff to offer patients an annual appointment for a health check and medication review.