Queens Avenue Surgery

Quality Report

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

Summary of findings

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Summary of findings

Overall summary

Queens Avenue Surgery is located close to the centre of Dorchester and also Dorset County Hospital. It has been at its present location since 1997. The surgery provides primary medical services to approximately 7300 patients in the Dorchester and surrounding area.

The surgery is registered to provide the following regulated activities:Diagnostic and screening procedures;Family planning;Maternity and Midwifery services;Surgical procedures; andTreatment of disease, disorder or injury.

Patients gave us feedback about the service they received from Queens Avenue Surgery (before and during our inspection). Feedback about the care and treatment received by patients of the practice was positive. Patients told us that their treatment options were always clearly explained to them and they were able to ask questions and make choices. They also said that staff treated them respectfully, were helpful and they were given adequate time for consultations with their GP or nurse.

Consultations were carried out in private treatment rooms and telephones were answered away from the seating area of the ground floor waiting room. This meant that staff could not be overheard by patients waiting for their consultations.

Staff were positive about the management and leadership team and felt supported in their roles. They said their suggestions to improve the service were always listened to.

The service had an effective system to regularly assess and monitor the quality of service that patients received. They also had systems in place to identify, assess and manage risks to the health, safety and welfare of patients, staff and visitors to the surgery.

During our inspection we looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups we reviewed were:

- 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

We found the practice provided a responsive service for some patients within each population group.

Queens Avenue Surgery

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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.

The practice had systems in place to safeguard vulnerable children and adults from the risk of harm. Risk management procedures were in place for example controlled drugs, health and safety, fire and legionella. The practice learnt from incidents and significant events to improve services for patients.

All areas of the practice were seen to be visibly clean and well maintained. Staff received infection control training and demonstrated their understanding of the importance of following infection control procedures.

The practice had a 'Disaster Prevention and Recovery Policy' that included arrangements for staff to follow to ensure patients would continue to be supported during periods of unexpected and/or prolonged disruption to services. The practice had arrangements in place to treat medical emergencies but 'use by date' checks of emergency equipment contained in the emergency kits was not effective.

Are services effective?

Overall the practice was effective.

Care and treatment was delivered in line with best practice guidelines. Clinicians were able to prioritise patients and make use of available resources. Staff had annual appraisals and told us that their training needs were supported by senior staff.

Patients received coordinated care and support where more than one provider was involved or they were moved between services. For example, Out of Hours services.

The practice provided its patients with a wide range of information about health promotion in the waiting area and on the practice website.

Are services caring?

Overall the practice was caring.

Patients we spoke with were extremely positive about their experience of using Queens Avenue Surgery. They found the staff friendly and approachable, they felt staff responded to their needs and were caring. Staff respected their dignity and a chaperone service was available to those who required it.

Summary of findings

We saw interim results of a practice patient survey, which started on 14 April 2014, and was being carried out at the time of our inspection. The results showed that 100% of the patients who responded rated their GP as either 'good' or 'very good' when asked if they listened and involved them in decisions about their care.

Are services responsive to people's needs?

Overall the practice was responsive to peoples needs.

Patient and staff suggestions for making improvements had been acted on. The provider sought ways to improve the services offered. The practice was accessible for people with limited mobility and all areas of the premises were clear of obstructions and easy to navigate.

There was an open culture within the organisation and a comprehensive complaints policy and procedure. Complaints about the service and significant events were investigated and responded to in a timely manner.

Are services well-led?

Overall the practice was well-led.

There was a visible leadership team with vision and purpose which meant the staff were engaged in improving the service to patients.

Clinical and non-clinical audits took place and there was a master audit plan to engage the team and ensure that quality was being measured, reviewed and improved to benefit patients.

Risk management procedures were in place, for example we noted risk assessments for fire and health and safety. The practice involved patients in a meaningful way about the services and facilities they received.

An appraisal system was in place and followed in a timely way to ensure that all members of staff had received a current appraisal and felt a part of the team.

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 offered a service for older people.

Annual flu vaccination clinics were held to provide older patients on-going protection from catching the flu virus. The practice had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Formal links with two local care homes which ensured regular and on-going care and support to the residents as patients. There was a system to identify patients who presented with symptoms that may indicate dementia. Follow-up blood tests would be arranged at the practice and a referral made to the specialist mental health nurse to carry out mental health assessments.

Where older patients found it difficult to attend the practice for care and treatment the practice informed the community nurses who would support and treat patients at home if needed. This enabled patients with limited access and mobility to receive appropriate care and treatment in their homes. The practice had named GP and nurses who took lead roles in conditions that affected older people, including dementia, end of life care and leg ulcers.

People with long-term conditions
The practice offered a service for people with long term conditions.

Annual flu vaccination clinics were held for patients who had long-term conditions, to provide on-going protection from catching the flu virus..

Patients who required an urgent appointment were prioritised and would see a doctor quickly.

Clinical audits were carried out to improve outcomes for patients with long-term conditions. The results were reviewed against national data to determine any changes that could be made to care/ treatment pathways and clinical therapies to improve outcomes for patients.

The practice had nominated clinical leads for specific long-term conditions such as diabetes.

Mothers, babies, children and young people
The practice offered a service for mothers, babies, children and young people.

Summary of findings

Children and babies were protected from the risk of abuse, because the practice had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Baby and child immunisations were available. Maternity services were provided at the practice which offered patients a choice of attending five different postnatal clinics each week.

The working-age population and those recently retired

The practice offered a service for the working-age population and those recently retired.

The practice offered an online repeat prescription and delivery service which meant patients who worked did not have to attend the surgery to collect a prescription. The practice offered extended opening hours (up to 6.30pm weekdays and 8.30am – 12pm on Saturdays)

The practice offered a range of services and clinics to provide monitoring and routine support for patients in this age group, including lifestyle and healthy living checks, blood pressure and diabetes checks.

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

The practice offered a service to people in vulnerable circumstances.

Patients in vulnerable circumstances were protected from the risk of abuse.

Annual flu vaccination clinics were held for people in vulnerable circumstances, to provide on-going protection from catching the flu virus.

Systems were in place to ensure equality of access to the practice and the services provided. For example, translation/interpretation services were accessible for people who had communication difficulties.

People experiencing poor mental health

The practice offered a service to people experiencing poor mental health.

Annual flu vaccination clinics were held for patients experiencing poor mental health to provide on-going protection from catching the flu virus.

Mental health assessments were carried out for patients as part of other routine health checks which enabled early detection and referral to specialist services for on-going support if necessary.

Summary of findings

The management team had systems and procedures in place to identify and manage risks to individual patients and included those who presented with poor mental health.	

Summary of findings

What people who use the service say

We received 13 patient comments about the Queens Avenue Surgery before and during our inspection of which 12 were positive. Patients commented about how staff were focussed about patient care and took time to listen. They also commented about how efficient the appointment system was. However, of the patients who provided feedback one said they had experienced poor service from two of the receptionists.

We looked at the results of a national 'GP Patient Survey' held throughout 2013. The results showed a positive patient attitude towards the service Queens Avenue Surgery provided. Of the patients surveyed 93.5% said they would recommend their GP, 96.6% of patients rated the practice as either good or very good and 87.9% rated their experience of making an appointment as either good or very good. These results were rated as 'among the best' nationally on the GP Patient Survey website.

Queens Avenue Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP specialist advisor.

Background to Queens Avenue Surgery

Queens Avenue Surgery is situated in Queens Avenue, Dorchester, Dorset. The practice has been at this location since 1997.

The practice is responsible for providing primary care services to approximately 7300 patients between 8.30am – 6.30pm Monday to Friday and 8.30am – 12pm on Saturday.

The practice has five GP partners who are supported by two practice nurses and a health care assistant. Clinical staff are supported by a team of eight receptionists, a secretary and the practice manager.

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 practice and asked other organisations to share what they knew about the practice. These organisations included Local Healthwatch, NHS England and the Clinical Commissioning Group.

We carried out an announced visit on 9 June 2014. During our visit we conducted a tour of the premises and spoke with a range of staff which included GPs, receptionists, secretaries, dispensary staff, cleaning staff and practice nurses. We also spoke with seven patients who used the practice.

We reviewed six comment cards where patients and members of the public shared their views and experiences of the practice before and during our visit.

We reviewed information that had been provided by the practice and looked at the surgery's policies, procedures and some audits.

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

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

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

- Older people
- People with long-term conditions

Detailed findings

- 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.

The practice had systems in place to safeguard vulnerable children and adults from the risk of harm. Risk management procedures were in place for example controlled drugs, health and safety, fire and legionella. The practice learnt from incidents and significant events to improve services for patients.

All areas of the practice were seen to be visibly clean and well maintained. Staff received infection control training and demonstrated their understanding of the importance of following infection control procedures.

The practice had a 'Disaster Prevention and Recovery Policy' that included arrangements for staff to follow to ensure patients would continue to be supported during periods of unexpected and/or prolonged disruption to services. The practice had arrangements in place to treat medical emergencies but 'use by date' checks of emergency equipment contained in the emergency kits was not effective.

Our findings

Safe patient care

GPs and nursing staff all had current registrations in place with their professional bodies. These registrations being the General Medical Council (GMC) for GPs and Nursing and Midwifery Council (NMC) for nurses. We saw the practice recruitment policy and procedure it followed when employing new staff which we saw had been followed.

We spoke with seven patients who all told us they felt safe and had confidence in the GPs and nurses who treated them. The practice had policies for safeguarding children, vulnerable adults and whistleblowing. There was a designated safeguarding lead (GP) and all staff had received training in safeguarding children within the previous 12 months. We were told the safeguarding lead would be carrying out vulnerable adults safeguarding training for all staff in July 2014 as staff had not received this training but knew of the policy and procedure. We were told they applied the same process for an adult as they would a child in a vulnerable situation. All clinical and reception staff had received Criminal Reference Bureau (CRB) checks (now replaced by Disclosure and Barring Service checks). This meant that patients were cared for by staff who were of good character and qualified to undertake their role.

Learning from incidents

We saw evidence that learning from incidents took place and appropriate changes were implemented. We were shown records of significant event analysis meetings which included both clinical and non-clinical incidents and 'learning outcomes'. Incidents included an injectable medicine wrongly being issued on a repeat prescription and a patient being missed for a blood test. Staff we spoke with explained the procedure they would follow to report incidents and records showed that these were discussed with all doctors at regular team meetings. For example, we noted an issue where a care home had not administered medicines which a GP had prescribed to a patient. We saw that there had been an investigation and actions taken to prevent further occurrences happening. Meeting notes identified the outcomes of significant events, action points and learning points for the practice. This meant that the practice learnt from incidents to improve services for patients.

Are services safe?

Safeguarding

The practice had a policy in place for the protection of children, and a policy for vulnerable adults. This meant that staff had written information to refer to should they have a concern regarding the safety of an adult or child. All the staff we spoke with felt confident about when to make a referral and to who a referral should be made if they had any concerns about the safety of vulnerable children and adults. Staff told us they would refer to the relevant policy for contact details. We found that vulnerable adult safeguarding training had yet to be carried out by staff but was planned for the month after our inspection. This was confirmed by the safeguarding lead and practice manager.

We saw evidence of a Criminal Records Bureau (CRB) check being carried out for all but one member of staff. The member of staff who had not been checked was the practice secretary and we saw working away from the public area of the building and did not have direct access to patients. We looked at the whistle blowing procedure. The procedure stated that should staff be dissatisfied with reporting within the practice they may report to external agencies. This is in line with the accepted principles of whistleblowing. Staff we spoke with knew where to find the whistle blowing policy and was aware of its purpose. This meant that patients were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Monitoring safety and responding to risk

We saw that the practice carried out a number of risk assessments which included fire safety, security, health and safety and legionella. This meant that investigations looked at how processes could be changed to minimise risks to patients. We saw records to show that medicine alerts received from external bodies such as the Medicines and Healthcare Regulatory Agency (MHRA) were logged by the practice manager who forwarded these to the GP for their attention/action. This meant that patients were protected from the risks associated with medicines.

Medicines management

There were arrangements in place for the management of medicines. The practice had a medicines policy and protocol in accordance with the requirements of the local clinical commissioning group (CCG). We also saw the practice's repeat prescription policy. Appropriate arrangements were in place for medicines to be stored at the correct temperature. Daily records were kept for the minimum and maximum temperatures of the refrigerators. These records indicated that the refrigerators were working and medicines and vaccinations were stored within recommended temperature ranges.

Cleanliness and infection control

We observed that all areas of the practice were visibly clean and odour free. The practice carried out infection control audits every 12 months which followed its infection control policy. The most recent audit, which was carried out in May 2013 met the required standards. We were told that all staff received annual infection control training. Records showed that 19 of the 23 staff who worked at the practice had received infection control training within the previous 12 months of our visit.

Arrangements were in place to ensure that the environment was well maintained. Staff told us that cleaning of the surgery was carried out by contract cleaners. We saw cleaning schedules and daily cleaning checklists that were completed to indicate that cleaning had been carried out. Regular audits were carried out to ensure that all areas were clean and hygienic. We met with the director of the cleaning company who came into the practice to meet us. They showed us the protocols and audits that were used at the practice. We observed cleaning staff working during our visit and saw them use colour coded equipment correctly which followed national infection control standards. These staff wore uniforms and used personal protective equipment (PPE) relevant to their roles. For example, aprons and gloves. Records also confirmed that staff had received hand hygiene training and "Hand Hygiene Quality Improvement Audits" were carried out for all clinical staff in 2013. This meant that patients, staff and visitors to the practice were protected from the risk of infection because appropriate guidance had been followed.

Staffing and recruitment

We looked at the recruitment policy and personnel files of two staff members. Records we saw confirmed these two staff had been recruited following the practice's recruitment policy. This meant that the practice had obtained the required information for each applicant. For example, proof of identity, a full employment history,

Are services safe?

evidence of relevant qualifications and employment checks (references). This meant that patients were looked after by staff that were of good character and had the appropriate qualifications and skills to perform their duties.

Dealing with Emergencies

The practice had a 'Disaster Prevention and Recovery Policy' that included arrangements about how patients would continue to be supported during periods of unexpected and/or prolonged disruption to services. For example, loss of electricity supply or staff sickness. The practice also had systems in place to recognise future demands that may be placed on the practice, for example, a flu pandemic. This meant that the practice had information available to reduce the effects of emergencies on patients care. We spoke with staff and we saw records to confirm that staff had been trained in how to deal with medical emergencies which included resuscitation. This meant the practice had emergency procedures in place and sufficiently trained staff to deal with emergency situations.

Equipment

Equipment checks were regularly carried out in line with equipment manufacturer's recommendations. For example, electrical equipment was portable appliance (PAT) tested. We saw that the practice had two emergency medicines kits which it kept on the ground and first floor of the practice. Medicines were checked regularly. We looked at the emergency medication and equipment and found this to be mostlyin date. However, we found two pieces of equipment to help people maintain a clear airway in an emergency that were beyond their 'use by' date. This meant that checks on emergency equipment were not effective and may affect the standard of treatment in an emergency.

Are services effective?

(for example, treatment is effective)

Summary of findings

Overall the practice was effective.

Care and treatment was delivered in line with best practice guidelines. Clinicians were able to prioritise patients and make use of available resources. Staff had annual appraisals and told us that their training needs were supported by senior staff.

Patients received coordinated care and support where more than one provider was involved or they were moved between services. For example, Out of Hours services.

The practice provided its patients with a wide range of information about health promotion in the waiting area and on the practice website.

Our findings

Promoting best practice

The GPs at the practice operated their own patient lists. They told us this meant they had in depth knowledge of their patients which gave them continuity of care. The practice kept up to date with and took account of guidance standards and best practice, for example through articles published in the British Medical Journal and on other national medical reference websites. GPs also kept up to date by attending journal clubs bi-monthly. A journal club provides a place where GPs can discuss publications relevant to medicine. Where patients lacked capacity the practice took account of the Mental Capacity Act 2005 and involved social services, family members, and carers to enable appropriate choices and decisions about their care and treatment to be made. We saw that arrangements were in place to obtain patients consent including when obtaining consent from children.

Management, monitoring and improving outcomes for people

We saw that Quality Outcomes Framework (QOF) data. The QOF was introduced in 2004 as part of the general medical services contract and is a voluntary scheme for GP practices in the UK. Through this scheme the practice was rewarded for how well they cared for patients.. Clinical Commissioning Group (CCG) feedback, and audits were also taken into consideration to improve services. For example, emergency hospital admission rates had showed a downward trend as a result of proactive management of patients conditions. This meant that patients were provided with safe quality care.

Staffing

We saw there was a structured induction programme in place for new members of staff and records confirmed this was used. There were arrangements in place to support learning and professional development. Nursing staff told us how they were responsible for chronic disease management, for example diabetes and asthma. We were told by one nurse that they would be undergoing diabetes training in September 2014. Staff were appropriately qualified and competent to carry out their roles safely and effectively. There were appropriate arrangements for staff appraisal and the revalidation of GPs. Staff confirmed there were annual appraisal meetings which included a review of performance and forward planning including the

Are services effective?

(for example, treatment is effective)

identification of learning and development needs. Records confirmed that all the staff who required an annual appraisal had received one within the ten months preceding our inspection. These staff included, nurses, receptionists, a secretary and health care assistants. This meant that patients were cared for by knowledgeable and suitably trained staff.

Working with other services

There was evidence of arrangements in place for engagement with other health and social care providers. The practice held regular multi-disciplinary team meetings which district nurses, health visitors, practice nurses and GPs attended. Information was shared between the out of hours (OOH) services and the surgery. We were told that this information was seen by GPs the next morning and action taken as appropriate. This meant that patients received coordinated care and support where more than one provider was involved or they were moved between services.

Health, promotion and prevention

We saw a large range of health promotion information available at the practice and on its website. This information included information about preventative health care services being offered. For example, cervical smears and vaccinations. This meant that patients were encouraged to take an interest in their health and take action to improve it. We were shown a new patient registration form which included information about a new patients medical history, alcohol intake, smoking status, diet, and carer responsibility. There was a system for assessing the support needs of carers and we saw the relevant carers form and poster in the reception area. A member of staff told us they were the practice lead for carers and described the service provided to carers which included regular support events and access to information for themselves and those being cared for. This meant that the patients were able to access services in their local area.

Are services caring?

Summary of findings

Overall the practice was caring.

Patients we spoke with were extremely positive about their experience of using Queens Avenue Surgery. They found the staff friendly and approachable, they felt staff responded to their needs and were caring. Staff respected their dignity and a chaperone service was available to those who required it.

We saw interim results of a practice patient survey, which started on 14 April 2014, and was being carried out at the time of our inspection. The results showed that 100% of the patients who responded rated their GP as either good or very good when asked if they listened and involved them in decisions about their care.

Our findings

Respect, dignity, compassion and empathy

We spoke with seven patients during our inspection who all said they were treated with dignity and respect by practice staff and GPs. The waiting area included information sign posting people to support services. For example, citizens advice, advocacy and bereavement services.

We observed staff to be friendly, caring and professional in discussions with people on the telephone and face to face. Most of the staff we spoke with had worked at the surgery for a considerable time. They told us they had built up positive relationships with patients.

The layout of the waiting room meant that the reception desk was in the same area but staff were aware of the need for peoples privacy to be respected and were seen moving to the back office to speak to a patient on the phone about a sensitive matter. We were told that patients were offered a quiet area should they wish to speak to reception staff in private. The reception desk was partitioned with a barrier to limit private conversations being overheard.

The practice had a confidentiality policy and staff were aware of their responsibilities in maintaining patient confidentiality. Clinical staff we spoke with demonstrated how they considered patients privacy and dignity during consultations and treatments, by ensuring that doors were closed and curtains were used in treatment areas to provide additional privacy.

We observed GPs going out to the waiting area to greet their patients and escort them to their rooms. GPs spoke gently and in a caring manner to patients and rapport between them was seen to be positive. This meant that staff respected patients wishes and preferences.

Involvement in decisions and consent

We saw that the practice had a range of leaflets and sign-posting documents displayed for patient information, to help ensure patients were made aware of the options, services and other support available to them. We spoke with staff who explained the discussions that took place with patients, to help ensure they had an understanding of their treatment options. Patients told us that they felt involved in the decisions that about their care and treatment. They said they were given adequate time for

Are services caring?

their appointment and their GP explained things well and that they were able to ask all the questions they wanted to about their care and treatment before choices were made.

The practice had a consent policy which included implied consent, expressed consent and how staff should obtain consent. We were told by staff that before patients received any care or treatment they were asked for their consent and the GP/nurses acted in accordance with their wishes. This was confirmed by three patients we spoke with. There were arrangements in place to secure the consent of patients who lacked ability to make their own decision. Staff we spoke with were aware of need to see young people and mentioned Gillick competence when asked about treating teenage patients. Gillick competence is a term is used in medical law to decide whether a child (16 years or younger) is able to consent to their own medical treatment, without the need for parental permission or knowledge. Staff confirmed they would make an appointment for someone under 16 if the patient had the ability to give informed consent to treatment. This meant that patients were involved in their care and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Overall the practice was responsive to patients needs.

Patient and staff suggestions for making improvements had been acted on. The provider sought ways to improve the services offered. The practice was accessible for people with limited mobility and all areas of the premises were clear of obstructions and easy to navigate.

There was an open culture within the organisation and a comprehensive complaints policy and procedure. Complaints about the service and significant events were investigated and responded to in a timely manner.

Our findings

Responding to and meeting people's needs

The practice had facilities in place to ensure that patients whose first language was not English were supported to access the service. We spoke with staff who told us about the language line they could use and were familiar with the availability of the telephone service. A member of staff told us about a patient who didnt speak English and made use of this facility on occasion.

Patients received support from the practice following discharge from hospital. We heard examples from patients of checks carried out by doctors when they next came to the surgery following discharge. We saw from the practice manager's weekly meetings log that referrals and hospital discharge summaries for each week were reviewed by the clinicians.

The premises were seen to be accessible for disabled patients, having level access and disabled persons parking spaces close to the entrance door. A wheelchair accessible toilet was available and a lift provided access to the first and second floor. There were also baby changing facilities for mothers with babies to use. We saw that the reception desk had a lowered area to accommodate patients using wheelchairs who may have found it difficult to communicate easily with the reception staff. This meant that the practice responded to the different needs of its patients.

Access to the service

Patients we spoke with and comments we received all expressed confidence that urgent problems or medical emergencies would be dealt with promptly and staff would know how to prioritise appointments for them. The staff we spoke with had a clear understanding of the triage system to prioritise how patients received treatment, if they needed an appointment or how the doctors would decide to support them in other ways, for example, a telephone consultation or home visit. The practice also offered pre-bookable appointments in advance for weekdays and Saturday mornings. There was a system for patients to obtain repeat prescriptions on-line and when we spoke with patients, they told us that they found the system worked well and their medicines were available when they needed them. This meant that patients could access the service in a timely way.

Are services responsive to people's needs?

(for example, to feedback?)

Concerns and complaints

We saw that the practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the timeframes for responding. The policy and procedure reflected the requirements of the NHS complaints process and included the details of external bodies for complainants to contact if they preferred. The process was included in the practice information leaflet and on the practice website for patients. We saw a folder where complaints were recorded and a report that had been produced for the year. This summarised emerging themes and trends which were discussed at management meetings to review any changes that could be made. For example, a patient complained on 3 April 2014 about the lack of afternoon appointments to see their GP. The complaint was investigated and discussed at a practice meeting a week later. The outcome from this meeting prompted additional locum GP in the afternoons. From our observations, discussions with staff and patients, we found that the practice was responsive to comments, complaints and feedback to help inform how the service was provided to meet the needs of patients.

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.

There was a visible leadership team with vision and purpose which meant the staff were engaged in improving the service to patients.

Clinical and non-clinical audits took place and there was a master audit plan to engage the team and ensure that quality was being measured, reviewed and improved to benefit patients.

Risk management procedures were in place, for example we noted risk assessments for fire and health and safety. The practice involved patients in a meaningful way about the services and facilities they received.

An appraisal system was in place and followed in a timely way to ensure that all members of staff had received a current appraisal and felt a part of the team.

Our findings

Leadership and culture

We spoke with the senior management team (GPs and practice manager) at the practice, who told us that they advocated and encouraged an open and transparent approach in managing the practice and leading the staff teams. The GPs promoted shared responsibility in the working arrangements and commitment to the practice. For example, the individual areas of responsibility included dermatology, medicines management, clinical commissioning, safeguarding and hospital admissions. Team social occasions (all staff) were regularly held to promote a group ethos. Staff we spoke with told us that they felt there was an open door culture, that the GPs and practice manager were visible and approachable. This was helped because the GPs worked in an open plan office space behind reception when they were not treating patients which made them available to all staff. Staff told us they felt supported and were able to approach the senior staff about any concerns they had. They said that there was a good sense of team work within the practice and communication worked well. The patient satisfaction survey further illustrated the practice ethos of a caring and quality service provided for patients.

Governance arrangements

We saw a number of practice protocols and policies. These were reference guides for nurses and GPs to use in the care of patients). Examples of protocols and policies seen were for chaperones, carers, information security, complaints and consent. We saw that all the protocols and policies were available on the practice library which was available to staff on all the computers in the practice. We were told that all the practice protocols and policies were reviewed every year and records confirmed this. For example, we saw that the health and safety, information security and the freedom of information policies had been reviewed in 2014 as were protocols such as locum booking, carers and new patients. This meant that information available for staff was up to date and fit for purpose.

Systems to monitor and improve quality and improvement

Governance and management meetings were held on a regular basis to consider quality, safety and performance within the practice. This included monitoring of complaints, significant events and suggestions received

Are services well-led?

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

from patients. Information from the practice 'Quality and Outcomes Framework' (QOF) was analysed and reviewed to enable the practice to make comparisons to national performance and locally agreed targets. We saw records of audits and checks carried out by the practice. These included medication management reviews, note keeping, dementia case review and minor surgery audits. For example, a GP undertook an audit of 100 patient records and found these to be 99% complete with full details recorded. This meant that the practice used processes to monitor and improve services for patients.

Patient experience and involvement

The practice did not have an active Patient Participant Group (PPG) but did offer patients the opportunity to feedback about their experience of using the practice. An example seen was a survey on the practice website. We were shown interim results of this survey which was being carried out at the time of our inspection. When asked to rate the level of their involvement in decisions about their care 82% of the patients who responded said very good. This meant that the practice involved patients in a meaningful way about the services and facilities they received.

Staff engagement and involvement

All of the staff we spoke with told us they felt included in the running of the practice. They went on to tell us how the GPs and practice manager listened to their opinions and respected their knowledge and input at meetings. We were told that staff turnover and sickness was low and many staff had worked at the practice for over 10 years. Staff told us they felt valued and were proud to be part of the Queens Avenue Surgery team.

Learning and improvement

All the staff we spoke with confirmed that they had annual appraisals. Records seen confirmed this. One member of staff told us they discussed their objectives at their appraisal. GPs had annual appraisals carried out by a Clinical Commissioning Group (CCG) appraiser and told us they also had development objectives. Staff told us they had their training needs met and their line managers discussed any request to attend study days. This meant that staff reviewed their performance which would identify areas where further training may be required to improve the service to patients.

Identification and management of risk

We saw records to support the identification and management of risks which included health and safety, legionella and fire safety. For example, a fire risk assessment had been completed and emergency testing of fire alarms and emergency lighting were carried out which followed fire safety regulations. This meant that risks to patients, staff or visitors were identified and managed to ensure patients, staff and visitors to the practice were safe and free from harm.

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 offered a service for older people.

Annual flu vaccination clinics were held for older patients, to provide protection from catching the flu virus.

The practice had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Formal links with two local care homes which ensured regular and on-going care and support to the residents as patients. There was a system to identify patients who presented with symptoms that may indicate dementia. Follow-up blood tests would be arranged at the practice and a referral made to the specialist mental health nurse to carry out mental health assessments.

Where older patients found it difficult to attend the practice for care and treatment the practice informed the community nurses who would support and treat patients at home if needed. This enabled patients with limited access and mobility to receive appropriate care and treatment in their homes. The practice had named GP and nurses who took lead roles in conditions that affected older people, including dementia, end of life care and leg ulcers.

Our findings

Safe

Annual flu vaccination clinics were held for older patients, to provide protection from catching the flu virus. Older patients were protected from the risk of abuse, because the practice had taken necessary steps to identify the possibility of abuse and prevent abuse from happening.

Caring

The practice had formal links with two local care homes and provided regular and on-going care and support to the residents as patients.

Effective

The practice had a system for GPs to identify patients who presented with symptoms that may indicate dementia so that services could be provided to support them. Follow-up blood tests would be arranged at the practice and a referral made to the specialist mental health nurse to carry out mental health assessments.

Responsive

The practice recognised that some older patients may find it difficult to attend the practice for care and treatment. We were told that the practice informed the community nurses if this was the case, and they would support and treat patients at home if needed. This enabled patients with limited access and mobility to receive appropriate care and treatment in their homes.

Well-led

The practice had named GP and nurses who took lead roles in conditions that affected older patients, including dementia, end of life care and leg ulcers.

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 offered a service for people with long term conditions.

Annual flu vaccination clinics were held for patients who had long-term conditions, to provide protection from catching the flu virus..

Patients who required an urgent appointment were prioritised and would see a doctor quickly.

Clinical audits were carried out to improve outcomes for patients with long-term conditions. The results were reviewed against national data to determine any changes that could be made to care/treatment pathways and clinical therapies to improve outcomes for patients.

The practice had nominated clinical leads for specific long-term conditions such as diabetes.

Our findings

Safe

Annual flu vaccination clinics were held for patients who had long-term conditions, to provide protection from catching the flu virus..

Responsive

Patients we spoke with who had long-term conditions told us that when they required an urgent appointment, the practice ensured they were prioritised and would be able to see a doctor quickly.

Well-led

We saw evidence that the practice undertook clinical audits to improve outcomes for patients with long-term conditions. The results were reviewed against national data to determine any changes that could be made to care/ treatment pathways and clinical therapies to improve outcomes for patients. The practice had nominated clinical leads for specific long-term conditions such as diabetes.

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 offered a service for mothers, babies, children and young people.

Children and babies were protected from the risk of abuse, because the practice had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Baby and child immunisations were available. Maternity services were provided at the practice which offered patients a choice of attending five different postnatal clinics each week.

Our findings

Safe

Children and babies were protected from the risk of abuse, because the practice had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The practice had a chaperone policy and this was advertised in the surgery and in the practice leaflet.

Effective

The practice provided baby and child immunisations clinics . Maternity services were also provided at the practice. These included contraception advice and six week checks on babies and mothers.

Well-led

A partner GP was the named lead for safeguarding children. This GP had specific responsibility for disseminating information and training to other staff within the 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

The practice offered a service for working-age people and those recently retired.

The practice offered an online repeat prescription and delivery service which meant patients who worked did not have to attend the surgery to collect a prescription. The practice also offered extended opening hours (up to 6.30pm weekdays and 8.30am – 12pm on Saturdays)

The practice offered a range of services and clinics to provide monitoring and routine support for patients in this age group, including lifestyle and healthy living checks, blood pressure and diabetes checks.

Our findings

Caring
The practice offered an online repeat prescription and delivery service which meant patients who worked did not have to attend the surgery to collect a prescription.

Effective
The practice offered a range of services and clinics to provide monitoring and routine support for patients in this age group, including lifestyle and healthy living checks, blood pressure and diabetes checks.

Responsive
The practice offered extended opening hours (up to 6.30pm weekdays and 8.30am – 12pm on Saturdays).

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 offered a service to people in vulnerable circumstances.

Patients in vulnerable circumstances were protected from the risk of abuse.

Annual flu vaccination clinics were held for people in vulnerable circumstances, to provide protection from catching the flu virus.

Systems were in place to ensure equality of access to the practice and the services provided. For example, translation/interpretation services were accessible for people who had communication difficulties.

Our findings

Safe

Patients in vulnerable circumstances were protected from the risk of abuse, because the practice had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The practice had a chaperone policy which was advertised in the surgery and in the practice leaflet.

Annual flu vaccination clinics were held for people in vulnerable circumstances to provide protection from catching the flu virus.

Well-led

Systems had been put in place to help ensure equality of access to the practice and the services provided. For example, translation/interpretation services were accessible for people who had communication difficulties.

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 offered a service to people experiencing poor mental health.

Annual flu vaccination clinics were held for people experiencing poor mental health to provide protection from catching the flu virus.

Mental health assessments were carried out for patients as part of other routine health checks which enabled early detection and referral to specialist services for on-going support if necessary.

The management team had systems and procedures in place to identify and manage risks to individual patients and included those who presented with poor mental health.

Our findings

Safe

Annual flu vaccination clinics were held for people experiencing poor mental health to provide protection from catching the flu virus.

Effective

We were told by staff that the practice undertook mental health assessments as part of other routine health checks. This helped to identify mental health issues and early detection for patients who would then be referred to specialist services and receive on-going support.

Well-led

The management team had systems and procedures in place to identify and manage risks to individual patients and included those who presented with poor mental health. 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.