Cerne Abbas 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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Overall summary

Cerne Abbas Surgery is situated in a rural village, seven miles from Dorchester at 51 Long Street, Cerne Abbas, Dorset. DT2 7JG. The practice is registered to provide the following regulated activities: diagnostic and screening services; treatment of disease disorder or injury; and maternity and midwifery services.

We spoke with six patients and reviewed seven comment cards that were sent to the practice prior to our inspection. We also spoke with GPs, reception staff, the practice manager and nurses who worked at the practice.

We found that the practice provided a safe, caring, effective, responsive and well led service.

Patients who used the practice considered that their health needs were met and they received an efficient and responsive service. They considered that their privacy and dignity were respected. Patients were involved in making decisions about their care and treatment.

The practice had suitable systems in place to identify and monitor risks to patients and took action to minimise risk of harm when needed.

GPs who worked at the practice used information from audits to learn and actions were taken to improve patient outcomes based on this information.

Staff were supported to carry out their role and were able to give their views on how the service was provided.

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 practice was safe.

- Learning from significant events was carried out and areas of best practice were shared with staff and other health care professionals.
- The practice had clear guidance on safeguarding vulnerable adults and children and staff were able to describe what they would do if they thought a patient was at risk of harm.
- The practice had suitable risk assessments and infection control processes in place to ensure patients were protected from the risk of harm. There was an emergency plan in case there were interruptions to the service provided, such as adverse weather or power failure.
- Medicines and prescriptions were handled and stored appropriately. There were procedures in place which ensured that checks of expiry dates were made and prescriptions written were able to be tracked.

Are services effective?

Overall services were effective.

- Regular audits of practice were carried out and GPs adhered to best practice protocols to ensure patients received effective treatment.
- Patients told us that they received the care and treatment they needed to meet their needs. When necessary they were referred to hospitals for investigations or further treatment.
- Staff who worked at the practice considered that they were supported to carry out their role and had sufficient equipment available for use.
- The practice worked with other health professionals and the Clinical Commissioning Group to monitor and improve patient outcomes by sharing good practice.
- Patients were provided with information on managing their condition and actions they could take to remain healthy.

Are services caring?

Overall the practice was caring.

- Patients who used the practice were treated with respect and their privacy and dignity maintained. Patients considered that

Summary of findings

the doctors and nurse listened to them and they were involved in decision making about care and treatment. Patients thought that they were given sufficient information with which to make a decision.
- When patients were not able to make a decision independently the practice had appropriate procedures in place for gaining consent and ensuring the patients best interests were upheld.
- The practice ensured that information about patients was kept confidential.

Are services responsive to people's needs?
Overall the practice was responsive.

- Patients were able to see a GP of their choice for routine appointments and arrangements were in place for urgent consultations.
- All of the patients we spoke with were happy with access to services and did not raise any concerns about making appointments.
- Patients were able to access care and treatment from other health professionals who worked with the practice to provide good outcomes.
- Concerns and complaints were thoroughly investigated and changes were made if required.

Are services well-led?
Overall the practice was well led.

- The practice had a clear vision on how they wanted the practice to develop and improve. This information was shared openly with all staff members of the team. Staff we spoke with considered that the practice leadership was open and supportive and they were supported to carry out their role. All staff who worked at Cerne Abbas Surgery were aware of the ethos of the practice of openness, support and being patient centred.
- There was a clear strategy in place for clinical governance arrangements and we found that improvements had been made to patient care as a result of audits.
- Staff told us that they could talk with any of the GPs or the practice manager if they had any ideas for improvement or any concerns and they were listened to and action taken if needed.
- Training for all staff was in place and this had been planned for to ensure staff were competent

Summary of findings

- Suitable systems were in place to monitor and manage risks to patients and staff. This meant that patients were treated and cared for in a safe environment.

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

- There were suitable procedures in place to identify and report concerns if staff considered a patient was at risk of being abused.
- Patients were treated with respect and their dignity and privacy maintained.
- Information was provided on keeping well and self-management of conditions.
- Patients were able to have an annual health check.
- The integrated nursing team worked with and independently of the GPs to provide care and treatment.
- Arrangements were in place for patient to see other health professionals, such as physiotherapists and tissue viability nurses.
- When a patient was receiving end of life care the practice worked with the local community hospital which specialised in palliative care.
- The practice had arranged social meetings once a month for patients who were at risk of being isolated. This also presented an opportunity for health promotion talks to be had.
- We saw that the practice was open and supportive of staff and patients and they were clear about the way the practice wanted to develop to ensure patients' needs were met.

People with long-term conditions

- There were suitable procedures in place to identify and report concerns if staff considered a patient was at risk of being abused.
- The practice offered a monitoring programme for those patients with long term conditions, such as asthma.
- Patients who used the practice were treated with respect and their privacy and dignity was respected
- Information was provided on current initiatives such as Dementia Awareness and Carers Week. This information was updated when new initiatives were launched.
- The integrated nursing team worked with and independently of the GPs to provide care and treatment.
- Arrangements were in place for patient to see other health professionals, such as physiotherapists and tissue viability nurses.

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- The practice arranged a social meeting once a month for patients who were at risk of being isolated. This also presented an opportunity for health promotion talks to be had.
- We saw that the practice was open and supportive of staff and patients and they were clear about the way the practice wanted to develop to ensure patients' needs were met.

Mothers, babies, children and young people

- There were suitable procedures in place to identify and report concerns if staff considered a patient was at risk of being abused.
- Patients who used the practice were treated with respect and their privacy and dignity was respected.
- Antenatal and post natal care was offered by the practice for pregnant women.
- Child development checks and vaccinations clinics were offered by the practice.
- We saw that the practice was open and supportive of staff and patients and they were clear about the way the practice wanted to develop to ensure patients' needs were met.

The working-age population and those recently retired

- There were suitable procedures in place to identify and report concerns if staff considered a patient was at risk of being abused.
- Patients who used the practice were treated with respect and their privacy and dignity was respected.
- Extended opening hours were offered so patients who had to work were able to access care and treatment at a time suitable for them.
- Vaccinations for travel and illnesses such as Hepatitis B were offered by the practice.
- When a patient was receiving end of life care the practice worked with the local community hospital which specialised in palliative care.
- Patients aged 40 to 74 years old were able to have a health check if they wanted one.
- We saw that the practice was open and supportive of staff and patients and they were clear about the way the practice wanted to develop to ensure patients' needs were met.

Summary of findings

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

- There were suitable procedures in place to identify and report concerns if staff considered a patient was at risk of being abused.
- Patients who used the practice were treated with respect and their privacy and dignity was respected.
- Information was provided on keeping well and self-management of conditions.
- The practice provided a room for the Citizen's Advice Bureau to carry out a morning session where patients could arrange to come and receive advice on social issues and state benefits.
- We saw that the practice was open and supportive of staff and patients and they were clear about the way the practice wanted to develop to ensure patients' needs were met.

People experiencing poor mental health

- There were suitable procedures in place to identify and report concerns if staff considered a patient was at risk of being abused.
- Patients who used the practice were treated with respect and their privacy and dignity was respected.
- Information was provided on keeping well and self-management of conditions.
- Community psychiatric nurses were contacted for advice or to provide treatment to patients.
- If needed a counsellor could offer appointments once a week
- The practice provided a room for the Citizen's Advice Bureau to carry out a morning session where patients could arrange to come and receive advice on social issues and state benefits.
- We saw that the practice was open and supportive of staff and patients and they were clear about the way the practice wanted to develop to ensure patients' needs were met.

Summary of findings

What people who use the service say

Six patients we spoke with were complimentary about the practice. They all considered that they had sufficient time when they saw their GP and considered their needs were met. Patients if they needed to be seen urgently, they were seen on the same day.

We reviewed the comments received from seven patients who used the practice. Words used to describe the service provision were excellent, outstanding and wonderful. All patients who responded considered that the GPs and nurse were attentive, considerate and treated them with respect. Patients told us their privacy was respected.

Patients described all staff who worked at the practice as knowing them personally and addressing them by their preferred name. Many of the patients had been registered with the practice for over ten years and would not consider moving anywhere else for their care.

Good practice

Our inspection team highlighted the following areas of good practice:

- A bi monthly newsletter to all patients which was also distributed with parish magazine.
- There is an established patient transport volunteer drivers who support patients who lived in rural locations to access the practice.
- A group called the “Giant Social Group” met monthly to provide an opportunity for social engagement and education on keeping well.
- . The practice had an Integrated Nursing team which was part funded by the practice, but management responsibility lay with the local NHS Trust. The team carried out home visits, dressing changes, catheterisations and palliative care.

Cerne Abbas Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP and a practice manager.

Background to Cerne Abbas Surgery

Cerne Abbas Surgery is situated in a rural village, seven miles from Dorchester at 51 Long Street, Cerne Abbas, Dorset. DT2 7JG.

Cerne Abbas Surgery is a rural dispensing practice which had approximately 4050 patients who mainly class themselves as White British with l% of patients being of other ethnicity.

Primary care services are provided for the residents a care home in Cerne Abbas as well as a smaller number of patients who live in other care homes throughout the practice area.

The practice has four GP partners, one who is full time and the others work part time. The practice manager is also a partner in the practice. There is an integrated nursing team in the practice which consists of practice nurses and health care assistants.

The practice operates a branch surgery at Hazelbury Bryan Village Hall on Wednesdays and Friday mornings. This starts at 10.30am and no appointment is necessary.

The practice is open between the hours of 9am to 1pm and 3.30pm to 6.10pm for appointments and telephone consultations. There is also a pre bookable Saturday morning surgery. Home visits can be made on request.

There is a dispensary on site which is open from 11am to 12.45pm and 3.30pm and 6pm Monday to Friday and 9am to 11am on Saturdays. Out of hours patients are advised to use the 111 service.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew about the service. These included Healthwatch, NHS England, Clinical Commissioning Group. We carried out an announced visit on 4 June 2014. During our visit we spoke with a range of staff including practice nurses, GPs, reception staff and the practice manager. We spoke with patients who used the practice. We reviewed comment cards where patients and members of the public shared their views and experiences of the practice.

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

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

Detailed findings

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

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

Are services safe?

Summary of findings

Overall the practice was safe.

- Learning from significant events was carried out and areas of best practice were shared with staff and other health care professionals.
- The practice had clear guidance on safeguarding vulnerable adults and children and staff were able to describe what they would do if they thought a patient was at risk of harm.
- The practice had suitable risk assessments and infection control processes in place to ensure patients were protected from the risk of harm. There was an emergency plan in case there were interruptions to the service provided, such as adverse weather or power failure.
- Medicines and prescriptions were handled and stored appropriately. There were procedures in place which ensured that checks of expiry dates were made and prescriptions written were able to be tracked.

Our findings

Safe patient care

We spoke with six patients, two of whom told us they felt safe when visiting the practice. One patient gave an example of when they came into the surgery with a chest infection, but during the consultations, other health problems were identified. Another patient said the dispensing service was excellent and there had never been any errors with their prescriptions. This meant that potential risks to patients care were minimised and patients received safe treatment.

We toured the premises and found that they were safe and maintained. For example, fire exits clearly marked and free from obstruction. A check of the fire alarm systems was carried out every three months and regular checks were made to ensure the hot water did not present a risk of burns or scalding. Water systems had been tested for Legionella and no concerns were identified. (Legionella is a bacteria found in water systems which can cause illness in patients). Records we saw confirmed this. This meant that patients were treated and cared for in a safe environment and risks to their health and safety were minimised.

Learning from incidents

We spoke with one GP who told us they had an ongoing programme of audits of treatment provided by the practice. They said they were currently reviewing nine of the care processes that the practice used to identify where improvements could be made.

There were clear policies and procedures in place for reporting and investigating significant incidents or events. Meetings were held monthly and were attended by relevant staff members such as nursing staff and dispensary staff to discuss areas identified for improvement. Information from these meetings was effectively cascaded to other staff who worked in the practice. Reviews of changes made were carried out to ensure they were effective. Staff we spoke with confirmed this. This meant that concerns were identified and acted upon and measures put into place to reduce risk to patients.

Safeguarding

The practice had clear and comprehensive polices for safeguarding vulnerable adults and children. The childrens policy included a table of how to escalate serious concerns. Both documents contained contact details of relevant

Are services safe?

authorities such as social services and the police. There was whistleblowing information available to practice staff in case they needed to contact external agencies/ stakeholders. If they did not feel comfortable or appropriate to discuss with the practice manager.

One GP told us they had raised a safeguarding alert about the care of a patient and was able to describe the processes and subsequent actions. However, they had not informed the Care Quality Commission of this alert.

All staff we spoke with were able to describe signs and symptoms of potential abuse and how they would report their concerns. This meant that patients were protected from harm.

The practice met on a six weekly basis with the local safeguarding team to discuss children at risk or on the Looked After Children register and any adults they had concerns about. This meant that information was shared appropriately to protected patients from the risk of harm.

Monitoring safety and responding to risk

Staff told us they had received training on basic life support and use of the defibrillator. One member of the reception team said they had on one occasion been required to administer emergency first aid when a patient collapsed in the waiting room. They said they knew what to do, due to the training they had received. We saw that the practice had emergency medicines and a defibrillator, these were checked to ensure medicines were within their expiry dates and the defibrillator was working on a regular basis, or if they had needed to be use on a patient. This meant that patients were protected from harm and immediate treatment could be given if needed.

Environmental checks were made of the premises on a daily basis and any areas identified that needed action were recorded and acted upon. Two comments received by the practice in the past 12 months concerns a carpet tile being loose, which presented a trip hazard Action was taken promptly to rectify the hazard.

Staff we spoke with all said they were flexible in their working patterns and would help at busy times, such as prior to or after a bank holiday. This meant that the practice was able to respond to changes in workload safely and effectively.

Medicines management

The practice operated a dispensing service which was open from 11am to 12.45pm in the mornings; 3.30pm to 6pm in the afternoons and 9am to 11am on a Saturday, excluding bank holidays. The dispensary lead was available for advice from 9am to 11am and 2pm to 3pm on Mondays to Fridays.

Medicines were also delivered to four collection points on request, due to the rural situation of the practice and limited transport links.

We spoke with the dispensary lead who informed us that they dispensed medicines to 98% of patients and those patients who needed regular blood test monitoring had this taken by one of the GPs. The dispensary lead said they had patients who were on medicines programmes to reduce their intake of illegal substances. They said that they were responsible for supervising the patients taking the prescribed medicine as agreed with their drug and alcohol therapists.

We were also told that any new prescriptions made during a consultation were sent through to the dispensary lead, if this was the patients' preference. There was a repeat prescriptions service in place, but only for medicines which did not require ongoing monitoring, such as those used to thin the blood.

The dispensary had recently changed its ordering system to be web based and this would allow them to effectively manage stock levels of medicines. This meant that medicines needed by patients would be available to dispense when needed. All dispensary staff received appropriate training in managing and handling medicines. This was confirmed by staff we spoke with.

The dispensary lead had suitable arrangements for storage of medicines which included controlled drugs and items which required cold storage in a fridge. Appropriate checks were made on the temperature of the fridge to ensure they were working within safe limits and controlled drugs register was maintained.

The dispensary lead describe one incident where the incorrect medicines was dispensed, action was taken to rectify the error and the introduction of using a bar code scanning hand held device has minimised the risk of this reoccurring.

The practice has a lead GP responsible for prescribing. We were told they regularly met with the dispensary lead or

communicated via email. The practice also acted on advice from the Clinical Commissioning Group (CCG) pharmacy lead. The practice were working on improving the rate of generic prescribing to meet the CCG target of 85% of medicines prescribed to be generic rather than brand named. The lead GP said they would take account of this target, but ensure that the patents needs and choice was paramount. Reviews of medicines were carried out regularly and when needed. This was confirmed on comments cards we received.

We were shown a copy of the Dispensary Risk Management Policy. We found that this gave guidance on incident reporting and audits of dispensing systems. Audits carried out as a result of this risk assessment was documented and action taken to rectify identified shortfalls. At the most recent audit in September 2013, it was identified that vaccines taken into the community had no control system in place to ensure they were stored at the correct temperature.(If a vaccine becomes too hot, above five degrees Celsius then this would make it ineffective and therefore a patient receiving the vaccine would not develop immunity). The practice purchased a thermometer to be carried in the bag with the vaccines, so staff could check the ambient temperature of the bag on arrival at their destination. Records were kept of this process which confirmed this.

Cleanliness and infection control

The practice had an infection control policy which covered the areas set out in the Health and Social Care Act 2008 Code of practice on the prevention and control of infections and related guidance. It also contained links to relevant websites to provide further information and advice. We noted that the policy required minor updating to reflect the change of Primary Care Trusts to Clinical Commissioning Groups (CCG). Audits of infection control practice had been carried out which included handling of specimens, hand hygiene and provision of personal protective clothing; for example, gloves. One patient commented that when their dressings were changed staff washed their hands at each stage of the process. For example, after the dirty dressings had been removed, before the new dressings were applied. We found that when needed an action plan was put into place and reviewed to ensure risk was minimised. This meant that patients were protected from the risks of cross infection.

The practice had a cleaning contractor responsible for domestic cleaning. There were daily and weekly cleaning schedules in place. We saw records which showed that this company carried out a monthly audit of the areas they were responsible for cleaning. When needed actions were taken to minimise risk. For example, we found an audit had identified that light diffusers were dusty; this was rectified promptly.

We spoke with reception staff who told us that they had supplies of gloves and aprons at the front desk and spillage kits (these are used specifically to dealt with blood contamination) in case these were needed. The practice had a contract in place for disposal of hazardous or contaminated waste. Records we looked at showed that waste products were disposed of safely. This meant that suitable arrangements were in place to ensure risks to staff and patients was minimised.

Staffing and recruitment

We spoke with the practice manager who told us that all staff had criminal records check carried out through the Disclosure and Barring Service. If locum GPs were used, for example, to cover absence then a DBS check was made via the GP performers list. (This is a list of GPs who are registered to practice). All new staff underwent an induction programme carried out by the practice manager. Records we looked at and staff we spoke with confirmed this.

Staff also told us that their duty roster was planned two months in advance; this meant that if cover was needed for any shifts staff could opt to do this. They also said they had protected time for administration tasks and there were clear roles and responsibilities for each team member. One nurse and a healthcare assistant told us that they worked well together. This meant that there were suitable procedures and processes in place to ensure staffing levels were planned and maintained to ensure patients received a safe service.

Dealing with Emergencies

We saw the practice had a business continuity plan. We found it covered areas such as failure of power supply, telephone system outage and adverse weather. The practice manager told us that the adverse weather policy had to be implemented when it snowed, as the village where the practice was situated gets snowed in. They said that they were able to access the computer system remotely and could rearrange appointments if needed.

Are services safe?

They added that they had buddy arrangements with other GP practice's if they were not able to use the premises. This meant that suitable arrangements were in place to ensure that patients were able to receive a service.

Equipment

Staff told us they had sufficient supplies of personal protective clothing and equipment to carry out their role.

We looked at the records of equipment checks carried out in the practice. We found that portable electrical appliance testing was carried out each year and equipment had been calibrated in line with manufacturer guidance. Patients could use a yellow hand rail and a ramp at the entrance to the practice This meant that patients who were visually impaired or had limited mobility could access the building more easily.

The practice had a defibrillator and emergency medicines available for use. These had been checked on a weekly basis to ensure they were safe to use if required.

This meant that suitable arrangements and checks were in place to ensure that equipment used was safe.

Are services effective?

(for example, treatment is effective)

Summary of findings

Overall services were effective.

- Regular audits of practice were carried out and GPs adhered to best practice protocols to ensure patients received effective treatment.
- Patients told us that they received the care and treatment they needed to meet their needs. When necessary they were referred to hospitals for investigations or further treatment.
- Staff who worked at the practice considered that they were supported to carry out their role and had sufficient equipment available for use.
- The practice worked with other health professionals and the Clinical Commissioning Group to monitor and improve patient outcomes by sharing good practice.
- Patients were provided with information on managing their condition and actions they could take to remain healthy.

Our findings

Promoting best practice

The practice carried out weekly education meetings where clinical outcomes for patients were discussed. These included referrals times for patients to hospital for their condition, such as suspected cancer. Other areas covered included a review of the flu vaccination programme to determine whether it had been effective and whether improvements were needed.

Quality outcome Framework (QOF is a system where practiced are audited against areas such as patient satisfaction, prescribing of medicines and management of long term conditions). Information we reviewed showed that in all areas audited the practice was similar to; tending towards better than expected; or better than expected in comparison to other practices in England.

The practice used a computer system which had templates for diagnosis and treatment based on best practice guidance. This meant that suitable processes and procedures were in place to ensure patients received appropriate effective treatment.

Management, monitoring and improving outcomes for people

Patients told us that they were well looked after and received excellent care and treatment. Examples given included referrals to hospitals and clinics for further treatment.

We saw that the nursing team and the GP worked with other health professionals to provide appropriate care for patients. For example, end of life care where specific handover forms were used to provide information to out of hour's providers and provision of anticipatory medicines. These are medicines which are used at the end of life to relive symptoms, such as pain and sickness.

Staffing

Staff we spoke with said that they received appropriate training and the practice was supportive of their learning needs. They said they had an appraisal each year and learning and development plans were put into place. Staff had received training on areas such as fire safety, safeguarding vulnerable patients and resuscitation. Records we looked at confirmed this.

Are services effective?

(for example, treatment is effective)

One member of staff said that they undertook community visits and there was a lone working policy in place which was effective and adhered to. Staff said that they covered for annual leave and sickness, but if needed locum staff would be employed and these tended to be staff who knew the practice well. This meant that patients were able to receive continuity of service and staff were supported to carry out their role.

Working with other services

The practice had an Integrated Nursing team which was part funded by the practice, but management responsibility lay with the local NHS Trust. The team carried out home visits, dressing changes, catheterisations and palliative care. On the day of our visit we observed a GP asking a member of the team to review a patients dressing after they had seen them. The nurse from the Integrated Nursing Team said that the patient did not have an appointment but they did not mind carrying this out to ensure that the patient received appropriate treatment. They added that GPs also worked flexibly with them if they needed assistance.

The lead nurse for the Integrated Nursing Team said that they had a specialist interest in respiratory medicines and advised the local Clinical Commission Group (CCG) on best practice.

We were also told that when needed other health professionals, such as speech and language therapists, tissue viability nurses, and community psychiatric nurses were contacted for advice or to provide treatment to patients. A physiotherapist employed by the NHS also carried out treatment at the practice twice weekly.

When a patient was receiving end of life care the practice worked with the local community hospital which specialised in palliative care. This meant that patients received appropriate and effective treatment.

Health, promotion and prevention

The nurses who worked at the practice had set up 'Giant Social Group' for patients who were at risk of being isolated. The group had 30 members and met on a monthly basis in the village hall for afternoon tea. External speakers were invited to give talks on health promotion and keeping well. This provided a support network for patients and an opportunity to engage with others socially.

We saw the practice had a large notice board which was regularly updated to provide information on current initiatives such as Dementia Awareness and Carers Week. This information was updated when new initiatives were launched.

There were health promotion leaflet available for patients to take home to read and covered areas such as sexual health and long term conditions. The practice website also had information on health promotion and self-management of conditions, with links to relevant information.

The practice offered routine health checks for over 75 year olds and those aged between 40 and 64 years of age, if patients requested them. Routine vaccinations clinics for children and travel arrangements were also offered. This meant there were arrangements in place to promote health and wellbeing.

Are services caring?

Summary of findings

Overall the practice was caring.

- Patients who used the practice were treated with respect and their privacy and dignity maintained. Patients considered that the doctors and nurse listened to them and they were involved in decision making about care and treatment. Patients thought that they were given sufficient information with which to make a decision.
- When patients were not able to make a decision independently the practice had appropriate procedures in place for gaining consent and ensuring the patients best interests were upheld.
- The practice ensured that information about patients was kept confidential.

Our findings

Respect, dignity, compassion and empathy

We spoke with six patients and reviewed the information on comments cards which had been sent to the practice before our inspection. In total we received seven comment cards.

All of the patients and comments cards showed that patients were treated with respect and their privacy and dignity respect. Comments made included that the practice offered a professional service, patients were treated with care and respect; and all staff were friendly. Other words used included excellent and wonderful.

We saw that staff demonstrated an awareness of patients social situation, as well as their health needs. For example, one nurse told us about a patient who they were due to see that day, who had recently suffered bereavement. They said they would also ask the patient how they were coping and whether any further support was needed.

The practice had a chaperone policy which gave clear guidance for staff. (A chaperone is a member of staff who supports patients when they were having a consultation or examination by a member of staff of the opposite sex.) Staff were able to describe situations when a chaperone would be required, for example during intimate examinations.

Patients we spoke with said that the reception staff were really good, knew their name and did not rush them. This all meant that patients were treated with respect and their privacy and dignity was maintained.

We discussed end of life care with one of the nurses. They said that anticipatory medicines were provided, along with appropriate equipment to support patients and staff providing care. (Anticipatory medicines are provided for patients who are being cared for at home to manage symptoms such as sickness and pain.) The nurse said they work with the local community hospital which specialises in end of life care, but most patients die at home as was their wish. A GP told us that at weekends there was a GP on call to offer telephone advice for patients who were receiving end of life care. This meant that patients wishes were respected and treated and care was provided to enable them to have a peaceful death.

Are services caring?

Involvement in decisions and consent

All patients and survey respondents told us they were involved in making decisions about their care and treatment. They said that their consent was obtained before receiving treatment. All members of staff we spoke with were able to describe best interests processes. This is when a patient may need support to make a decision and how they facilitated this. A nurse gave examples of how they would ensure that a patient understood the information given to them. This included use of a 'talking iPad' and involvement of the speech and language team. Also case conference were convened when needed for patients who were not able to consent, attendees at these meetings included social services and representatives for the patient. This meant that patients were involved in the decisions made and sufficient information was provided in order for them to give consent.

The practice had a specific policy in place for dispensary staff about confidentiality and consent which linked with their main policy. This clearly set out the process by which consent should be obtained and recorded. The policy also had guidance on gaining consent from patients aged under 16 years old and procedures that should be followed, such as checking the patients understanding. Particular attention had been paid to ensuring confidential information was not disclosed when people who were not the patient collected medicines. Staff we spoke with in the dispensary confirmed this. This meant that confidential information was protected and staff had suitable guidance to follow to ensure consent was obtained in the best interests of patients.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Overall the practice was responsive.

- Patients were able to see a GP of their choice for routine appointments and arrangements were in place for urgent consultations.
- All of the patients we spoke with were happy with access to services and did not raise any concerns about making appointments.
- Patients were able to access care and treatment from other health professionals who worked with the practice to provide good outcomes.
- Concerns and complaints were thoroughly investigated and changes were made if required.

Our findings

Responding to and meeting people's needs

All patients we spoke with and those who completed comment cards said they were able to get an appointment easily and they were not rushed during their appointment. One patient said that the GP would call them if they needed to discuss their care and treatment.

The practice manager told us that they used a triage system to book same day appointments and this was based on a risk assessment to determine whether an appointment was needed the same day, or the patent could wait until the next day. They said that the practice served a rural area where there was a high proportion of older patients who were at risk of becoming isolated and a high proportion of working patients. They said they made adjustments when patients required blood to be taken for testing, an example given was enabling working patients to have fasting bloods tests at the start of the session, so they would not be delayed in getting to work. The practice manager also said they had some volunteer drivers, and we hoping to expand this service which enabled older patients to access the practice The dispensary delivered medicines to four local villages to make it easier for patients to collect their prescriptions.

Other service offered at the practice included a visiting midwife, who carried out ante natal checks, a health visitor for baby checks and support for parents. A physiotherapist also carried out treatment at the practice twice weekly, and if needed a counsellor could offer appointments once a week. The practice provided a room for the Citizen's Advice Bureau to carry out a morning session where patients could arrange to come and receive advice on social issues and state benefits.

GPs told us that they provided minor surgery for mole removal or cysts. This meant patients could be seen quickly, without having to wait for an appointment at the local hospital.

Access to the service

All patients we spoke with and the seven patients who completed comment cards said they were able to get an appointment with the GP of their choice routinely and normally at a time convenient for them. They also said that if they needed to be seen urgently this was achieved on the same day. They said that the practice was efficient at

Are services responsive to people's needs?

(for example, to feedback?)

making referrals to other health care providers when needed, such as the local hospital. One patient commented that they would like to be informed if appointments were running more than ten minutes over time, but said that follow up care met all their needs. The practice manager told us that they normally inform patients when the GPs are running twenty minutes or more after the appointments times.

The practice ran a Saturday morning pre-bookable appointment for those patients who worked or had young children. An asthma clinic was run during the week and on a Saturday morning. The practice manager told us that appointments could be booked up to six weeks in advance for routine consultations and there was an evening surgery once a month.

Staff we spoke with considered the new computer system they were using was more effective, as it allowed them to put in a reason for the appointment and a suitable length of time was allocated for that appointment. For example, when patients needed a full health check.

The practice leaflet contained information on appointment times, the telephone consultation services and how to access out of hour's providers.

Concerns and complaints

The practice had a complaints policy which was displayed in the waiting area. This contained information on how to make a complaint and the timescales within which a response would be provided. The practice had last received a formal written complaint in 2011. Records showed that this had been investigated and action taken to resolve the situation to the patients satisfaction.

The practice had a suggestion box and any comments or concerns could be taken to a member of the reception staff or the practice manager. We looked at records which showed concerns the practice had dealt with via this route, action had been taken such as adjusting the external lighting to allow a patient to walk safely at night when the evenings were dark. None of the concerns raised were in relation to staff at the practice or the service provided. This meant that the practice responded appropriately to any comments or concerns they received and took action to resolve any issues.

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 practice was well led.

- The practice had a clear vision on how they wanted the practice to develop and improve. This information was shared openly with all staff members of the team. Staff we spoke with considered that the practice leadership was open and supportive and they were supported to carry out their role. All staff who worked at Cerne Abbas Surgery were aware of the ethos of the practice of openness, support and being patient centred.
- There was a clear strategy in place for clinical governance arrangements and we found that improvements had been made to patient care as a result of audits.
- Staff told us that they could talk with any of the GPs or the practice manager if they had any ideas for improvement or any concerns and they were listened to and action taken if needed.
- Training for all staff was in place and this had been planned for to ensure staff were competent
- Suitable systems were in place to monitor and manage risks to patients and staff. This meant that patients were treated and cared for in a safe environment.

Our findings

Leadership and culture

One GP described the practice ethos as clear and one which provided holistic care for patients. A nurse described the culture as being like a family; and staff worked well together as a team. They said they received information quickly and were able to comment on the service provision. Another GP we spoke with said they considered the practice was open and supportive and they listened to comments made by other staff on improvements that could be made. We saw that the practice was open and supportive of staff and patients and they were clear about the way the practice wanted to develop to ensure patients needs were met. All staff had clear roles and responsibilities and they demonstrated accountability for their practice..

Practice meetings were held monthly to discuss business planning and involved nurses and GPs. Other meetings arranged by the practice included meetings for reception staff and health care assistants, as well as whole practice meetings. One GP said that they had half away days for strategic planning. All staff we spoke with considered the practice was open and supportive and the primary focus was patient care. This meant that patients were treated and cared for by a cohesive team who worked well together to provide the best possible outcomes for their patients.

Governance arrangements

All staff we spoke with were aware of the importance of keeping personal information confidential. They said that computer systems were password protected and there was a clear desk policy in place for the end of the working day. The practice had a contract in place for secure destruction of confidential waste which contained patients personal details. Staff had also received training on governance of confidential information. Protocols were in place for dealing with requests for information; these were in line with guidance contained in the Data Protection Act 1995. This meant that information about patients was only shared when needed and destroyed when it was no longer required.

We saw a white board with information on patients who were receiving end of life care in the nurses office. We found that a number rather than the patients name had been used to identify the patient. This meant that their identity and confidentiality was protected.

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 a range of meetings at which they would discuss quality of service provision. These included significant events meetings every 6 to 8 weeks where any incidents that had occurred were discussed and action taken to minimise reoccurrence. Attendees at these meetings included GPs, the practice manager and dispensary manager. Other meetings were held on a monthly basis for nursing staff, palliative care and a whole practice meeting. When needed action was taken to improve quality.

Patient experience and involvement

The practice had a virtual Patient Participation Group (PPG). The representatives of the group included patients who were parents of young children, those in full time work and the recently retired. A survey had been carried out recently, results of which were available in January 2014. We saw an action plan had been put into place for areas which had been identified for action for the forthcoming year. Overall patients were satisfied with the service provision and the care and treatment they received.

The practice sent a bi-monthly newsletter to all patients and also included the newsletter in the parish magazines to inform them how the practice was operating.

Patients we spoke with and comments received showed that if they had any concerns they were able to speak with a member of staff and action would be taken. All of the respondents did not have any concerns about the way the practice was run. We saw there was a suggestion box situated in the waiting area which could only be accessed by the practice manager. We also saw letters and cards which complimented the practice on its service. This meant there were suitable arrangements in place for patients to comment and influence how the practice was run.

Staff engagement and involvement

All staff told us that they were well supported and involved in the running of the practice. They said they had meetings where they were able to comments on the service provision. Ideas that staff had about improvements to practice were listened to an acted upon. The staff added that they could approach any GP or the practice manager when needed to discuss the service provision at any time. This meant that staff were actively engaged and involved in the running of the practice.

Learning and improvement

Staff considered there training and appraisal system was effective and they had clear training and development plans which were adhered to. Training provided included fire safety and resuscitation. One nurse told us that the practice was in the process of obtaining the Gold Standard framework for end of life care. We saw records which confirmed this. This meant that the practice was consistently developing and improving.

Identification and management of risk

The practice had a nominated member of staff for health and safety. We looked at records and found that a review of the premises was carried out in December 2013, which covered the fabric of the building; heating systems and flooring. No concerns were identified for action. The policy for health and safety had been reviewed and was up to date. Other systems for identifying and managing risks included clinical audits and significant event analysis. Records we saw confirmed this. This meant there were suitable systems in place to identify and manage 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

- There were suitable procedures in place to identify and report concerns if staff considered a patient was at risk of being abused.
- Patients were treated with respect and their dignity and privacy maintained.
- Information was provided on keeping well and self-management of conditions.
- Patients were able to have an annual health check.
- The integrated nursing team worked with and independently of the GPs to provide care and treatment.
- Arrangements were in place for patient to see other health professionals, such as physiotherapists and tissue viability nurses.
- When a patient was receiving end of life care the practice worked with the local community hospital which specialised in palliative care.
- The practice arranged a social afternoon once a month for patients who were at risk of being isolated. This also presented an opportunity for health promotion talks to be had.
- We saw that the practice was open and supportive of staff and patients and they were clear about the way the practice wanted to develop to ensure patients needs were met.

Our findings

Safe

The practice had policies and procedures in place for staff to follow if they suspected older people were at risk of harm. These clearly stated who to report any concerns to and actions that should be taken. Staff were able to describe what they would do if they thought a patient was at risk of harm or witnessed any concerning incidents. This meant that patients were protected from the risk of abuse.

Caring

Patients who used the practice were treated with respect and their privacy and dignity was respected. This was confirmed by patients we spoke with and comment cards received.

Effective

We saw the practice had a large notice board which was regularly updated to provide information on current initiatives such as Dementia Awareness and Carers Week. This information was updated when new initiatives were launched.

There were health promotion leaflet available for patients to take home to read and covered areas such as sexual health and long term conditions. The practice's website also had information on health promotion and self-management of conditions, with links to relevant information.

The practice offered routine health checks for over 75 year olds, if patients requested them. This meant there were arrangements in place to promote health and wellbeing.

Responsive

The practice had an Integrated Nursing team which was part funded by the practice, but management responsibility lay with the local NHS Trust. The team carried out home visits, dressing changes, catheterisations and palliative care.

Older people

The lead nurse for the Integrated Nursing Team said that they had a specialist interest in respiratory medicines and advised the local Clinical Commission Group (CCG) on best practice.

We were also told that when needed other health professionals, such as speech and language therapists, tissue viability nurses, and community psychiatric nurses were contacted for advice or to provide treatment to patients.

When a patient was receiving end of life care the practice worked with the local community hospital which specialised in palliative care. This meant that patients received appropriate and effective treatment.

The nurses who worked at the practice had set up 'Giant Social Group' for patients who were at risk of being isolated. The group had 30 members and met on a monthly basis in the village hall for afternoon tea. External speakers were invited to give talks on health promotion and keeping well. This provided a support network for patients and an opportunity to engage with others socially.

A physiotherapist employed by the NHS also carried out treatment at the practice twice weekly, and if needed a counsellor could offer appointments once a week. The practice provided a room for the Citizen's Advice Bureau to carry out a morning session where patients could arrange to come and receive advice on social issues and state benefits.

Staff we spoke with considered the new computer system they were using was more effective, as it allowed them to put in a reason for the appointment and a suitable length of time was allocated for that appointment. For example, when patients needed a full health check.

Well-led

The practice was well led. We saw that the practice was open and supportive of staff and patients and they were clear about the way the practice wanted to develop to ensure patients needs were met. All staff had clear roles and responsibilities and they demonstrated accountability for their practice.

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

- There were suitable procedures in place to identify and report concerns if staff considered a patient was at risk of being abused.
- The practice offered a monitoring programme for those patients with long term conditions, such as asthma.
- Patients who used the practice were treated with respect and their privacy and dignity was respected
- Information was provided on current initiatives such as Dementia Awareness and Carers Week. This information was updated when new initiatives were launched.
- The integrated nursing team worked with and independently of the GPs to provide care and treatment.
- Arrangements were in place for patient to see other health professionals, such as physiotherapists and tissue viability nurses.
- The practice arranged a social afternoon once a month for patients who were at risk of being isolated. This also presented an opportunity for health promotion talks to be had.
- We saw that the practice was open and supportive of staff and patients and they were clear about the way the practice wanted to develop to ensure patients needs were met.

Our findings

Safe

The practice had policies and procedures in place for staff to follow if they suspected patients were at risk of harm. These clearly stated who to report any concerns to and actions that should be taken. Staff were able to describe what they would do if they thought a patient was at risk of harm or witnessed any concerning incidents. This meant that patients were protected from the risk of abuse.

Caring

Patients who used the surgery were treated with respect and their privacy and dignity was respected. This was confirmed by patients we spoke with and comment cards received.

Effective

We saw the practice had a large notice board which was regularly updated to provide information on current initiatives such as Dementia Awareness and Carers Week. This information was updated when new initiatives were launched.

There were health promotion leaflet available for patients to take home to read and covered areas such as sexual health and long term conditions. The practice's website also had information on health promotion and self-management of conditions, with links to relevant information.

The lead nurse for the Integrated Nursing Team said that they had a specialist interest in respiratory medicines and advised the local Clinical Commission Group (CCG) on best practice. Clinics for long term condition such as asthma and respiratory condition were offered.

People with long term conditions

We were also told that when needed other health professionals, such as speech and language therapists, tissue viability nurses, and community psychiatric nurses were contacted for advice or to provide treatment to patients.

This meant there were arrangements in place to promote health and wellbeing.

Responsive

The practice had an Integrated Nursing team which was part funded by the practice, but management responsibility lay with the local NHS Trust. The team carried out home visits, dressing changes, catheterisations and palliative care.

The lead nurse for the Integrated Nursing Team said that they had a specialist interest in respiratory medicines and advised the local Clinical Commission Group (CCG) on best practice.

We were also told that when needed other health professionals, such as speech and language therapists, tissue viability nurses, and community psychiatric nurses were contacted for advice or to provide treatment to patients.

The practice provided a room for the Citizen's Advice Bureau to carry out a morning session where patients could arrange to come and receive advice on social issues and state benefits.

Staff we spoke with considered the new computer system they were using was more effective, as it allowed them to put in a reason for the appointment and a suitable length of time was allocated for that appointment. For example, when patients needed a full health check.

Well-led

The practice was well led. We saw that the practice was open and supportive of staff and patients and they were clear about the way the practice wanted to develop to ensure patients needs were met. All staff had clear roles and responsibilities and they demonstrated accountability for their practice.

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

- There were suitable procedures in place to identify and report concerns if staff considered a patient was at risk of being abused.
- Patients who used the practice were treated with respect and their privacy and dignity was respected.
- Antenatal and post natal care was offered by the practice for pregnant women.
- Child development checks and vaccinations clinics were offered by the practice.
- We saw that the practice was open and supportive of staff and patients and they were clear about the way the practice wanted to develop to ensure patients needs were met.

Our findings

Safe

The practice had clear and comprehensive polices for safeguarding vulnerable adults and children. The children's policy included a table of how to escalate serious concerns. Both documents contained contact details of relevant authorities such as social services and the police. This meant that patients were protected from the risk of abuse.

Caring

Patients who used the practice were treated with respect and their privacy and dignity was respected. This was confirmed by patients we spoke with and comment cards received.

The practice had a specific policy in place for dispensary staff about confidentiality and consent which linked with their main policy. This clearly set out the process by which consent should be obtained and recorded. The policy also had guidance on gaining consent from patients aged under 16 years old and procedures that should be followed, such as checking the patients understanding.

Effective

There were health promotion leaflet available for patients to take home to read and covered areas such as sexual health and child health and vaccination programmes. The practice website also had information on health promotion and self-management of conditions, with links to relevant information.

Parents with young children were able to have them vaccinated against illnesses such as measles, mumps and rubella. This meant that young children could be protected against illness.

Responsive

Child development checks were offered at six weeks of age, at the same time as post natal checks. Appointments could be made with health visitors to carry out development

Mothers, babies, children and young people

checks for children aged two to two and half years old, if a parent requested this. This meant that the health and welfare of children was monitored and treatment could be offered if needed.

Antenatal care was carried out at the practice and this was led by the GP and a midwife. Pregnant women could opt to have shared care with a hospital consultant. This meant a pregnant woman could choose where they wanted to receive treatment whilst pregnant.

The practice provided a room for the Citizen's Advice Bureau to carry out a morning session where patients could arrange to come and receive advice on social issues and state benefits.

Well-led

The practice was well led. We saw that the practice was open and supportive of staff and patients and they were clear about the way the practice wanted to develop to ensure patients needs were met. All staff had clear roles and responsibilities and they demonstrated accountability for their practice.

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

- There were suitable procedures in place to identify and report concerns if staff considered a patient was at risk of being abused.
- Patients who used the practice were treated with respect and their privacy and dignity was respected.
- Extended opening hours were offered so patients who had to work were able to access care and treatment at a time suitable for them.
- Vaccinations for travel and illnesses such as Hepatitis B were offered by the practice.
- When a patient was receiving end of life care the practice worked with the local community hospital which specialised in palliative care.
- Patients aged 40 to 74 years old were able to have a health check if they wanted one.
- We saw that the practice was open and supportive of staff and patients and they were clear about the way the practice wanted to develop to ensure patients needs were met.

Our findings

Safe

The practice had policies and procedures in place for staff to follow if they suspected patients were at risk of harm. These clearly stated who to report any concerns to and actions that should be taken. Staff were able to describe what they would do if they thought a patient was at risk of harm or witnessed any concerning incidents. This meant that patients were protected from the risk of abuse.

Caring

Patients who used the practice were treated with respect and their privacy and dignity was respected. This was confirmed by patients we spoke with and comment cards received.

Effective

The practice offered extended opening hours for patients who were working or had other responsibilities which meant they were not able to access the practice during normal opening hours. For example, there was a pre booked appointment session on Saturday mornings and an evening surgery once a month. We found that there was a duty doctor system operational in the mornings to see urgent cases. These appointments were made by GP after a telephone consultation with a patient. GPs also undertook telephone consultations for those patients who did not wish or need to attend the surgery. Adjustments were made for appointment times for patients who were working, for example, blood tests for fasting blood sugar level blood tests were taken first thing in the morning. This meant that patients could receive care and treatment at a time suitable for their working patterns.

There were health promotion leaflet available for patients to take home to read and covered areas such as sexual health and long term conditions. The practice's website also had information on health promotion and self-management of conditions, with links to relevant information.

The practice offered routine health checks for over 75 year olds and those aged between 40 and 64 years of age, if

Working age people (and those recently retired)

patients requested them. Routine vaccinations clinics for children and travel arrangements were also offered. This meant there were arrangements in place to promote health and wellbeing.

When a patient was receiving end of life care the practice worked with the local community hospital which specialised in palliative care. This meant that patients received appropriate and effective treatment.

Responsive

The practice provided a room for the Citizen's Advice Bureau to carry out a morning session where patients could arrange to come and receive advice on social issues and state benefits. Staff we spoke with considered the new computer system they were using was more effective, as it allowed them to put in a reason for the appointment and a suitable length of time was allocated for that appointment. For example, when patients needed a full health check.

Well-led

The practice was well led. We saw that the practice was open and supportive of staff and patients and they were clear about the way the practice wanted to develop to ensure patients needs were met. All staff had clear roles and responsibilities and they demonstrated accountability for their practice.

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

- There were suitable procedures in place to identify and report concerns if staff considered a patient was at risk of being abused.
- Patients who used the practice were treated with respect and their privacy and dignity was respected.
- Information was provided on keeping well and self-management of conditions.
- The practice provided a room for the Citizen's Advice Bureau to carry out a morning session where patients could arrange to come and receive advice on social issues and state benefits.
- We saw that the practice was open and supportive of staff and patients and they were clear about the way the practice wanted to develop to ensure patients needs were met.

Our findings

Safe

The practice had clear and comprehensive polices for safeguarding vulnerable adults and children. The children's policy included a table of how to escalate serious concerns. Both documents contained contact details of relevant authorities such as social services and the police.

Caring

Patients who used the practice were treated with respect and their privacy and dignity was respected. This was confirmed by patients we spoke with and comment cards received.

Effective

There were health promotion leaflet available for patients to take home to read and covered areas such as sexual health and long term conditions. The practice's website also had information on health promotion and self-management of conditions, with links to relevant information.

The practice offered routine health checks for over 75 year olds and those aged between 40 and 64 years of age, if patients requested them. Routine vaccinations clinics for children and travel arrangements were also offered. This meant there were arrangements in place to promote health and wellbeing.

We were told that when needed other health professionals, such as speech and language therapists, tissue viability nurses, and community psychiatric nurses were contacted for advice or to provide treatment to patients.

Responsive

The practice provided a room for the Citizen's Advice Bureau to carry out a morning session where patients could arrange to come and receive advice on social issues and state benefits.

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

Well-led

The practice was well led. We saw that the practice was open and supportive of staff and patients and they were clear about the way the practice wanted to develop to ensure patients needs were met. All staff had clear roles and responsibilities and they demonstrated accountability for their practice.

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

- There were suitable procedures in place to identify and report concerns if staff considered a patient was at risk of being abused.
- Patients who used the practice were treated with respect and their privacy and dignity was respected.
- Information was provided on keeping well and self-management of conditions.
- Community psychiatric nurses were contacted for advice or to provide treatment to patients.
- If needed a counsellor could offer appointments once a week
- The practice provided a room for the Citizen's Advice Bureau to carry out a morning session where patients could arrange to come and receive advice on social issues and state benefits.
- We saw that the practice was open and supportive of staff and patients and they were clear about the way the practice wanted to develop to ensure patients needs were met.

Our findings

Safe

The practice had clear and comprehensive polices for safeguarding vulnerable adults and children. The children's policy included a table of how to escalate serious concerns. Both documents contained contact details of relevant authorities such as social services and the police.

Caring

Patients who used the practice were treated with respect and their privacy and dignity was respected. This was confirmed by patients we spoke with and comment cards received.

Effective

There were health promotion leaflet available for patients to take home to read and covered areas such as sexual health and mental health problems. The practice's website also had information on health promotion and self-management of conditions, with links to relevant information.

We were told that when needed other health professionals, such as speech and language therapists, tissue viability nurses, and community psychiatric nurses were contacted for advice or to provide treatment to patients.

Responsive

Services offered at the practice included a visiting midwife, who carried out ante natal checks, a health visitor for baby checks and support for parents. A physiotherapist also carried out treatment at the practice twice weekly, and if needed a counsellor could offer appointments once a week. The practice provided a room for the Citizen's Advice Bureau to carry out a morning session where patients could arrange to come and receive advice on social issues and state benefits.

Well-led

The practice was well led. We saw that the practice was open and supportive of staff and patients and they were

People experiencing poor mental health

clear about the way the practice wanted to develop to ensure patients needs were met. All staff had clear roles and responsibilities and they demonstrated accountability for their practice.