

West Moors Group Practice

Quality Report

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West Moors

Ferndown

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

Summary of findings

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Summary of findings

Overall summary

West Moors Group Practice operates from two locations, Three Legged Cross and West Moors, Ferndown. We inspected the practice at West Moors, 175 Station Road, West Moors, Ferndown, BH22 0HX. This practice is registered to provide the following regulated activities to approximately 5300 patients: Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures and Treatment of disease, disorder or injury.

We spoke with the registered manager, the practice manager, practice nurses, staff, patients and their relatives.

Patients we spoke with told us they could get an appointment when needed, the staff were helpful and they were offered appropriate health checks.

We found the practice provided a service that met patients needs. There were arrangements in place to ensure patients could either see or speak to a GP when needed. The practice operated an effective duty GP service which improved the quality of treatment patients received.

Patients were seen in a clean and safe environment, but we found that parts of the premises, including the toilet, were difficult to access for wheelchair users.

We found the staff worked very well as a team and supported each other.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Overall, the services offered at the practice were safe. The provider had appropriate arrangements in place for reporting and learning from incidents and significant events.

The practice was clean and tidy and systems were in place to identify and manage the risks of cross infection and health and safety.

The practice had suitable policies, procedures and training in place to ensure continued running of the service in the event of an emergency.

Appropriate policies and procedures were in place to ensure children and vulnerable adults were safeguarded from abuse.

Patients told us they felt safe and well cared for.

Are services effective?

Overall, the services at the practice were effective. Patients were assessed and treated in line with current legislation and guidelines.

We found the practice offered a range of health clinics to meet the needs of patients who used the service. These included diabetes clinics, baby clinics and asthma clinics.

An effective system of clinical audit was in place.

The practice supported multi-disciplinary working with other services.

Are services caring?

Overall, the practice was caring. Feedback received from comment cards and patient surveys showed that patients felt they were well cared for and their needs were met.

Patients also told us they were offered appropriate health checks as well as routine appointments.

The practice had its own carers group that ran monthly to support patients and their carers. A tracker system ensured appropriate support was provided to vulnerable people who had recently been discharged from hospital.

Although patients in the waiting area could overhear conversations at reception, a private area was available for patients should they wish to discuss any confidential matter.

Summary of findings

Are services responsive to people's needs?

Overall, the practice was responsive to patients needs. Patients had access to a hearing loop and a language telephone service.

There was a duty doctor system to triage requests for emergency appointments. If patients were unable to attend the practice then home visits were arranged if this was needed.

A number of specialist clinics took place to meet patients needs and these included baby clinics, diabetes clinics, well man and well woman clinics and a travel clinic.

The practice carried out patient satisfaction surveys and had regular meetings to discuss how the practice could be improved. A recent example was extending the opening hours to better meet patients needs.

Are services well-led?

Overall, the service was well led. There was a business continuity plan in place to ensure continued running of the practice in the event of an emergency.

There were audits undertaken to ensure the practice was safe and continuing to meet regulations and guidelines.

Regular practice and partner meetings were held to discuss risks, complaints and methods of improving the practice.

The practice is a training practice for GPs and promotes learning and development.

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 provided a service for patients within this population group.

We found patients were treated in a safe and caring environment. The provider had effective systems to ensure patients felt supported.

The practice had a local carers group and also a patient tracker system. This meant the practice was aware when patients were admitted and discharged from hospital and appropriate care could be provided.

We reviewed the practice policies and procedures on safeguarding vulnerable adults. We found there were appropriate systems in place to respond effectively to any concerns.

There was an effective duty doctor system to ensure patients could speak with or see a GP when needed.

People with long-term conditions

The practice provided a service for patients within this population group.

We found patients were treated in a safe and caring environment. The practice had effective systems to ensure patients were supported.

We reviewed the practice policies and procedures on safeguarding children and vulnerable adults. We found there were appropriate systems in place to respond effectively with any concerns.

There was an effective duty doctor system to ensure patients could speak to or see a GP when needed.

Mothers, babies, children and young people

The practice provided a service for patients within this population group.

We found patients were treated in a safe and caring environment. The practice had effective systems to ensure patients were supported.

We reviewed the practice policies and procedures on safeguarding vulnerable adults and children. We found there were appropriate systems in place to respond effectively with any concerns.

Summary of findings

There was an effective duty doctor system to ensure patients could speak with or see a GP when needed.

Patients had access to Mother and baby clinics.

The working-age population and those recently retired

The practice provided a service for patients within this population group.

We found patients were treated in a safe and caring environment. The practice had effective systems to ensure patients were supported.

We reviewed the practice policies and procedures on safeguarding vulnerable adults. We found there were appropriate systems in place to respond effectively with any concerns.

There was an effective duty doctor system to ensure patients could speak with or see a GP when needed.

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

The practice provided a service for patients within this population group.

We found patients were treated in a safe and caring environment. The practice had effective systems to ensure patients were supported.

We reviewed the practice policies and procedures on safeguarding vulnerable adults and children. We found there were appropriate systems in place to respond effectively with any concerns.

There was an effective duty doctor system to ensure patients could speak with or see a GP when needed.

People experiencing poor mental health

The practice provided a service for patients within this population group.

We found patients were treated in a safe and caring environment. The practice had effective systems to ensure patients were supported.

We reviewed the practice policies and procedures on safeguarding children and vulnerable adults. We found there were appropriate systems in place to respond effectively with any concerns.

There was an effective duty doctor system to ensure patients could speak with or see a GP when needed.

Summary of findings

What people who use the service say

We spoke with 10 patients, reviewed 30 patients comment cards and looked at surveys and feedback. All of the responses on the comment cards and patient group survey stated how kind, caring and helpful the staff were.

However, patients commented on lack of appointments and the faults with the telephone system.

Some patients commented about the premises needing to be upgraded.

All of the patients we spoke with said they felt safe.

Areas for improvement

Action the service COULD take to improve

The toilet was not accessible to patients with restricted mobility and there was not an emergency alarm.

Patients commented to us about being able to overhear conversations at reception whilst in the waiting room.

West Moors Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector, a GP who provided clinical expertise, an expert by experience who, as part of the inspection team, provided expert advice on the quality of service patients should expect to receive and another CQC Inspector.

Background to West Moors Group Practice

West Moors Group Practice, Ferndown, serves approximately 5300 registered patients. 37 percent of the registered patients are over 65 years of age.

The practice is open from 8:30am to 6:15pm on Mondays to Fridays. During these times, GP appointments are available from 8:30am to 11:00 am and, from 2:00pm to 5:50pm. Extended hours appointments are available on Monday, Wednesday and Thursday.

Routine appointments can be made up to three months in advance. Appointments can be made through the online booking system, in person or on the telephone. Urgent same day appointments can be made through the duty doctor system. Home visits can be made by GPs to those patients who are not well enough to attend the surgery.

Why we carried out this inspection

We inspected this service as part of our new inspection program 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

Before visiting, we reviewed a range of information we had received about the practice and asked other organisations to share their information about the service. Some of these organisations included local Healthwatch, NHS England and the Clinical Commissioning Group.

We carried out an announced visit on 28 May 2014 between 8:00am and 5:30pm

During our visit we spoke with a range of staff, including the GP partners, the practice manager, practice nurses and reception staff.

We also spoke with patients who used the practice. We observed and listened to interactions between staff and patients.

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?

Detailed findings

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.

Are services safe?

Summary of findings

Overall, the services offered at the practice were safe. The provider had appropriate arrangements in place for reporting and learning from incidents and significant events.

The practice was clean and tidy and systems were in place to identify and manage the risks of cross infection and health and safety.

The practice had suitable policies, procedures and training in place to ensure continued running of the service in the event of an emergency.

Appropriate policies and procedures were in place to ensure children and vulnerable adults were safeguarded from abuse.

Patients told us they felt safe and well cared for.

Our findings

Safe patient care

The practice had systems of reporting any significant events that may have affected patient care. These processes included reporting, investigating, feedback to all those involved or affected and setting action plans and learning outcomes.

The practice had annual meetings to discuss any complaints received. Minutes of these meetings showed the practice discussed each complaint in detail and set out plans to stop similar complaints from happening again.

The practice had systems of audit and risk assessment. This was to identify clinical and non clinical risk and put measures in place to reduce identified risks.

Learning from incidents

We reviewed the audits of significant events. Forms completed were detailed and a log was completed with what action had been taken and when. We found that all events had been appropriately investigated and recorded. We found the practice had discussed these incidents at partner and practice meetings. The minutes from these meetings recorded the actions taken to prevent a similar incident from happening again. One example was listing the contents in the emergency drug box so staff could react more quickly in a medical emergency. The minutes also recorded feedback for staff.

Safeguarding

There was a safeguarding children and vulnerable adults policy that had recently been reviewed and updated. We spoke with staff who were aware of the contents of each policy and knew how to contact the local authority safeguarding team if they needed to. There was a dedicated named safeguarding lead at the practice who had completed level 3 safeguarding training. All of the staff we spoke with knew who the safeguarding lead was. This meant staff could get consistent advice and the practice could deal more effectively with safeguarding concerns.

We found that all staff had completed relevant safeguarding training within the last twelve months.

The practice had a chaperone policy in place. A chaperone is a person who accompanies and looks after another person to protect them from inappropriate interactions. Information about the use of a chaperone was

Are services safe?

given to patients in the patient information leaflet, at reception and also in each surgery. All staff had received training in how to chaperone. All of the staff we spoke with were aware of the importance of ensuring patients were treated in a safe environment.

The practice had a whistle blowing policy. The staff we spoke with knew how to access the policy and gave an example of when they had to follow the whistleblowing procedure. They told us they felt supported by the managers throughout the process.

Monitoring safety and responding to risk

The practice had relevant risk assessments and policies in place to ensure the health, safety and welfare of patients, staff and visitors. A fire drill had been carried out in April 2014. The results of the fire drill were discussed at the following team meeting. This meant the practice were fully aware of risks around the premises and were proactive in reducing the risks. However, we noticed that one fire exit door was locked. Regular health and safety audits and checklists were completed to ensure the building was safe for staff, visitors and patients to use.

Medicines management

The practice had effective systems in place to store, handle, prescribe and dispose of medicines. We found all medicines stored at the practice were accounted for. Medicines stored in fridges were kept correctly. Cupboards and fridges where medicines were stored had locks fitted. Keys were stored in a key safe. Only staff who were authorised to do so could access the keys.

Fridges were checked on a daily basis to ensure medicines were stored within approved temperature ranges. Procedures were in place to ensure an appropriate response was made in the event of the temperature exceeding the limits. The staff were aware of what action to take in the event of problems with the fridge.

Cleanliness and infection control

We found the practice to be clean and tidy inside. Patients told us, it was clean and they felt safe from infection. The practice had an infection control lead and all the staff we spoke with knew who the person was. All staff had completed infection control training within the previous twelve months.

The practice had produced an annual infection control statement and an infection control policy that had been

reviewed in February 2014. An infection control audit had been carried out in April 2014. Hand hygiene audits had been carried out on staff. The results of these showed that staff carried out correct hand hygiene procedures.

A policy for the use of personal protective equipment (PPE) was in place and staff had also received training in this area.

A Legionella risk assessment was in place and regular checks were carried out to ensure water was stored and distributed at the correct temperatures. These checks included an annual service for the boiler.

Sharps, including needles, used in the surgery were stored appropriately. Used sharps were disposed of correctly. A sharps injury procedure had been written and the staff we spoke with were aware of the procedures in dealing with a needle stick injury.

Clinical waste was stored in appropriate bags and consignment notes were kept in accordance with waste regulations.

We were made aware of an incident that involved a urine sample being placed in an unsealed container in the sample fridge. We saw evidence that showed learning had taken place as a result. All staff had received further training in the correct processes of the handling and storage of samples collected from patients. We also saw guidelines that patients were to label and bag their own samples.

Appropriate cleaning plans were in place. Nursing staff were responsible for the cleaning of clinical areas and an external cleaning company was used to clean non-clinical areas. Checklists were followed and completed for the cleaning of both clinical and non-clinical areas.

Weekly visual checks of the cleaning were carried out by the infection control lead. Monthly cleaning checks were undertaken and recorded by the external cleaning company and the nursing and administrative staff.

Staffing and recruitment

We reviewed two staff recruitment files. We found appropriate references and checks were obtained before staff started employment. All staff had obtained relevant criminal records checks from the Disclosure and Barring Service (DBS). There was a detailed induction for all new staff. This induction included training relevant to the role and support to ensure new staff were aware of how the practice operated.

Are services safe?

Dealing with Emergencies

We saw emergency call points in each treatment room. We were told about an occasion when the alarm was used. The practice manager told us that computer screens flashed up where the emergency was. This enabled staff to respond more quickly.

There was a medical emergency procedure that had been reviewed in March 2014. We saw records that showed staff attended protected learning sessions in dealing with medical emergencies. Training records showed that all staff had received appropriate basic life support training that included cardiopulmonary resuscitation (CPR).

Emergency equipment included a defibrillator, oxygen and relevant emergency drugs. All of the equipment was regularly checked and signed records of these checks were kept. All of the emergency drugs were present and in date.

The practice had plans to respond to any emergency. For example, we saw that there was a 'buddy practice' where patients could go if the practice had to close due to fire, flood or other emergency. There was a business continuity policy to ensure continued running of the practice. The continuity plan had been reviewed in February 2014 and included roles and responsibilities for staff, immediate response procedures, evacuation and communication guidelines and plans for short and long term loss of the practice facilities.

Equipment

All equipment used in the practice was serviced and maintained in accordance with manufacturer guidelines. A portable appliance test (PAT) had been completed within the previous year to ensure electrical equipment was safe to use.

Are services effective?

(for example, treatment is effective)

Summary of findings

Overall, the services at the practice were effective. Patients were assessed and treated in line with current legislation and guidelines.

We found the practice offered a range of health clinics to meet the needs of patients who used the service. These included diabetes clinics, baby clinics and asthma clinics.

An effective system of clinical audit was in place.

The provider supported multi-disciplinary working with other services.

Our findings

Promoting best practice

The practice followed current legislation and guidelines around best practice. This included the guidelines issued by the National Institute for Health and Care Excellence (NICE). Clinical meetings were held every month to discuss areas of improvement. We saw minutes of these meetings which documented these discussions.

The Quality Outcomes Framework (QOF) showed the practice was very good when compared to similar practices within Dorset.

The staff were aware of and followed the Gillick competency and Fraser guidelines. These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

The practice had a cycle of clinical audit to ensure they met and continued to meet recognised good practice.

Management, monitoring and improving outcomes for people

Patients told us they were offered health checks in addition to their routine appointments. These health checks were specific to patients age and sex. For example, well man and well woman clinics were provided.

A tracking system was in place at the practice. This service was provided to help vulnerable and elderly patients remain in their own homes for as long as possible. The tracker team worked with other health and social care providers in the area to support patients who were recently discharged from hospital. The aim of this service was to increase patients independence, improve their quality of life and to reduce hospital admissions.

There was a local carers group that had been created and set up by the practice for local carers. It was run by the practice and promoted by the practice.

An electronic prescription service (EPS) was in operation at the practice.

The electronic prescription service meant GPs would send prescriptions electronically to the place patients had chosen.

Are services effective?

(for example, treatment is effective)

This meant patients had more choice about where they got their medicines from because they could be collected from a pharmacy near to where they lived, worked or shopped. This also saved additional journeys to the practice to collect prescriptions.

Patients may also not have to wait as long at the pharmacy as repeat prescriptions would be ready before they arrived.

Staffing

Staff told us they were supported by managers and colleagues to carry out their roles. They believed they had sufficient training, support and supervision. We reviewed staff training files and saw all staff had completed relevant training on a regular basis. The practice manager was aware of each staff member's current level of training, knew when each person's training was due to be refreshed and kept detailed records of training courses and the dates that staff attended.

The staff told us, and records showed, there was a suitable program of supervision and appraisal.

Appropriate checks were carried out on staff before they started employment at the practice. We looked at two recruitment files and found references, employment

history, qualifications were present. The practice manager told us each member of staff had criminal records checks obtained before they took up employment at the practice. This meant staff were suitable to work with vulnerable people.

Working with other services

We saw evidence that showed the practice had a close working relationship with a local care home.

Health, promotion and prevention

The practice offered a range of clinics to support and promote the health of patients. These included diabetic clinics to control and reduce the disease in the community, Asthma clinics and phlebotomy clinics (blood tests).

Well man and well woman clinics had been set up to promote improved health for men and women and to help prevent conditions relevant to each sex.

Family planning, maternity and baby clinics were also run at the practice.

The practice offered a travel clinic to promote health and wellbeing when people went on holiday.

Are services caring?

Summary of findings

Overall, the practice was caring. Feedback received from comment cards and patient surveys showed that patients felt they were well cared for and their needs were met.

Patients also told us they were offered appropriate health checks as well as routine appointments.

There was access to a carers group to support patients and their carers. A tracker system ensured appropriate support was provided to vulnerable people who had recently been discharged from hospital.

Although patients in the waiting area could overhear conversations at reception, a private area was available for patients should they wish to discuss any confidential matter.

Our findings

Respect, dignity, compassion and empathy

The practice had an equality and diversity policy in place. Staff we spoke with were aware of the importance of treating people according to their individual needs and ensuring timely access to the service. All of the staff had received equality and diversity training within the past twelve months.

We reviewed the most recent patient satisfaction survey, completed in March 2014, and the comment cards. All of the patients felt they were treated with respect at all times. Patients said they were always treated with dignity and that staff were kind, caring and efficient.

The consultation rooms were fitted with privacy curtains and we saw that all doors were closed when consultations took place.

There was a chaperone policy in place at the practice. Patients were made aware of this through the patient information leaflet and through awareness posters in the surgery.

Involvement in decisions and consent

Patients we spoke with told us consent was always obtained before any examination took place. They also told us they were involved in decisions regarding their treatment and were able to talk through the choices available before making decisions.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Overall, the practice was responsive to patients needs. Patients had access to a hearing loop and a language telephone service.

There was a duty doctor system to triage requests for emergency appointments. If patients were unable to attend the practice then home visits were arranged if this was needed.

A number of specialist clinics took place to meet patients needs and these included baby clinics, diabetes clinics, well man and well woman clinics and a travel clinic.

The practice carried out patient satisfaction surveys and had regular meetings to discuss how the practice could be improved. A recent example was extending the opening hours to better meet patients needs.

Our findings

Responding to and meeting people's needs

The practice was aware of meeting the different needs of the patients it served. For example, we saw that a hearing loop was in place and this was advertised to patients at reception. The practice also had use of a language telephone service for those whose first language was not English. Patients in the waiting area commented that conversations could be heard at reception. There was an option for patients to have a discussion in private if they requested to do so.

One patient commented that the seats were all the same height in the waiting area. This made it difficult for some patients with mobility issues to sit down and get up.

All of the patients who left feedback cards or who we spoke with told us the GPs took their time and did not rush appointments. Patients explained they were offered appropriate health checks. These checks were used to monitor patients health and detect early symptoms of illness.

Access to the service

The practice manager told us that patients were able to make routine appointments three months in advance. Appointments could be made using the online booking system, in person and over the phone. The practice had started to use telephone text reminders for appointments.

The patient information leaflet explained how patients could get the best from their appointment. Patients we spoke with and comments we received on feedback forms explained that appointments with a named GP were not always easy to get. However, comments also stated that getting an appointment with any GP at the practice was fairly easy and straightforward.

We saw that there was a three hour gap in daily appointments between 11:00am and 2:00pm where no appointments were made. We asked about this gap with the practice manager, especially when patients had mentioned how difficult they found it trying to get an appointment with a named GP. The practice manager fully explained the process of patients phoning in for appointments on the day. The duty doctor would phone each patient back and offer a telephone consultation with each patient. The GP would then arrange for a patient to come in to the practice if it was deemed urgent enough or,

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

arrange to visit the patient at their home if the patient was too ill or infirm to attend the practice. This ensured that more patients could be seen and consulted with on a daily basis. Patients we spoke with were very complimentary about the duty doctor service that was provided.

We spoke with a GP who told us that although home visits were carried out, there was always space to see a walk in registered patient with an emergency.

Concerns and complaints

The practice carried out regular patient satisfaction surveys and patients were able to leave comments and feedback

through a drop box in the waiting area. A complaints policy was in place and we reviewed complaints that had been received. We found they were investigated and responded to appropriately and in a timely manner. One example was leaving specimen samples outside opening times.

Some patients stated they were not aware of the complaints process or system but we found details of this in the patient information leaflet and displayed around the practice.

Are services well-led?

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

Summary of findings

Overall, the service was well led. There was a business continuity plan in place to ensure continued running of the practice in the event of an emergency.

There were audits undertaken to ensure the practice was safe and continuing to meet regulations and guidelines.

Regular practice and partner meetings were held to discuss risks, complaints and methods of improving the practice.

The practice is a training practice for GPs and promotes learning and development.

Our findings

Leadership and culture

We spoke with the principal GP for the practice. They explained that the vision and plan for the future is to move to a new premises. Patients and staff explained that the premises was too small. The senior partner and practice manager explained that various sites for a new practice had been identified and that planning permission for one site had been unsuccessful.

Governance arrangements

The staff we spoke with told us they were clear about their roles and responsibilities. The practice manager explained the use of Locum staff when GPs were on leave or sick. They explained that a file was kept which held details of the relevant documents and checks to ensure locum staff were fully qualified and trained to fulfil the role. The practice manager explained how they also had a deputy to ensure continued smooth running of the practice.

Partner meetings were held on a monthly basis to ensure risks were identified and discussed and performance of the practice was considered and managed. Minutes showed these meetings discussed premises management, staffing levels and recruitment, clinical audits, significant events and training.

The practice had a business continuity plan which detailed roles and responsibilities in the event of an emergency or pandemic. A pandemic is a widespread infectious disease that affects the population on a mass scale. Appropriate plans were in place to ensure continued running of the service for example, in the event of fire, flood or disruption to service.

Systems to monitor and improve quality and improvement

The practice had clear systems of clinical audit to monitor and improve the quality of service it delivered. Audits were undertaken and the findings discussed. We saw examples of action plans to address any issues raised. The practice manager was proactive in ensuring audits were carried out regularly.

Are services well-led?

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

Patient experience and involvement

Patients were encouraged to feedback their views on the service they received. This was done through patient satisfaction surveys, feedback forms completed and left in the box at reception, direct verbal feedback and through patients groups such as a patient participation group.

We saw the practice had responded directly to patients comments. For example, the practice had extended its opening hours to cater for the needs of the working population. This meant patients could be seen before or after their work.

Minutes of meetings showed patients views were discussed on a regular basis.

Staff engagement and involvement

Staff explained that practice meetings were held at least monthly. These meetings consisted of training and development issues, comments that patients had made, feedback from the practice partners meeting and any other issues that affected the practice. We found minutes of these meetings were detailed and also included details of changes in national standards and guidelines.

Learning and improvement

The practice is an approved training and research practice. We saw patients were advised that, with their consent, they may be seen by a trainee GP. It was explained to patients through the patient information leaflet and information displayed in the practice that they are fully qualified doctors who are training to become a GP.

We spoke with patients regarding this and all were very happy seeing this GP. Patient told us they were happy with the longer appointment times.

We spoke with the GP in training. They told us they felt part of the team and were very well supported.

Identification and management of risk

The practice had suitable arrangement to ensure that risks were identified, understood and appropriately managed. We saw risk assessments had been carried out for fire and health and safety to ensure people who used the premises were safe. Any risks identified had detailed action plans to reduce the risk. We examined these action plans and found them to be specific, realistic with appropriate time scales to complete the actions.

Clinical audits had been carried out and the findings discussed at practice and partner meetings. We saw records of meetings where the findings were discussed and appropriate action plans were put in place. This ensured the practice continued to follow approved guidelines when treating patients.

Non clinical audits such as infection control, cleaning and waste management had been carried out. This meant patients were seen in a clean environment.

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 provided a service for patients within this population group.

We found patients were treated in a safe and caring environment. The practice had effective systems to ensure patients felt supported.

The practice had a local carers group and also a patient tracker system. This meant the practice was aware when patients were admitted and discharged from hospital and appropriate care could be provided.

We reviewed the practice policies and procedures on safeguarding vulnerable adults. We found there were appropriate systems in place to respond effectively to any concerns.

There was an effective duty doctor system to ensure patients could speak to or see a GP when needed.

Our findings

Safe

Older patients were treated in a safe environment. The practice had appropriate policies and procedures to ensure their safety. Staff had received training in safeguarding vulnerable adults. There were appropriate systems in place to respond appropriately with any concerns

Caring

Patients were cared for and supported by staff. Patients told us the attitude of the staff was good and they were treated with respect.

Effective

There was an effective duty doctor system to ensure patients could speak with or see a doctor when needed.

Responsive

The practice had a 'tracker' system in place. This meant the practice was able to contact patients on discharge from hospital and make referrals to appropriate community support that included services such as meals on wheels.

Well-led

Patients over 75 had a named GP. We saw evidence that showed the practice had informed patients who their named GP was.

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 provided a service for patients within this population group.

We found patients were treated in a safe and caring environment. The practice had effective systems to ensure patients were supported.

We reviewed the practice policies and procedures on safeguarding children and vulnerable adults. We found there were appropriate systems in place to respond effectively with any concerns.

There was an effective duty doctor system to ensure patients could speak with or see a GP when needed.

Our findings

Safe

Patients in this group were treated in a safe and caring environment. The provider had systems in place to ensure the health and safety of patients who used the service. The practice had policies and procedures in place to safeguard vulnerable adults

Caring

Patients in this group told us they were treated with respect and dignity and were supported in making decisions relating to their treatment.

Effective

Patients had access to a range of clinics to help meet their health needs.

Responsive

Patients were able to obtain appointments at a time that suited them.

Well-led

Patients had access to clinics specific to their illness. For example, asthma, diabetes and COPD. These helped patients to manage their conditions.

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 a service for patients within this population group.

We found patients were treated in a safe and caring environment. The practice had effective systems to ensure patients were supported.

We reviewed the practice policies and procedures on safeguarding vulnerable adults and children. We found there were appropriate systems in place to respond effectively with any concerns.

There was an effective duty doctor system to ensure patients could speak with or see a GP when needed.

Patients had access to Mother and baby clinics.

Our findings

Safe

The practice had safeguarding children and vulnerable adults policies. All of the staff had attended safeguarding training and there was a named safeguarding lead for the practice.

Caring

Patients were cared for and treated with respect and dignity. Vaccination clinics were held for babies and young children.

Effective

Maternity, baby and family planning clinics were available to ensure patients got the help and support they needed.

Responsive

Patients could get appointments at a time that suited their needs. If Mothers did not attend a clinic with their children, follow up phone calls were made. We saw evidence that where a patient had not attended three appointments and had failed to notify the practice, a referral had been made to local safeguarding board to ensure the safety and welfare of Mother and child.

Well-led

The practice held meetings to discuss any incidents and improve the quality of care offered.

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 a service for patients within this population group.

We found patients were treated in a safe and caring environment. The practice had effective systems to ensure patients were supported.

We reviewed the practice policies and procedures on safeguarding vulnerable adults and children. We found there were appropriate systems in place to respond effectively with any concerns.

There was an effective duty doctor system to ensure patients could speak with or see a GP when needed.

Patients had access to Mother and baby clinics.

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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.

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There was an effective duty doctor system to ensure patients could speak with or see a GP when needed.

Our findings

Safe

The practice had safeguarding vulnerable adults and children policy in place. Staff had attended recent safeguarding training. Further training and support for staff in relation to the Mental Capacity Act was given in protected learning time.

Caring

The staff we spoke with were aware of how to treat people according to their individual needs. Patients told us they were always treated with dignity, respect and kindness.

Effective

Patients had access to a range of clinics to help meet their health needs. These included well man and well woman clinics.

Responsive

Out of hours emergency cover was clearly advertised on the website and patient information leaflets. The practice was able to offer longer appointment times for patients with more complex health needs.

Well-led

The practice had named contact details for the local mental health team.