

Moordown Medical Centre

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

Moordown Medical Centre, 2a Redhill Crescent, Moordown, Bournemouth, Dorset, BH9 2XF is a GP practice located in Moordown and provides healthcare to approximately 8250 registered patients. The practice is registered to provide the following regulated activities: Diagnostic and screening procedures; Family planning; Maternity and Midwifery services; Surgical procedures; and Treatment of disease, disorder or injury.

We spoke with the Registered Manager, the Practice Manager, practice nurses, staff, patients and their relatives.

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice was clean and tidy and systems were in place to identify and manage health and safety risks. There were sufficient arrangements to manage the risks associated with infection prevention and control and evacuation of the building in an emergency.

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

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

Patients told us they felt safe and well cared for.

Are services effective?

Overall, services at the practice were effective.

Patients were assessed and treated in line with current legislation and guidelines.

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

An effective system of clinical audit was in place. The practice supported multi-disciplinary working with other services.

Are services caring?

Overall, the practice was caring.

Feedback received from patients and patient satisfaction surveys showed that patients felt they were well cared for and their needs were met.

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

Patients privacy and dignity were respected.

There was access to local groups to support patients and their carers. Appropriate support was provided to vulnerable people.

Are services responsive to people's needs?

Overall, the practice was responsive to patients needs.

Summary of findings

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

A number of health clinics took place to meet patients needs. These included baby clinics, diabetes clinics and a travel clinic.

The practice carried out patient satisfaction surveys and had regular meetings to discuss how the service could be improved.

Are services well-led?

Overall, the practice was well led.

There was a business continuity plan in place to ensure continued running of the service in the event of an emergency.

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

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

The practice was proactive in recognising potential risks to the health of patients.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

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

The practice had procedures to safeguard vulnerable adults from abuse. The staff had completed equality and diversity training which meant patients were treated according to their individual needs.

Patients were able to speak with or see a GP when needed and the practice was accessible for people with mobility issues.

Annual flu vaccinations for older people meant patients were protected from the risk of flu during winter time.

People with long-term conditions

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

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

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

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

Mothers, babies, children and young people

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

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

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

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

The working-age population and those recently retired

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

Summary of findings

Patients were able to access the service at a time that suited them and they were treated according to their individual needs.

The practice had extended opening hours which meant patients could attend the surgery without it affecting their work life.

Relevant health and screening clinics were available to detect and prevent illness and promote general health and wellbeing.

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

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

Patients were treated in an environment that was safe and by staff who could respond appropriately to any safeguarding concerns.

Patients were referred to relevant health clinics to help them manage their conditions and improve their quality of life.

People experiencing poor mental health

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

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

We reviewed the practice policies and procedures on safeguarding children and vulnerable adults. We found there were appropriate systems in place to respond effectively to any concerns. This included contacting patients who had failed to turn up for an appointment.

Patients were referred to other services, such as community psychiatry and counselling services to help them understand their condition and improve their quality of life.

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

Summary of findings

What people who use the service say

We spoke with 14 patients and reviewed comments cards and the patient satisfaction survey from March 2014. All of the patients we spoke with told us they felt well cared for and were treated with dignity and respect at all times.

Patients were given referrals to appropriate health clinics to improve their health and manage their long term conditions.

Patients were able to get an appointment at a time that suited their needs. Sometimes, this included same day emergency appointments. Patients were able to get home visits if they were too ill or infirm to get to the practice.

Patients were happy with the care and support offered by the practice. This included follow up calls to check on their welfare following hospital admissions.

Areas for improvement

Good practice

The practice was in the process of establishing a virtual ward. This was where patients were looked after in their own home rather than being admitted to hospital or a nursing home. The processes involved working with a community matron, social support networks, such as shopping services and meals on wheels, and a system of identifying which patients would benefit from this service.

The practice was awarded the National Gold Standards Framework (GSF) in end of life care.

Moordown Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP who provided specialist clinical advice and an expert by experience who provided expert advice on patient care.

Experts by experience and specialist advisors are not independent individuals. They are part of the inspection team and are granted the same authority as CQC inspectors.

Background to Moordown Medical Centre

Moordown Medical Centre, 2a Redhill Crescent, Moordown, Bournemouth, Dorset, BH9 2XF is a GP practice located in Moordown and provides healthcare to approximately 8250 registered patients. The practice is registered to provide the following regulated activities: Diagnostic and screening procedures; Family planning; Maternity and Midwifery services; Surgical procedures; and Treatment of disease, disorder or injury.

This practice had not been inspected previously.

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 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 practice and asked other organisations to share their information about the service. Organisations we spoke with included local Healthwatch, NHS England and Clinical Commissioning Group.

We carried out an announced visit on 6 June 2014 between 8:00am and 5:30pm

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

We also spoke with patients who used the service and reviewed practice policies.

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.

Are services safe?

Summary of findings

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

The practice was clean and tidy and systems were in place to identify and manage health and safety risks. There were sufficient arrangements to manage the risks associated with infection prevention and control and evacuation of the building in an emergency.

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

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

Patients told us they felt safe and well cared for.

Our findings

Safe patient care

The practice had a mechanism to report and record safety incidents and concerns. This included the reporting of significant clinical events and the reporting of incidents and accidents around the practice.

Significant events were reported, investigated and discussed amongst the partners and at designated significant event audit meetings. Minutes of these meetings showed responses were discussed and the action taken to resolve the incident. The learning outcomes from the event were fed into an action plan that also recorded appropriate timescales. This meant there was a system to prevent similar incidents from happening again. An example of this was the protection of a patient from abuse.

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

The practice had systems of audit and risk assessment. This was to identify clinical and non clinical risk and put measures in place to reduce identified risks. These included health and safety and infection control risk assessments.

Learning from incidents

The practice held weekly clinical meetings where discussion took place for significant events, complaints, prescribing and learning events that had taken place. Minutes of these meetings showed what action had already been taken and what learning had taken place to prevent similar incidents from happening again.

Significant event audits had been carried out where required. These audits contained details of the event, the response and the learning outcomes. An example of this was for a missed patient referral. A monthly audit of referrals was undertaken to prevent this from happening again.

Safeguarding

The practice had robust systems in place to safeguard children and vulnerable adults from the risk of abuse.

Are services safe?

There was a named safeguarding lead and deputy for the practice who had both completed level 3 safeguarding training. Records confirmed that all staff working at the practice had completed training in safeguarding children and vulnerable adults.

Additional training took place at lunch and learn sessions with staff. This is where the practice provided lunch to staff and delivered short refresher or additional training sessions. All members of staff were encouraged to be proactive in identifying and reporting safeguarding concerns.

There was an adult safeguarding policy that listed the types of abuse, how to identify the signs of each type of abuse and the action to take in responding to any concerns. The safeguarding children policy included what signs and symptoms to look for, situations that needed careful consideration and what immediate action to take if there were concerns. Both policies included full contact details of the safeguarding lead, social services and the local safeguarding team.

The practice had carried out a safeguarding audit in May 2014 to ensure that all safeguarding procedures were in place. Some of these procedures included body maps to detail any marks or injuries on the patient, regular discussion of adult and child protection at staff meetings (this was confirmed through minutes of meetings) and an appropriate system of raising concerns within the practice. This included marking patient records to identify those who were vulnerable or at risk. We saw evidence that this system had already helped identify and protect children at risk.

Every room in the building had an advice leaflet for patients and staff on what to do if they were worried about an adult or child. These leaflets included flow charts of the safeguarding procedures and full up to date contact details of the local safeguarding teams and social workers.

All of the staff we spoke with were aware of the safeguarding policies, procedures and their responsibility in raising any concerns. We saw there was space at weekly practice meetings for staff to discuss any patient safeguarding concerns with the GPs and nurses. We saw evidence that showed the GPs and nurses discussed

concerns and put measures in place to identify them as patients potentially at risk. These measures included giving extended appointment times to enable the GP to obtain further history of the patient.

The practice had a chaperone policy in place. A chaperone is a person who accompanies and looks after another person to protect them from inappropriate interactions. Information about the use of a chaperone was given to patients in the patient information leaflet, at reception and also in each surgery. All staff had received training in how to chaperone. All of the staff we spoke with were aware of the importance of ensuring patients were treated in a safe environment.

We saw the practice kept 'stop abuse' leaflets for patients in the toilet facilities. This meant that patients were able to access information and contact details for the local safeguarding teams in private.

Monitoring safety and responding to risk

The practice had systems in place to identify assess and manage risk within the practice. A health and safety risk assessment had been carried out in July 2013 and an action plan had been put in place to reduce any risks that had been identified.

The practice had appropriate evacuation procedures to ensure patients, staff and visitors could safely exit the building in the event of an emergency.

There was a fire policy and risk assessment that had been reviewed in August 2013. The risk assessment included hazard identification and a suitable action plan for risk reduction. All staff had been trained in fire procedures for the practice. There was a named fire officer and some staff had been trained as fire marshals. Fire marshals ensure the safe evacuation of people from the premises and check the building is clear.

Medicines management

The practice had clear guidelines for the issuing of prescriptions and repeat prescriptions. All of the staff we spoke with were aware of the procedures. This meant they could deal with patient enquiries about collection times.

Repeat prescriptions had dates on them when the medication was due to be reviewed with the patient. Patients we spoke with told us they took note of the review

Are services safe?

dates and booked an appointment to discuss their medication needs with a GP. One patient told us they received a phone call to remind them of this when they forgot to book their review.

We saw five audits of prescribing had been carried out within the last twelve months. These audits were to ensure the medicines were correctly prescribed and patients understood why they had been given them.

Fridges, used for the storage of medicines and vaccines had locks fitted to ensure their safety and security.

The temperatures were recorded daily to ensure the fridge was operating correctly. Staff were aware of what procedures to follow in the event the fridge temperature exceeded its minimum or maximum limit. We checked the medicines kept at the practice and found they were all within the expiry date. This meant patients were protected from receiving out of date medicines or vaccinations.

Cleanliness and infection control

The practice had an infection control lead. This meant consistent advice was made available to staff. The infection control policy had been reviewed and updated in August 2013. Records showed all staff had completed infection control training.

Staff we spoke with were aware of the importance of infection control in clinical environments. They were aware of the policy that had been reviewed. They explained the benefits of wearing personal protective equipment, including gloves and aprons.

Clinical staff had received immunisation for Hepatitis B. This was to protect them from infected blood and bodily fluids.

An infection control audit was carried out in November 2013. Following this audit, an action plan was put in place that listed the steps the practice would take to reduce any identified risks. We checked this action plan and found all steps had been completed.

A hand hygiene audit was carried out in January 2014. This audit included observing staff and testing them on correct hand washing procedures. Staff had their nails checked, their hand washing technique was tested which included the removal of jewellery. All 4 members of staff who were audited scored 100 percent in the audit.

Sinks had hand washing procedures above them and there were paper towels to dry hands. Antibacterial hand gel was also available for staff and patients around the practice.

The practice had undertaken a clinical waste audit in August 2013. The audit ensured the practice was handling, storing and disposing clinical waste in accordance with clinical waste regulations.

A cleaning audit was carried out in May 2014. This was to ensure the general cleaning of the practice was completed to suitable standards. For example, making sure correct cleaning products were used on particular surfaces and floors. We saw evidence through the audit that feedback was given to the external cleaning company when improvements were required. An example of what improvements were needed was to ensure skirting boards were dusted.

Staffing and recruitment

We viewed two staff recruitment files. These files included job descriptions, application forms, interview notes, references and proof of identity. All new staff had received criminal records checks from the disclosure and barring service (DBS). This meant that staff had been checked to ensure they were suitable and safe to work with vulnerable adults and children.

Dealing with Emergencies

The practice had procedures for dealing with emergencies. The staff we spoke with were aware of what steps to take if somebody fell ill. Training records showed staff had completed basic life support and cardiopulmonary resuscitation (CPR).

Emergency equipment was kept at the practice and staff knew where this was located. The emergency equipment included a defibrillator, oxygen and emergency drugs. All of the equipment was checked weekly and all emergency drugs were present and in date. Signed records of these checks were kept.

There was a business continuity plan to ensure continued running of the practice in an emergency. The continuity plan had been reviewed in December 2013 and included roles and responsibilities for staff, immediate response procedures, evacuation and communication guidelines and plans for short and long term loss of the practice.

Are services safe?

Equipment

All of the equipment used at the practice was serviced and maintained in accordance with manufacturer guidelines.

A portable appliance test (PAT) had been completed in December 2013 to ensure electrical equipment was safe to use.

Are services effective?

(for example, treatment is effective)

Summary of findings

Overall, services at the practice were effective.

Patients were assessed and treated in line with current legislation and guidelines.

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

An effective system of clinical audit was in place. The practice supported multi-disciplinary working with other services.

Our findings

Promoting best practice

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

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

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

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

The practice was in the process of establishing a 'virtual ward'. This was where patients were looked after in their own home rather than being admitted to hospital or a nursing home. The idea was to relieve pressure from local hospitals, reduce the stress of patients and provide a more effective level of care and support. The processes involved working with a community matron, social support networks, such as shopping services and meals on wheels, and a system of identifying which patients would benefit from this service.

Management, monitoring and improving outcomes for people

The practice participated in a cycle of clinical audit to ensure that the delivery of care and treatment achieved positive outcomes for patients. These included audits of prescriptions and audits on referrals of patients to other services. We saw evidence that referrals were audited on a monthly basis. This meant there were no missed referrals at the practice.

There was also a system of peer review to ensure that patient referrals were appropriate. The peer review aimed to ensure that patients were referred to the appropriate service, such as a hospital, that could deal with their care and treatment needs.

Are services effective?

(for example, treatment is effective)

The practice provided health clinics for patients to help them manage and improve their health and wellbeing. These clinics were relevant to patients needs and specific for the types of illnesses in the practice catchment area. For example, there were diabetic, asthma and coronary heart disease clinics to help patients manage long term conditions and improve their quality of life.

Staffing

Staff who worked at the practice received appropriate supervision and training. The practice had an induction policy for staff. This meant staff were given appropriate training and knowledge about the practice before starting work.

There were sufficient numbers of staff who were appropriately qualified and competent to carry out their roles safely and effectively. The practice took steps to ensure that all clinical staff who worked at the practice were suitably qualified and GPs revalidated their training.

All of the staff we spoke with told us they felt supported to carry out their roles and were encouraged to share their views in the running of the practice.

The practice had a system of providing cover for staff who were on leave or sick. This was through a locum or agency staff service. The practice showed us how these locum GPs and agency staff were sufficiently trained and qualified. These measures ensured the practice continued to run a full and effective service.

Working with other services

The practice had a proactive approach to working with other services. These services were local hospitals, care homes, social services, other practices in the area, pharmacies, carers and other community health teams such as podiatry and physiotherapy services, counselling and psychology and community midwives and health visitors. This meant the practice proactively identified patients, including carers who may need on going support.

Health, promotion and prevention

Health clinics were available for patients. These clinics were to help patients monitor their health and wellbeing, to identify and support those at risk of developing a long term condition and to support patients to live healthier lives.

The practice operates a screening programme, including cervical smear tests. These tests were arranged through the nursing team.

Patients were able to monitor their own blood pressure at the clinic. We saw that staff were able to offer assistance in this process if patients wished.

Smoking cessation advice was available to patients through information and clinics. There were diabetic, asthma and coronary heart disease clinics to help patients manage long term conditions and improve their quality of life.

Family planning and maternity clinics were available to patients. The practice promoted vaccination schedules for babies and children.

Seasonal flu vaccination was available free of charge to at risk patients such as patients aged 65 or over, patients with a serious medical condition, those living in a residential or nursing home and healthcare or social care professionals directly involved in patient care.

Healthy living and lifestyle clinics and advice was available to prevent illness and promote healthier living. These services included emergency contraception and sexual health, travel vaccination and eating well and exercise.

The practice was awarded for palliative care practice under the National Gold Standards Framework (GSF) in end of life care. The GSF is the national programme to enable frontline staff provide a systematic, evidence based approach in optimising care for all patients approaching the end of life.

Are services caring?

Summary of findings

Overall, the practice was caring.

Feedback received from patients and patient satisfaction surveys showed that patients felt they were well cared for and their needs were met.

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

Patients privacy and dignity were respected.

There was access to local groups to support patients and their carers. Appropriate support was provided to vulnerable people.

Our findings

Respect, dignity, compassion and empathy

We saw evidence that all of the staff had received training in equality and diversity. This meant that staff were able to treat people according to their individual needs.

The practice website was able to be translated into various languages at the press of a button. The practice had access to a language telephone service.

We spoke with 14 patients. All of the patients told us they were spoken to politely and courteously at all times. Patients told us staff were friendly, helpful and respectful. We heard interactions between staff and patients in the reception area and when they were on the phone. The staff treated patients with respect and showed compassion and empathy.

The staff had a caring attitude and we saw they had built positive relationships with the patients.

The privacy and dignity of patients was respected. There was a room for patients to speak with staff in private if they wished. Doors to rooms were closed when consultations or treatment took place. There were privacy curtains to maintain patients dignity.

There was a chaperone policy in place at the practice. A chaperone is a person who accompanies and looks after another person to protect them from inappropriate interactions. Patients were made aware of this through the patient information leaflet and through awareness posters in the practice.

Involvement in decisions and consent

Patients were asked for their consent before any examination took place. Patients told us the GP or nurse explained what they wanted to do and sought their permission before starting any procedure or examination.

All of the staff we spoke with were aware of the importance of seeking consent from patients. Records showed that staff had received training in safeguarding and the Mental Capacity Act requirements about ensuring patients had capacity to make decisions about their treatment.

Patients were given information about the services offered by the practice. This was provided through patient

Are services caring?

information leaflets, the practice website and advice given by the staff who worked at the practice. This information was provided in accessible formats including different languages where appropriate.

We heard reception staff explain and confirm appointment times on the telephone. They also ensured patients had sufficient time and opportunity to ask any questions.

Patients we spoke with told us they were given choices of treatment before making any decisions. They also had opportunities to discuss their health beliefs, concerns and

preferences to make sure their treatment met their individual needs. An example we saw was when a patient was given a choice of medication. The patient was provided with relevant information before making a decision of which one best suited their needs.

Patients told us GPs did not rush through appointments and ensured everything was explained in a way they could understand. Written information such as patient health advice was also provided in suitable formats and in a way that patients could understand.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Overall, the practice was responsive to patients needs.

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

A number of health clinics took place to meet patients needs. These included baby clinics, diabetes clinics and a travel clinic.

The practice carried out patient satisfaction surveys and had regular meetings to discuss how the practice could be improved.

Our findings

Responding to and meeting people's needs

All of the staff working at the practice had completed training in equality and diversity. This meant that staff were able to treat people according to their individual needs.

Patients were treated according to their individual needs. This included their health goals as well as their medical needs. For example, we saw that patients were appropriately referred to other services such as diabetes clinics.

The practice had a range of health clinics for babies, children, men, women, older people and those with long term conditions. Patients told us they were made aware of these clinics at their appointments. These clinics were relevant to the need of the population in the catchment area of the practice.

Patients told us they got the appointments they wanted and they accessed the nursing team for clinics, travel vaccinations and general health clinics such as baby and child vaccinations.

Access to the service

The practice was open from Monday to Friday 8.00am to 6.30pm. Extended hours were available from 7.30am to 8.00am two days of the week. Once a month, there were evening appointments available until 8.00pm.

A variety of appointments were available. Some of these were pre booked and others were released on the day. Patients we spoke with told us they had no issues with booking same day appointments.

The most recent patient satisfaction survey from March 2014 showed 97 percent of 450 patients who responded were either very satisfied or satisfied with the availability of appointments. The results of the survey showed 99 percent of patients were satisfied or very satisfied with the opening hours of the practice.

Appointments could be booked online, in person or on the telephone. A system was in place that offered telephone advice for patients who did not wish to have an appointment.

Home visits were available for the elderly, housebound or people who were too ill to attend the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Information was made available to patients on what to do if they became ill when the practice was closed. This information was on the telephone answering system, displayed around the practice including on the entrance door and on the website. The practice used the part b of the prescription form to give patients information. Further information was given to patients about their health needs. This included booking appointments to review medication, seasonal flu vaccination and informing patients about extended opening hours.

Repeat prescriptions were available to patients without the need to see a GP. Prescription requests could be made in writing, through the online service or in person. Repeat prescription requests took up to 48hrs to and emergency prescription requests could be done in 30 minutes. For example, if a patient had run out of their medication supply. This was confirmed by one patient who needed medication in an emergency.

Patients told us the repeat prescription service worked well.

Concerns and complaints

The practice had a complaints procedure. This procedure was displayed in the waiting area for patients to see. Information leaflets were also available to patients on how to raise concerns and complaints.

Concerns and complaints could be raised in person, online or in writing. The practice had dedicated complaints meetings to discuss any complaints that had been received. The annual complaints meetings reviewed the complaints processes to ensure they continued to meet patients needs. Minutes of these meetings showed learning outcomes and action plans for the practice.

The practice used a local Dorset advocacy service to assist patients in making a complaint and to protect their rights and gain equality of opportunity. In particular the advocacy service provided help for people living in Dorset with a learning, physical or mental disability, and those suffering frailty through age.

Some patients commented that they had to wait quite a while to see a GP when they had booked in for their appointment. We saw evidence that showed the practice had raised these patient concerns as an action point. We saw the practice had put a procedure in place to advise patients if the GP was running late. Patients told us the GP took their time during the consultation and they got their full allocation of appointment time. Concerns and complaints were acted upon and changes were introduced to respond to patients needs.

Are services well-led?

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

Summary of findings

Overall, the service was well led.

There was a business continuity plan in place to ensure continued running of the service in the event of an emergency.

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

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

The practice was proactive in recognising potential risks to the health of patients.

Our findings

Leadership and culture

There was a clear vision to deliver high quality care for patients. The practice offered health clinics, support and advice to prevent and manage illness in the community, rather than react when patients presented themselves.

The practice was open and honest in its communication to patients. Any comments, whether positive or negative, were encouraged. Evidenced showed the practice listened to patient concerns and made changes as appropriate.

The practice had a clinical road map for the financial year. This road map gave details about what the practice would do to improve clinical care for patients over the year. This included carrying out an audit on unscheduled hospital admissions and reviewing personal health targets for patients.

Governance arrangements

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

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

Arrangements were in place to obtain cover for GPs or staff who were sick or on leave to ensure the practice continued to run a full service.

There were suitable systems to maintain the premises and equipment. This included a maintenance contract for the building.

Systems to monitor and improve quality and improvement

The practice had systems of clinical audit to monitor and improve the quality of service it delivered. Audits were undertaken and the findings discussed. We saw examples

Are services well-led?

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

of action plans to address any issues raised. The practice manager was proactive in ensuring audits were carried out regularly. Examples of audits we saw were referrals of patients to other services and prescriptions.

There was a practice audit tool that listed the audits that had been carried out, the date of audit, the action plan as a result of the audit and progress notes. This meant the practice was proactive in ensuring it improved the service it delivered. An example of this was the safeguarding audit. Part of the audit was to ensure safeguarding and domestic violence were discussed at practice meetings. The action plan stated that this topic was included in the multidisciplinary team meetings that were held every two weeks. We saw minutes from these meetings which confirmed the discussions took place.

Patient experience and involvement

Annual patient satisfaction surveys were carried out by the practice. There were systems in place that encouraged and supported patient feedback. This was through a comments box on the practice website and direct feedback to the practice. We saw evidence the practice took patient involvement seriously and addressed concerns through action plans. We spoke with patients who confirmed the practice had changed how it operated in response to concerns they had raised. This included making patients aware if the GP was running late.

We viewed the results of the satisfaction survey from March 2013. The practice had written an action plan on how they would improve the service based on the comments received. We saw the practice had made all the changes they had agreed.

The practice had written an action plan in response to the most recent patient satisfaction survey from March 2014. We saw that some of these actions had already been completed. These included displaying a message if the GP was running late and informing patients of the extended opening hours on prescription forms.

There was a Patient Participation Group of patients who had volunteered to be contacted by the practice to give their views on the way the practice operated.

We spoke with two representatives from this group. Both representatives explained how the practice was proactive in communicating with them to remind them of blood tests, medication reviews and appointments.

Staff engagement and involvement

All of the staff at the practice worked well as a team. The practice was open and honest in sharing information with patients. This was demonstrated through feedback on the website and information leaflets given to patients.

The staff we spoke with told us their views and ideas on improving the practice were sought by the partners.

Learning and improvement

There were systems in place to enable learning and improve performance. This included an annual training program. Clinical staff had systems to manage their continual professional development. This meant that clinical staff were trained in current practices. There was a system for the revalidation of GPs.

The practice had management systems to ensure sustainability of services. We saw evidence that showed the practice had reduced its prescribing budget by 14 percent and had reviewed patients needs in the process to ensure best health outcomes. .

Identification and management of risk

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

Non clinical audits such as cleaning and waste management had been carried out.

The practice had processes in place to identify, assess and manage risks to patients and staff. This included health and safety risk assessments and infection control audits.

Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

Summary of findings

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

The practice had procedures to safeguard vulnerable adults from abuse. The staff had completed equality and diversity training which meant patients were treated according to their individual needs.

Patients were able to speak with or see a GP when needed and the practice was accessible for people with mobility issues.

Annual flu vaccinations for older people meant patients were protected from the risk of flu during winter time.

Our findings

Safe

The practice had policies and procedures to safeguard vulnerable adults from abuse. The staff were trained in equality and diversity. This meant patients were not discriminated against.

Caring

Patients were treated with respect and their dignity was maintained at all times.

Effective

Patients aged 75 and over had a named GP. However, they were also able to make an appointment to see any GP at the practice. The practice had an annual flu vaccination program for older people. This meant patients were protected from the risk of flu during winter time.

Responsive

Patients were able to get a home visit if they were too ill or infirm to get to the practice.

Well-led

Patients received reminders for appointments, clinics and their annual flu vaccination.

People with long term conditions

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

Summary of findings

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

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

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

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

Our findings

Safe

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

Caring

Patients were treated with respect and dignity at all times. We heard staff speak with people with empathy and compassion.

Effective

Patients had access to health clinics designed to help support and manage their long term conditions. These clinics included asthma, diabetes and Chronic Obstructive Pulmonary Disease (COPD).

Responsive

Patients were able to be referred to clinics for help and support in managing their illness and condition. Patients were able to get appointments at a time that suited them.

Well-led

The practice had developed areas of its website specifically for helping patients with long term conditions. Patients had access to information, guidance and support to help them manage their conditions.

Mothers, babies, children and young people

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

Summary of findings

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

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

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

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

Patients had access to Mother and baby clinics. There were sexual health and contraception clinics available for teenagers.

Our findings

Safe

The practice had policies and procedures for safeguarding vulnerable adults and children. The staff knew how to respond to any concerns. The staff were aware of and followed the Gillick competency and Fraser guidelines. These were used to help assess whether a child had the maturity to make their own decisions and to understand the implications of those decisions.

Caring

Patients were spoken with politely and treated with respect.

Vaccination clinics were held for babies and young children.

Effective

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

There was a dedicated health visiting team attached to the practice. This team promoted health and wellbeing to mothers and their children.

A routine immunisation program ensured that babies and children were protected against illness.

Responsive

Patients could get appointments at a time that suited their needs. Patient could get same day emergency appointments or telephone advice if they were very concerned.

Well-led

The practice contacted patients following any hospital referrals by out of hours services.

Working age people (and those recently retired)

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

Summary of findings

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

Patients were able to access the service at a time that suited them and they were treated according to their individual needs.

The practice had extended opening hours so patients could attend the practice without it affecting their work life.

Relevant health and screening clinics were available to detect and prevent illness and promote general health and wellbeing.

Our findings

Safe

Patients were treated in a safe environment. The practice had a safeguarding policy to protect vulnerable adults. All of the staff at the practice were aware of how to respond to any concerns about patient safety and wellbeing.

Caring

Patients were treated with dignity and respect and were involved in decisions relating to their treatment. Patients were encouraged to attend well person clinics. These were to ensure any health concerns were identified quickly.

Effective

Relevant health and screening clinics were available to detect and prevent illness and promote general health and wellbeing. Examples were sensible drinking, vaccination campaigns and clinics and checks for relevant age related conditions. This meant early detection and prevention avoided unnecessary treatment and GP appointments.

Responsive

Patients were able to attend appointments outside normal hours. This meant they could see a GP at a time convenient to them and without their work being affected. Telephone consultations were available for patients. This meant unnecessary journeys to the practice were avoided.

Well-led

The practice was pro-active in promoting health and wellbeing. Information was made available to men and women of working age to raise awareness of specific age related illnesses such as breast and testicular cancer.

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

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

Patients were treated in an environment that was safe and by staff who could respond appropriately to any safeguarding concerns.

Patients were referred to relevant health clinics to help them manage their conditions and improve their quality of life.

Our findings

Safe

The practice had policies and procedures to safeguard vulnerable adults and children from abuse. All of the staff had attended safeguarding training and were aware of how to respond to any safeguarding concerns.

Caring

The practice had suitable systems to ensure that people felt supported.

Effective

Patients were given relevant advice and treatment to help them manage their illness and condition. Health clinics, relevant to the patients needs, were promoted and made accessible.

Responsive

Patients were able to get appointments that suited their needs. The practice had a chaperone policy to protect people and make them feel safe.

Well-led

The practice gave relevant supporting information to patients to help them manage their conditions.

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

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

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

We reviewed the practice policies and procedures on safeguarding children and vulnerable adults. We found there were appropriate systems in place to respond effectively to any concerns. This included contacting patients who had failed to turn up for an appointment.

Patients were referred to other services, such as community psychiatry and counselling services to help them understand their condition and improve their quality of life.

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

Our findings

Safe

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

Caring

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

Effective

Patients had access to well person clinics to monitor their health and wellbeing. Patients were referred to other services, such as community psychiatry and counselling services to help them understand their condition and improve their quality of life.

Responsive

The practice had a policy of contacting patients with mental health issues who did not attend appointments. This was to ensure the patients safety and welfare. Patients were provided with information on how to contact the practice in an emergency.

Well-led

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