The Smithy Surgery

Quality Report

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

Summary of findings

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Summary of findings

Overall summary

The Smithy Surgery offers a range of services for its patient population. This includes routine prebookable appointments with General Practitioners (GPs), practice nurses and the health care assistant. They also allocate emergency GP appointments on the day, undertake home visits when necessary and there is an out of hours service available and is provided by Go to Doc.

During our visit we spoke with General Practitioners (GPs), the Practice Manager, the Practice Nurse, administration staff and six patients. We also spoke with members of the patient participation group (PPG).

We spoke with six patients who were very complimentary about the service they received. We also reviewed the results of patient questionnaires which were very positive about the practice.

Clinical decisions followed best practice guidelines.

The leadership team are approachable and visible. There are appropriate governance and risk management measures in place.

The practice is registered with the Care Quality Commission to deliver care under the following regulated activities: Diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease and disorder.

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. The management of the service had ensured that there were safeguarding procedures in place and had taken steps to ensure that staff followed these. Staff had received training in safeguarding children and vulnerable adults. Patients and carers that we talked with told us that they felt safe. There were effective medicines management processes in place, arrangements in place to deal with foreseeable emergences and equipment was checked and maintained.

Are services effective?

The service was effective. Care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met in a timely manner. There were enough qualified, skilled and experienced staff to meet patient's needs.

Are services caring?

The service was caring. All the patients we spoke to during our inspection were very complimentary about the service and said they were treated with dignity and respect. They also told us they were involved in decisions about their treatment and care and were always asked for consent. We observed examples of good interaction between patients and staff and noted that staff treated patients with respect and kindness and protected their dignity and confidentiality.

Are services responsive to people's needs?

The service was responsive to people's needs. There was an open culture within the organisation and a clear complaints policy. The provider participated actively in discussions with commissioners about how to improve services for patients in the area. We found that the provider had an effective system to ensure that, where needed, GP's could provide a consultation in patients' homes. The provider undertook continuing engagement with patients to gather feedback on the quality of the service provided.

Are services well-led?

The service was very well led. There was a strong and visible leadership team with a clear vision and purpose. Governance structures were in place and there was a robust system for managing risks.

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
We found that services provided for this population group were safe, effective, caring, responsive and well led. We found that treatment and care was delivered in line with the patients' needs and circumstances, including their personal expectations, values and choices.

People with long-term conditions
We found that services provided for this population group were safe, effective, caring, responsive and well led. The practice team ensured that patients with long term conditions were regularly reviewed by practice staff and their care was coordinated with other healthcare professionals when needed.

Mothers, babies, children and young people
We found that services provided for this population group were safe, effective, caring, responsive and well led. A variety of services and clinics were in place to ensure that the diverse and specialist needs of this population group were being met.

The working-age population and those recently retired
We found that services provided for this population group were safe, effective, caring, responsive and well led. The appointments system was regularly reviewed to try to maximise timely access to services for this population group.

People in vulnerable circumstances who may have poor access to primary care
We found that services provided for this population group were safe, effective, caring, responsive and well led. We did not encounter any barriers to access for this population group.

People experiencing poor mental health
We found that services provided for this population group were safe, effective, caring, responsive and well led. We did not encounter any barriers to access for this population group. There were systems in place to enable timely and appropriate referrals to be made to mental health services for patients if needed.

Summary of findings

What people who use the service say

We spoke to 6 patients, with members of the patient participation group (PPG) and reviewed the patient questionnaire summary from the provider.

Patients who used the services commented that they had always been treated with dignity and respect by staff including the doctors, nurses and receptionists. They said they always felt listened to and that staff were always professional, caring, polite, helpful and informative. Patients also commented that the environment had always been clean and hygienic. In particular patients commented that they really liked that they could get an emergency appointment on the day. All the patients we spoke with said they had no reason to complain about the service provided.

The Smithy Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC Inspector accompanied by two specialist advisers, a GP and a practice manager.

Background to The Smithy Surgery

NHS Tameside and Glossop Clinical Commissioning Group (CCG) is responsible for commissioning health services for the 240,300 people registered with their 42 member GP practices. The Smithy Surgery Practice has approximately 4,500 patients registered. There are three GP partners, a practice manager, two practice nurses and supporting administration staff.

The CCG works in five geographical localities: Ashton, Hyde, Stalybridge, Denton and Glossop. Four of the localities are within Tameside Metropolitan Borough, and Glossop lies within Derbyshire being served by Derbyshire County Council and High Peak Borough Council. The Smithy Surgery is within Hyde, Tameside.

Tameside is a borough of Greater Manchester in North West England. It borders Derbyshire to the east, the borough of Oldham to the north, the borough of Stockport to the south and the City of Manchester to the west.

Census data shows an increasing population and a lower than average proportion of Black and Ethnic Minority residents in Tameside.

Life expectancy in Tameside is 10.4 years lower for men and 8.8 years lower for women than the national average.

Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This practice had not been inspected before.

How we carried out this inspection

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

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

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

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

Before visiting and during the visit, we reviewed a range of information we hold about the service and asked other organisations to share what they knew about the service.

We carried out an announced visit on 21 May 2014. During our visit we spoke with a range of staff (GPs, practice

Detailed findings

manager, practice nurse, secretary and reception staff), spoke with patients who used the service and members of the PPG. We observed how people were being treated and cared for.

Are services safe?

Summary of findings

The service was safe. The management of the service had ensured that there were safeguarding procedures in place and had taken steps to ensure that staff followed these. Staff had received training in safeguarding children and vulnerable adults. Patients and carers that we talked with told us that they felt safe. There were effective medicines management processes in place, arrangements in place to deal with foreseeable emergencies and equipment was checked and maintained.

Our findings

Safe patient care

We saw evidence that the practice had addressed incidents and concerns when they had arisen in a timely way. We also saw that there were arrangements in place for reporting safety incidents and allegations of abuse which were in line with national and statutory guidance. There was a system in place for incident reporting and staff were encouraged to report any incidents or concerns promptly. When safety alerts came in they were reviewed by the practice manager then passed on to the appropriate GP Partner or nurse staff member as necessary. These would then be discussed at the regular staff and practice meetings. If necessary action would be taken in response to these.

Learning from incidents

We saw that investigations took place when a significant event had occurred. Staff told us they were involved in investigations of significant events when necessary. We reviewed the significant events which showed involvement of staff and patients in the process. The significant events included information about the incident itself, a description of what went well, what could have been done better and any learning and development needs. We saw that all events had been brought to a satisfactory conclusion, and any actions that were implemented as a consequence to prevent reoccurrence.

Safeguarding

The practice was able to identify the things that were most important to protect people from abuse and to promote safety. A proactive approach was taken to safeguarding. One of the partners took the lead role for safeguarding in the practice. There were safeguarding policies and procedures in place and these were understood and consistently implemented by staff. Staff told us that the practice had recently reviewed all its safeguarding information. We saw that relevant safeguarding information and contacts from the local authority were available for staff. The staff we spoke with were aware of these.

We also saw that staff had attended safeguarding vulnerable adults and children training, and that future training was planned. This will place as face to face training or eLearning.

Are services safe?

We saw safe records management by staff in the practice. Patient records were only accessible to those who needed to use them and information held on desktop computers could not be overlooked by people in the reception area.

Monitoring safety and responding to risk

We looked at staff personnel files in relation to safe recruitment practices. The recruitment process included checks to ensure new staff were appropriately qualified, experienced and had suitable references. Staffing levels and the skill mix was regularly reviewed to ensure patients were safe and that patients personal health needs were appropriately met.

Arrangements were in place for managing planned and unplanned staff absence. The practice ensured that locums who knew the practice well covered for the partners in their absence. We saw that a regular locum was covering for a GP at the time of our visit because the GP was attending training. There had been very few changes to the practice staff team over recent years and the GPs and other members of staff took the lead in respect of a wide range of clinical and non-clinical areas in order to ensure patients were being treated and supported by an appropriately recruited staff team.

Medicines management

The practice nurse was responsible for the management of medicines in the service. There were up to date medicines management policies and staff we spoke with were familiar with them. Medicines for use in the practice were kept securely in a treatment room and access to them was strictly controlled. There were medicine and equipment bags for doctors to take on home visits. We saw evidence that the bags were regularly checked to ensure that the contents were intact and in date.

We also saw that fridges, used specifically for the storage of medicines, temperatures were regularly checked and recorded to ensure that medicines remained effective within the recommended temperature range. Cold chain protocols were strictly followed. This is the uninterrupted storage of vaccines and medication which are maintained within a given temperature range. This was confirmed by staff.

Cleanliness and infection control

There were effective systems in place to reduce the risk and spread of infection. The treatment and consulting rooms were clean and well maintained with appropriate floor and surface coverings. There were dedicated hand washing facilities in each of the rooms. The appropriate hand washing procedure was displayed over the sinks as required and antibacterial hand wash and hand gel was available. We saw sharps containers that were fit for purpose and not overfilled.

We also saw evidence of an infection control local audit undertaken by a local NHS Trust that had gave the practice a score of 95.3%. We saw records that staff had attended infection prevention and control training and the staff we spoke with confirmed this. This meant that appropriate measures had been taken to ensure patients and staff were being protected from the potential spread of infection.

Staffing and recruitment

There was a practice recruitment policy in place that followed the principles and ethos of The Equality Act 2010. We looked at staff files which demonstrated that staff were provided with training and orientation on all the key aspects of their role as part of the induction process. During our inspection we looked at records relating to staff recruitment and induction. We saw records that confirmed that all staff had been through a recruitment process, references were confirmed and they had undergone identity checks prior to starting work at the practice. We also saw evidence that the provider had obtained a Disclosure and Barring Service (DBS) check for staff. indicating that appropriate checks were undertaken before staff began work.

Dealing with Emergencies

There was a proactive approach to anticipating potential safety risks, including changes in demand, disruption to staffing or facilities, or periodic incidents such as bad weather or illness. We reviewed the provider's business continuity plan that confirmed this. This included contingencies in what to do in the event of loss of surgery, utilities, telephones, IT systems and medical records. It also contained information on what to do if a doctor or other member of staff became incapacitated and what to do in the event of fire. Although the service had not needed to implement this plan they did carry out fire practices in line with this. The policy itself was regularly updated. We spoke with staff who all knew what to do in case of an emergency.

Equipment

Up-to-date emergency equipment and drugs were available for trained and competent staff working in the practice. We checked these and they were all in date. The

Are services safe?

practice nurse showed us the process for reordering out of date stock and the regular checklists. We also saw that staff training was planned for using the defibrillator. We saw that calibration checks of equipment, such as blood pressure monitors, scales, electrocardiography (ECG) machine, spirometer and fridge temperature monitors took place regularly and that the fire alarm was tested regularly and the emergency lighting monthly. We also saw there were maintenance contracts in place for other equipment in the practice such as the alarms systems.

Are services effective?

(for example, treatment is effective)

Summary of findings

The service was effective. Care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met in a timely manner. There were enough qualified, skilled and experienced staff to meet patient's needs.

Our findings

Promoting best practice

We saw that care and treatment was delivered in line with recognised best practice standards. Staff carried out comprehensive assessments which covered all health needs. Care and treatment was planned to meet identified needs and was reviewed. There were treatment plans in place for people with complex health needs. GPs and other clinical staff were trained to undertake appropriate medical examinations. Staff had access to the necessary equipment and were trained in its use, and carried out timely medical investigations when these were required

Management, monitoring and improving outcomes for people

The practice had an effective system to regularly assess and monitor the quality of service that people received. We spoke with patients who used the service who all told us they were very pleased with the quality of the treatment and support they had received from the practice. They told us they had found all staff at the practice to be very helpful and supportive.

The practice participated in clinical audit and peer review, which led to improvements in clinical care. We saw evidence that the practice acted upon the results of clinical audits, undertook re audits and this resulted in better outcomes for patients.

Staffing

All staff were appropriately qualified and competent to carry out their roles safely and effectively in line with best practice. This included appropriate checks being carried out when recruiting new staff. All new staff undertook a thorough induction on joining the practice. This included a period of shadowing another member of staff until they were competent to work individually. Staff we spoke with confirmed this.

The learning needs of staff were identified and training put in place which had a positive impact on patient outcomes. There were opportunities for professional development. There was a staff training plan which identified when staff were trained, training that was booked and when refresher training would be due. Staff training had been undertaken and future sessions were planned in a variety of subjects. These included clinical system training, child and adult safeguarding, cardiopulmonary resuscitation (CPR),

Are services effective?

(for example, treatment is effective)

equality and diversity, fire safety and fire marshal training, health, safety and security and infection control. Staff had also received training in information governance. The staff we spoke with confirmed they attended this training and that any other training would be identified in discussions with the management team of the practice.

We saw evidence of annual appraisals and revalidation of the doctors. This included GP update courses such as advanced communication and advanced resuscitation. One GP was the dementia lead for the CCG. The GPs demonstrated good team working by having regular communications meetings between staff. and had a peer review system in place. This is the evaluation of elements of an individual's performance by trained colleagues using a validation system to facilitate developmental feedback.

Working with other services

There was proactive engagement with other health and social care providers and other bodies to co-ordinate care and meet people's needs. Joint working arrangements which allow services to work together were in place and were regularly reviewed. There were effective partnership arrangements. There was effective communication, information sharing and decision making about a person's care across all of the services involved both internal and external to the organisation, in particular when a person had complex health needs. The GPs and nursing staff meet every day to discuss clinical matters and an individual's health needs.

Information was shared with the out of hours GP service when necessary via an online system. There was also good communication and links with the local long term conditions team and the palliative care team which helped to ensure that when more than one provider was involved in a patients care and treatment, or when they moved between different services care was seamless. This was because the provider effectively worked in co-operation with others.

Health, promotion and prevention

The practice identified people, including carers who may need ongoing support. The practice provided a number of specialist services, including diabetic clinic, antenatal, minor surgery, family planning, well woman, cervical smear, coil fitting, child immunisation, asthma clinic, well man, phlebotomy, in house counselling, smoking cessation, young person's clinic and travel advice and vaccination. New patients were offered a consultation to ascertain details of their past medical and family histories, social factors including occupation and lifestyle, medications and measurements of risk factors. These can be smoking, alcohol intake, blood pressure, height, weight and body mass index (BMI). These consultations were offered to newly registered children to support delivery of the Healthy Child Programme. Information on a range of topics and health promotion literature was readily available to patients and were up to date.

The practice demonstrated a commitment that ensured their patients had information about a healthy lifestyle. This included information about services to support them in doing this. There was a range of information available for patients displayed in the waiting area and on notice boards near reception. This included information about repeat prescription requests, patient questionnaires, information for carers and accessing medical records. People were encouraged to take an interest in their health and to take action to improve and maintain it. This included advising patients on the effects of their life choices on their health and well-being. All these indicated that the practice delivered effective health promotion and prevention to all its population groups.

Are services caring?

Summary of findings

The service was caring. All the patients we spoke to during our inspection were very complimentary about the service and said they were treated with dignity and respect. They also told us they were involved in decisions about their treatment and care and were always asked for consent. We observed examples of good interaction between patients and staff and noted that staff treated patients with respect and kindness and protected their dignity and confidentiality.

Our findings

Respect, dignity, compassion and empathy

Patients and those close to them were treated with respect. Staff in all roles put treating people with dignity at the heart of their work. Patients who used the service felt supported and well cared for. Staff responded compassionately to pain, discomfort and emotional distress in a timely and appropriate way. Although they have not had situations where they require to have an interpreter present, staff were able to demonstrate what they would do if a person did not speak English as their first language.

The practice did not tolerate disrespectful, discriminatory or abusive behaviour or attitudes from staff towards patients and those close to them. We observed staff being kind, caring, compassionate and seeking to build positive relationships with patients and those close to them. We observed staff spending time talking to people, or those close to them and establishing a good rapport with them.

Patients we spoke with valued their relationships with staff and experienced effective interactions with them. There was a mutual respect. Confidentiality was respected at all times when delivering care, in staff discussions with people and those close to them, and in any written records or communication. This included patients being able to talk in confidence with reception staff and consultation rooms that are lockable. Although the 2013 patient questionnaire survey review indicated that some people considered there to be a lack of confidentiality in the reception area, none of the patients we spoke with considered confidentiality to be an issue. An arrangement exists for private discussion between patients and non-clinical team members.

Involvement in decisions and consent

People's capacity to consent was assessed in line with the Mental Capacity Act 2005. People and those close to them, including carers, were supported to make informed choices and decisions. Where a person lacked the capacity to consent, assessments were undertaken and outcomes were recorded. This included when obtaining consent from children and included obtaining explicit informed consent where necessary. For example for any invasive or intimate procedures. There were systems in place to seek, record and review all consent decisions and they were implemented in line with relevant guidelines.

Are services caring?

The practice had a consent protocol in place. This was supplemented by patient consent forms covering all population groups. All staff involved patients and those close to them as partners in their own care. Patients felt involved in planning their care, choosing and making decisions about their care and treatment and were supported to do so where necessary. Depending on what procedure or intervention was to take place then consent was recorded electronically, for example for smears or immunisations. However all minor surgery undertaken at the practice required written consent. This was confirmed by a patient we spoke with.

Family, friends and advocates were involved as appropriate and according to the person's wishes. One patient told us that they were very confident that when they bring their children they do everything thoroughly and put the children at ease. Patients were supported to understand the assessment process, any diagnosis given and their options for care and treatment. Staff told us they offered patients a chaperone if wanted and they had all been trained to do this. Staff had effective communication skills.

People were communicated with in a way that they could understand and which was appropriate and respectful. This included information about appointments, services provided by the practice and health promotion advice. We observed staff being courteous and polite to all patients.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The service was responsive to people's needs. There was an open culture within the organisation and a clear complaints policy. The provider participated actively in discussions with commissioners about how to improve services for patients in the area. We found that the provider had an effective system to ensure that, where needed, GP's could provide a consultation in patients' homes. The provider undertook continuing engagement with patients to gather feedback on the quality of the service provided.

Our findings

Responding to and meeting people's needs

The practice actively engaged with commissioners of services, local authorities, other providers, the patient participation group (PPG), patients and those close to them to support the provision of coordinated and integrated pathways of care that meet people's needs. There was a practice information leaflet available for patients. It included information about staff and visiting health professionals such as district nurses, podiatrists and midwives, reception and surgery hours and out of hours. It also had information on what to do, if you had a problem, query or complaint.

Services were planned in a way that promoted person-centred and coordinated care, including for people with complex or multiple needs, good health and wellbeing, self-care and people's independence and also met the needs of people in vulnerable circumstances. During our visit we saw an example of a person with mobility needs being given an appointment to suit their circumstances. The provider also encouraged personal continuity of care by doctors and other team members. For example patients were given appointments with a named doctor if that was what an individual wanted. They also supported people to have a choice over being seen by a male or female member of staff. This was confirmed in conversation with staff and patients.

The practice ensured that there was a range of appropriate provision to meet needs, including capacity for appointments and services and ensured that the environment and facilities were appropriate and required levels of equipment were available. For example we observed that there was sufficient seating in the waiting area. Where the practice could not meet the needs of the different types of people it served, it worked with other local practices, services or commissioners to ensure their needs were met. Patients received support from the practice following discharge from hospital and the practice followed up test results for patients with secondary care services. All the patients we spoke with confirmed this.

The practice also provided home visits to the local supported living service. This is a service that allows people to live in a home environment but they require support regularly for their complex mental health and care needs from a variety of health and social care professionals,

Are services responsive to people's needs?

(for example, to feedback?)

including GPs from the Smithy Surgery. This demonstrated that they took into account the needs of people who experienced poor mental health. The Smithy Surgery provided suitable and appropriately equipped reception, consulting and treatment rooms to meet the needs of patients which included addressing the need for respecting privacy and dignity.

Access to the service

All the patients we spoke with told us that the appointments system was easy to use, supported choice and enabled people to access the right care at the right time. Patients were easily able to contact the practice to make an appointment. Opening hours met the needs of the practice population and were clearly stated with an out of hour's service available for patients once the practice was closed.

Patients were able to be assessed by a GP in a timely way which meets their needs. This included urgent appointments if needed or telephone consultations and home visits. According to the patient questionnaires we reviewed the 69% of patients said that access to the service by telephone was good or excellent. There were also comments that the internet and texting services offered for access to the service were very useful.

A suitable system to manage repeat prescriptions was in place. This included the requirement to conduct a medication review with patients on long term medicines at the practice on a regular basis. There was also a practice website that contained a lot of information for the patients, in particular about access to the service.

Concerns and complaints

Patients knew how to raise concerns or make a complaint. Patients, and those close to them, were encouraged to provide feedback about their care. The practice had a complaints policy and took account of complaints and comments to improve the service. The complaints policy and ways to give feedback were easy to use. People were informed about the right to complain further and how to do so, including providing information about relevant external second stage complaints procedures. Whilst none of those spoken with had needed to complain, they all said they would be able to talk to the staff if they were unhappy about any aspect of their treatment.

The practice was open and transparent about how it dealt with complaints and concerns and information from whistle-blowers. The results of the patient questionnaire survey for 2013 was published on their public website.

Are services well-led?

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

Summary of findings

The service was very well led. There was a strong and visible leadership team with a clear vision and purpose. Governance structures were in place and there was a robust system for managing risks.

Our findings

Leadership and culture

Quality was integral to the practice's strategy and there was an awareness of potential risks to quality. The Smithy Surgery had a mission statement that was to provide a developing, professional and caring service, treating all patients as equal without discrimination and to encourage all staff to realise their full potential and deliver high quality healthcare to all their patients. Staff were able to tell us about the values and ethos of the practice including the importance of compassion, dignity, respect and equality. Staff told us they felt valued by the practice and that their work was recognised by the partners. We also were told that GPs in the practice were active members of the Tameside and Glossop Clinical Commissioning Group (CCG), with one leading on dementia and another soon to take the lead for urgent care.

Governance arrangements

Governance arrangements were effective. Practice staff were clear about what decisions they were required to make, know what they were responsible for as well as being clear about the limits of their authority. It was clear who was responsible for making specific decisions, especially decisions about the provision, safety and adequacy of the care provided at practice level and this was aligned to risk. The practice ensured that any risks to the delivery of high quality treatment were identified and mitigated before they became issues which adversely impact on the quality of care.

The practice had governance processes in place to monitor the quality of the service. We saw audits in areas such as the infection prevention and control, health and safety and clinical audits. There were comprehensive policies and procedures in place. These included health and safety at work, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), emergency incidents, fire safety and infection control. Staff we spoke with were aware of the policies and procedures available for them.

Regular practice meetings took place. These meetings discussed a variety of management and clinical issues. Whilst staff and practice meetings regularly took place, and this was confirmed by staff, minutes of meetings and actions to be taken were not consistently recorded.

Are services well-led?

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

Systems to monitor and improve quality and improvement

The practice had clear management roles and responsibilities identified for the partner GPs. For example they took the lead for areas such as dementia, mental health, women and children's health and safeguarding. These arrangements were supported by clinical governance and quality checks (audits) that demonstrated safe, effective, responsive and well-led services continued to be provided. They also highlighted where improvement was needed.

We looked at the documentation relating to a range of checks such as clinical audits, infection control audits and health and safety checks in particular for fridges. These were completed regularly. Where issues were identified appropriate actions were identified implemented and reviewed.

There was evidence that the practice engaged with a wide range of health and social care services outside the practice. This was through the making of timely and appropriate referrals for patients and working with such services collaboratively.

Patient experience and involvement

The practice and all staff recognised the importance of obtaining and acting upon the views of patients and those close to them, including carers. A proactive approach was taken to seek a range of feedback. There was an active patient participation group (PPG) that collected patient feedback on behalf of the practice. We observed a member of the PPG engaging with patients during our visit and patients completed the questionnaires at the time of our visit. They were also offered the option of completing them at home.

We also reviewed minutes of the PPG meetings which took place monthly. We noted that GPs and other practice staff attended PPG meetings and that they also produced a newsletter for the practice, displayed information on notice boards and had a dedicated area on the surgery website. The PPG was actively involved in promoting the practice in the local area, in particular with one local primary school. Members of the group also attended CCG meetings.

The practice had a "patient questionnaire" which was completed, reviewed and acted upon where necessary.

One patient commented, "I would and have recommended this surgery to friends and relatives because of the excellent care given." We also noted that positive feedback about the surgery was reflected in the NHS England GP survey report published in late 2013. The results of the patient questionnaire survey for 2013 was published on the practice's public website.

Staff engagement and involvement

Staff felt supported, valued and motivated and told us they were treated fairly and compassionately. All administrative staff attended regular meetings with the practice manager. All staff we spoke with told us they were valuable and that they were allowed to have their input into the way services were delivered. One staff member told us that it was very busy but they did not feel pressurised, felt part of the team and knew their work and contribution was valued.

There was a strong team based working characterised by a cooperative, inter-disciplinary approach to delivering care in which decisions were made in the best interests of the patient. Staff had clearly defined tasks and roles. All staff we spoke with understood their role and how it supported patient treatment and care. This meant that the practice management took into account the views of staff and this enabled them to shape the future delivery of services.

Learning and improvement

There were defined areas of responsibility for every member of clinical and non-clinical staff. The team told us they had developed individual and team objectives. This allowed them to plan and develop a staff training plan. We saw evidence of this plan and staff confirmed that training had taken place and was planned for the future. This supported the governance and quality assurance measures taken at the practice and enabled staff to review and improve the quality of the services provided.

Identification and management of risk

The governance and quality assurance arrangements at the practice enabled risk to be identified and effectively managed. To achieve this risk assessments were regularly conducted in clinical and non-clinical risk areas. Where particular risks were identified action had been taken to minimise the risk.

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

We found that services provided for this population group were safe, effective, caring, responsive and well led. We found that treatment and care was delivered in line with the patients' needs and circumstances, including their personal expectations, values and choices.

Our findings

The provider offered a range of services for this age group. This included appointments that met the needs of patients who used the service. For example home visits were provided for those people unable to get to the surgery. Care was tailored to individual needs and circumstances, including a person's expectations, values and choices. Consideration was given to a carer's needs, particularly where they were an elderly carer. The practice ensured patients and carers received an appropriate coordinated and multi-disciplinary service in particular for those who had returned home including after hospital admission. Staff knowledge, skills and competence were appropriate to respond to the needs of this population group. This included advance communication skills for GPs. The service also provided a variety of information for this population group that included information for carers. If they GP considered a person may be suffering from mental ill health they would offer a cognitive assessment. They can also refer patients to the memory clinic for assessment and treatment.

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

We found that services provided for this population group were safe, effective, caring, responsive and well led. The practice team ensured that patients with long term conditions were regularly reviewed by practice staff and their care was coordinated with other healthcare professionals when needed.

Our findings

The service provided a variety of information for this population group. All staff had the knowledge, skills and competence to respond to the needs of this population group. Patients were referred to specialists if required in an appropriate and timely way. Health promotion advice and information related to long term conditions was available and included advice on self-management . There were practice nurse appointments available to meet the needs of patients. These included clinics for asthma and Chronic obstructive pulmonary disease (COPD). The practice had a chronic disease register which allowed them to monitor and regularly check those patients with long term conditions. If a patient was diagnosed with a long term condition then this was coded on their medical record and flagged up any ongoing support required.

Mothers, babies, children and young people

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

Summary of findings

We found that services provided for this population group were safe, effective, caring, responsive and well led. A variety of services and clinics were in place to ensure that the diverse and specialist needs of this population group were being met.

Our findings

There was a specific GP who was the lead for matters concerning this population group. There were clinics available to meet the needs of the patients. These were mother and baby clinics and sexual health clinics. One patient we spoke with told us they were able to see a midwife at the practice. We saw that children and young people were treated in an age appropriate way and were recognised as an individual, with their preferences considered. There was communication, information sharing and decision making with other agencies that included midwives, health visitors and the local primary school. Information, including on lifestyle advice on healthy living, was given to pre-expectant mothers, expectant mothers and fathers.

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

We found that services provided for this population group were safe, effective, caring, responsive and well led. The appointments system was regularly reviewed to try to maximise timely access to services for this population group.

Our findings

The service provided a variety of information for this population group. This included information on men's health, adult care and smoking cessation. The service also offered smear tests to patients when needed. The appointments system enabled access for this group and the practice was easy to contact. Alternatives were provided for people who were unable to attend the practice due to work commitments. This included a telephone triage system and the availability of an out of hours service.

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

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

Summary of findings

We found that services provided for this population group were safe, effective, caring, responsive and well led. We did not encounter any barriers to access for this population group.

Our findings

There were no barriers to accessing GP services for people in vulnerable circumstances. Staff told us that those with no fixed abode were able to register with the practice. Information on how to access GP services were made available to these groups. The practice had taken on temporary patients from a traveller community in order to meet their health needs.

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

We found that services provided for this population group were safe, effective, caring, responsive and well led. We did not encounter any barriers to access for this population group. There were systems in place to enable timely and appropriate referrals to be made to mental health services for patients if needed.

Our findings

There were no barriers to accessing GP services for people experiencing poor mental health. Staff had the skills, competences and knowledge to recognise and manage referrals of more complex mental health problems to the appropriate specialist services. Care was tailored to their individual needs and circumstances, including their physical health needs. This included health checks for people with serious mental illnesses. The service provided a variety of information for this population group. It included information about MIND, a mental health charity, and a bipolar self-help group. Staff informed us that if a patient had a specific mental health need then a detailed mental health care plan would be completed. This was done in co-operation with the patient or their carer. GPs also made home visits to a local supported living service to meet the needs of those who had experienced mental illness and did not feel safe attending the surgery.