Lincoln Road Med Practice

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

Contents

Summary of findings

Overall summary

Lincoln Road Medical Practice is a small family run practice providing primary medical services to people in the local community.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury, surgical procedures, family planning and maternity and midwifery services.

During our inspection we spoke with seven staff and eight patients, reviewed 20 comment cards and viewed recent patient surveys. The feedback from patients was consistently positive and patients were very satisfied with the care they received. Patients privacy was respected and patients were given all the necessary information to make informed decisions relating to their care and treatment.

We found that staff were professional and were trained to meet patients needs. The practice was providing care and treatment in accordance with best practice standards and guidance and worked in collaboration with other services to deliver effective care to patients. The practice was responsive to patients and involved them in decisions relating to the running of the service. The practice took a proactive approach to planning services that met patients needs.

The practice was striving to attain the highest standards of clinical care by continuously looking for areas of improvement and effecting positive change. The practice had a clear strategy to reduce health inequalities present in the local community by providing quality care and treatment and developing services that met their needs. The practice had robust governance arrangements and staff were clear on their roles, responsibilities and who they were accountable to.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

There were procedures in place to ensure accidents, serious incidents and safety alerts were acted on and learnt from in order to reduce the likelihood of reoccurrence. Effective safeguarding procedures were in place to protect vulnerable patients from harm and infection control procedures to protect patients from cross infection risks.

Procedures were in place to ensure medicines were managed safely and staff were adequately trained to deal with foreseeable emergencies.

Staff were appropriately vetted before they started working for the service to ensure they were of suitable character to work with patients in a primary care setting.

Systems were in place to monitor and manage safety risks including risk assessments for fire, the Control of Substances Hazardous to Health (COSHH) and infection control audits. Where risks had been identified control measures had been put in place to minimise them.

Are services effective?

The service provided was effective. The practice was providing care and treatment in line with recognised best practice standards and guidance. We found that staff were suitably qualified and trained and worked to recognised best practice standards and guidelines to deliver an effective service to patients.

The practice had participated in clinical audit and peer review to evaluate and improve patient care and engaged with other health and social care services and professionals to deliver effective care to patients with complex needs.

Are services caring?

The service provided was caring.

Feedback from patients was consistently positive about the service. Patients said staff were always polite, helpful and caring. Patients said they were given both emotional and medical support by the practice staff.

Summary of findings

Patients' privacy was respected. Their personal information and medical records were kept confidential and secure. Patients said the GPs sought their consent before conducting examinations and they were given all the necessary information to make informed decisions about their care or treatment.

Are services responsive to people's needs?

The service was responsive to patients needs and took a proactive approach to meeting them.

The practice had used data about the local population from external organisations to plan services that met the populations needs. Patients told us they did not have to wait long to get an appointment and usually one was available on the day of request. Emergency appointment slots and telephone consultations were available on a daily basis.

The practice was responsive to patients concerns and complaints. Both verbal and formal complaints were taken seriously and responded to appropriately.

Are services well-led?

The service was well-led and had robust governance arrangements. Staff were aware of their role and responsibilities and who they were accountable to. There was a clear vision and strategy for the practice moving forward.

Patients were listened to and their opinions valued and incorporated into the running of the service and staff were engaged and felt supported to deliver quality care to 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 had procedures in place to ensure older patients received appropriate care and their needs were met. These included appropriate care for patients who lacked capacity and support for patients and relatives through end of life care.

People with long-term conditions
The practice had arrangements in place to manage chronic disease. These included collaborative team work between the GP's and practice nurse and referral to specialist care when appropriate.

Mothers, babies, children and young people
The practice had a wide range of services to meet the needs of mothers, babies, children and young people. These included paediatric, antenatal and mother and baby clinics.

The working-age population and those recently retired
The practice had arrangements in place to meet the needs of working age people including annual health checks and a well persons clinic. Contraceptive services and a cervical screening service were also available.

People in vulnerable circumstances who may have poor access to primary care
The practice supported people in vulnerable circumstances who may have poor access to primary care including providing primary care services to homeless people and patients with learning disabilities.

People experiencing poor mental health
The practice had procedures in place to deliver appropriate care and treatment to people experiencing poor mental health including referral of patients to the mental health services where appropriate.

Summary of findings

What people who use the service say

Patients we spoke with who attended the medical centre on the day of our inspection were highly satisfied with the service. Patients told us that staff were welcoming, friendly and met their individual needs. Patients said the standard of care was very high and always consistent and the reception staff did what they could with regards to making an appointment.

The comment cards we received from patients were consistently positive about the service and staff. Patients commented that reception staff were polite and very helpful. Patients said the doctors were very caring and listened to their needs and apologised if they were running late.

Areas for improvement

Good practice

Our inspection team highlighted the following areas of good practice:

Regular practice of medical emergency scenarios to ensure staff were prepared to deal effectively with emergency situations should they arise.

Working with other practices to drive more effective care to patients.

A clear strategic direction to reduce health inequalities in the local community.

Lincoln Road Med Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. It included a GP and a CQC inspector. The GP was granted the same authority to enter Lincoln Road Medical Practice as the CQC inspector.

Background to Lincoln Road Med Practice

Lincoln Road Medical Practice is located in the London borough of Enfield. The practice is a small family run practice providing primary medical services to approximately 5300 patients in the local community. The staff comprise of two GP partners, a salaried GP, a nurse, a health care assistant, a practice manager and a small team of reception staff. The practice is a training practice approved by the London Deanery and currently supports two trainee GPs. The medical practice is situated in the London borough of Enfield and serves a predominately young population. There is a higher than average population of ethnic minorities and also a high level of deprivation.

Why we carried out this inspection

We inspected this 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

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

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

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

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

Before visiting, we reviewed a range of information we had received from the service and asked other organisations such as HealthWatch and NHS England to share what they knew about the service. We carried out an announced visit on 03 June 2014. During our visit we spoke with a range of staff including two GPs, the practice nurse, a healthcare assistant, the practice manager and two non-clinical staff. We spoke with eight patients who used the service and reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Summary of findings

The service provided was safe.

There were procedures in place to ensure accidents, serious incidents and safety alerts were acted on and learnt from in order to reduce the likelihood of reoccurrence. Effective safeguarding procedures were in place to protect vulnerable patients from harm and infection control procedures to protect patients from cross infection risks.

Procedures were in place to ensure medicines were managed safely and staff were adequately trained to deal with foreseeable emergencies.

Systems were in place to monitor and manage safety risks including risk assessments for fire, the Control of Substances Hazardous to Health (COSHH) and infection control audits. Where risks were identified control measures had been put in place to minimise them.

Staff were appropriately vetted before they started working for the service to ensure they were of suitable character to work with patients in a primary care setting.

Our findings

Safe patient care

The practice had policies and procedures in place to guide staff on what action to take following accidents and safety incidents. Staff were able to describe the procedures for reporting accidents and incidents and these were being followed.

Learning from incident

The practice manager showed us examples of accidents and safety incidents that had occurred. These had been recorded, analysed and lessons learnt to minimise the risk of reoccurrence. For example, a vaccine fridge had recently failed, to prevent it happening again the practice had purchased an additional fridge to be used as a back up. Another incident involved a patient receiving the wrong dose of medication. As a result more training had been provided to staff to ensure it didn't happen again. We saw evidence that both incidents had been discussed in staff meetings to ensure learning was shared with all practice staff. Procedures were in place to respond to and act on safety alerts. The practice manager was responsible for ensuring safety alerts were circulated to the nurse and GP's by email. These were then discussed in clinical meetings and acted on by the appropriate person and this was confirmed by the meeting minutes we viewed.

Safeguarding

The practice had procedures in place for safeguarding vulnerable adults and children. Staff had received training in safeguarding vulnerable adults and children and were aware of their responsibilities in relation to recognising and reporting any concerns. The contact details of the local authority safeguarding teams were displayed in each consultation room for quick reference to ensure staff reported any concerns promptly. There was a designated GP for safeguarding who was responsible for ensuring any concerns were followed up appropriately. The designated GP also attended case conferences and best practice was shared with staff. We saw examples of referrals made and evidence that safeguarding concerns had been discussed in staff meetings to improve staff knowledge of safeguarding issues. The provider had a whistleblowing policy in place and staff were aware of the procedure to follow if they had any concerns.

Are services safe?

Monitoring safety and responding to risk

The practice had systems in place to monitor safety and responding to risk. For example the practice had carried out health and safety risk assessments including risk assessments for fire and the Control of Substances Hazardous to Health (COSHH). Where risks had been identified, control measures were in place to minimise them. Risk assessments had been reviewed on a regular basis to ensure any new risks were identified and dealt with accordingly. Infection control audits had also been completed and any shortfalls acted on.

Procedures were in place to cover staff shortages due to illness or annual leave. The practice had three full time GPs who covered each other during these periods. The practice had access to a locum agency but had rarely needed to use it. The practice manager told us that there were always two staff members trained to carry out the same duties and were not allowed to take annual leave at the same time. We were told that staffing levels and skills mix were reviewed at appropriate intervals.

Medicines management

The practice stored medicines safely. Emergency medicines were stored in a designated cupboard in the nurses room. There were no controlled drugs on the premises. The medicines were checked on a weekly basis by the nurse to ensure they were in date. Immunisations and vaccines were stored in fridges and checked twice per day to ensure they were stored in the correct temperature range. There were clear procedures for staff to follow if the fridge temperatures fell outside this range. There was an emergency visit bag stored in one of the consultation rooms. We found the bag was appropriately stocked and all medicines were in date and checked regularly. Prescription pads were also stored safely and patients repeat prescriptions were available within 48 hours.

Cleanliness and infection control

The practice had policies and procedures in place to manage the risk associated with cross infection. Staff had completed training in infection control to ensure they had sufficient knowledge to identify and minimise cross infection risks. All areas of the practice were well maintained and hygienic and we found the practice was clean on the day of our inspection. Daily cleaning schedules were in place for both clinical and non-clinical areas of the practice to ensure cross infection risks were minimised and regular audits had been completed to monitor standards. Personal protective equipment was available for staff to wear to further minimise cross infection risks. Hand washing facilities were available throughout the practice and hand wash posters were displayed setting out the correct hand washing techniques as a quick reference and reminder for staff. Waste was segregated and stored safely and disposed of by a professional waste company.

Staffing and recruitment

Staff files we reviewed evidenced that the provider had undertaken all necessary pre-employment checks for staff. This included Disclosure and Barring Service (DBS) checks and written references to ensure they were of suitable character to work in a primary care service.

Dealing with Emergencies

The practice had effective procedures in place to deal with foreseeable emergencies. Staff had completed training in basic life support and cardiopulmonary resuscitation (CPR). In addition clinical staff had been trained in anaphylaxis (acute allergic reaction) management. We saw evidence that emergency scenarios were practiced in staff meetings to ensure staff were prepared and ready in the event of a real emergency situation. Emergency protocols were displayed throughout the practice as a quick reference and reminder for staff. Emergency medicines and an oxygen cylinder were stored in the nurses room and they could be accessed promptly if the need arose. Staff had received fire safety training and fire evacuation protocols were displayed for staff to follow. Fire drills had been practiced regularly to ensure patients and staff could be evacuated safely in the event of a fire.

Equipment

The consultation rooms were adequately equipped with appropriate equipment to carry out primary care services. We saw evidence of maintenance, calibration and service records to ensure the equipment was safe and fit for purpose.

Are services effective?

(for example, treatment is effective)

Summary of findings

The service provided was effective. The practice was providing care and treatment in line with recognised best practice standards and guidance. We found that staff were suitably qualified and trained and worked to recognised best practice standards and guidelines to deliver an effective service to patients.

The practice had participated in clinical audit and peer review to evaluate and improve patient care and engaged with other health and social care services and professionals to deliver effective care to patients with complex needs.

Our findings

Promoting best practice

The practice was providing care and treatment in line with recognised best practice standards and guidance. For example the GPs were using the quality standards set by the National Institute for Health and Care Excellence (NICE). We saw evidence that new updates to the guidelines were circulated amongst clinicians. The updates were presented by the trainee GPs and discussed by the clinical team during clinical meetings as a learning exercise to ensure knowledge was kept up to date.

The practice was using the Quality and Outcomes Framework (QOF) for chronic disease management. The QOF is a system to remunerate general practices for providing good quality care to their patients, and to help fund work to further improve the quality of health care delivered. There was also evidence of the practice assessing patients capacity to consent in accordance with current legislation such as the Mental Capacity Act 2005 and the Children Act 2004.

Management, monitoring and improving outcomes for people

GPs participated in regular clinical audits and peer review. We saw examples of four clinical audits with completed audit cycles that had been used to evaluate and improve patient care. A prescribing audit was also completed annually by the prescribing lead from the Clinical Commissioning Group and where patients needed a medication review this was carried out accordingly. The practice participated in a 'dashboard programme' which highlighted patients opinions of the service and other data such as accident and emergency attendances and compared them to other practices. This showed that the practice scored positively along these criteria. The practice scored positively in Quality and Outcomes Framework (QOF) points in the previous year. We also saw evidence that the quality and appropriateness of referrals were being monitored by benchmarking them against other practices in order to improve outcomes for patients.

Staffing

Staff files we reviewed demonstrated found that staff had the appropriate qualifications and training to deliver effective care to patients. For example there was evidence that all GPs were professionally registered with the General Medical Council (GMC) and the nurse was registered with

Are services effective?

(for example, treatment is effective)

the Nursing and Midwifery Council (NMC). A comprehensive induction training was in place for new staff specific to their job role including an induction programme for locum GPs. All staff had received mandatory training as part of their induction training and this was updated on an annual basis. Training included basic life support, safeguarding children and adults, infection control and fire safety. There was an in house appraisal system in place to assess staff performance and identify any development needs and a structured training system for GP trainees. The practice also supported GP trainees to develop their skills and knowledge. For example one trainee was funded by the practice to complete a minor injuries course.

Working with other services

The practice had developed close working relationships with other healthcare and social care services to deliver effective care to patients. For example the practice worked with the mental health service, the local authority safeguarding team, and the out of hours services. The practice looked after residents in a local 35 bed dementia care home and worked with a psychiatrist to deliver effective care to these patients. GPs attended multidisciplinary team meetings with a range of healthcare professionals to manage high risk patients with complex health needs. We saw evidence that the practice attended support meetings with other practices whose clinical performance could be improved to help them to deliver more effective care to patients. The provider looked after two care homes for people with learning disabilities and liaised with a consultant psychiatrist and specialist learning disability nurse to deliver effective care. The practice also worked in collaboration with hospital consultants who ran five clinics at the practice on a weekly basis. These included a respiratory clinic, paediatric clinic and a smoking cessation clinic. We saw evidence that the practice was working with the Primary Care Foundation an organisation that was established to support primary care services develop best practice. This involved working together to improve access to primary care.

Health, promotion and prevention

The practice took a proactive approach to health promotion. Literature was available for patients on a wide range of topics related to healthy living to ensure they had the necessary information to make informed decisions about their health. A number of screening services were available to detect the early signs of disease and a staff member acted as a 'health champion' to promote good health. Other services included a health check service, a smoking cessation clinic and immunisation and vaccination clinics. The nurse also ran a variety of chronic disease clinics in collaboration with the designated GP for chronic disease management. Referrals were made to the dietician when appropriate to advise patients about healthy eating and the provider worked with the Clinical Commissioning Group (CCG) to refer 'at risk' children for treatment at an obesity clinic.

Are services caring?

Summary of findings

The service provided was caring.

Feedback from patients was consistently positive about the service. Patients said staff were always polite, helpful and caring. Patients said they were given both emotional and medical support by the practice staff.

Patients' privacy was respected. Their personal information and medical records were kept confidential and secure. Patients said the GPs sought their consent before conducting examinations and they were given all the necessary information to make informed decisions about their care or treatment.

Our findings

Respect, dignity, compassion and empathy

We spoke with eight patients in the waiting area of the practice, viewed 20 comment cards and viewed patient surveys. Patients told us that all of the staff working at the practice were welcoming and friendly and greeted them openly. Patients said that reception staff were polite, helpful and the GPs were caring, listened to their needs and apologised if they were running late. Patients said they were treated with dignity and respect and provided with emotional as well as medical support. Patients also told us they had been supported through periods of bereavement and the practice had been very empathetic with them during this time. One patient said that the GPs took good care of her emotional wellbeing and when she was bereaved the GPs listened and acknowledged her loss and were very caring.

We found that patients privacy was respected. There was a private room available for patients to discuss their problems with reception staff or the practice manager and consultations were carried out with the door shut to ensure consultations between the clinicians and patients could not be overheard. Patients personal information and medical records were stored securely away from public access.

Involvement in decisions and consent

Patients told us that the GPs sought their consent before conducting examinations. Patients said an in depth discussion always took place before a decision was made in regard to their treatment or care. A chaperone service was actively promoted by the practice for patients who wanted to be accompanied during their examination. An interpreter service was available for patients whose first language was not English to help them with their communication needs to ensure they could give informed consent to care. Literature on medical conditions, services and health living were also available in a range of languages to further support them.

The practice had a Patient Participation Group (PPG) that met on a quarterly basis. The group gave valuable feedback to the practice on how the service was run. For example patients had requested that the period for making

Are services caring?

appointments needed to be extended and this had been implemented. During our inspection we spoke with the PPG chair person who said the practice was very supportive to patients and always listened to their views and opinions.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The service was responsive to patients needs and took a proactive approach to meeting them.

The practice had used data about the local population from external organisations to plan services that met the populations needs. Patients told us they did not have to wait long to get an appointment and usually one was available on the day of request. Emergency appointment slots and telephone consultations were available on a daily basis.

The practice was responsive to patients concerns and complaints. Both verbal and formal complaints were taken seriously and responded to appropriately.

Our findings

Responding to and meeting people's needs

The practice used data from a Joint Strategic Needs Assessment (JSNA), a local authority assessment of the health needs of the local population, to plan its services and target patients needs. Services provided were wide ranging and included phlebotomy, health checks, smoking cessation and audiology. Patients told us that when they had been referred to hospital or other healthcare professionals the referral was made promptly and they were seen in a timely manner. Procedures were in place to ensure urgent referrals were followed up and patients seen on time. One patient told us they were referred to the physiotherapist and was secured an appointment within one day.

Patients told us the practice were always responsive to their individual needs. For example, patients said they were reminded by text message when a check-up was required to monitor their health conditions. One patient said their relative was supported with the appropriate care needed to allow them to remain at home throughout their end of life care. We saw evidence that important clinical information passed on to the practice from out of hours services including radiology and blood test results, were reviewed by the practice promptly and dealt with accordingly.

Access to the service

We found that there were a range of appointments available and patients did not have to wait a long time to book one. Patients could telephone or walk in to the practice between 8 and 9am and would be given an appointment the same day. Emergency appointment slots were available each day as well as telephone consultations. Reception staff worked as a team to ensure patients needs were prioritised. The practice did not offer an out-of-hours service and was closed at weekends. However, the practice offered extended surgery hours on Mondays and the '111' urgent care out-of-hours services were available for emergencies.

The practice could cater for patients with mobility needs including providing level access into the practice and modified toilet facilities for patients who were wheelchair bound.

Are services responsive to people's needs?

(for example, to feedback?)

Concerns and complaints

The practice had a complaints procedure in place and it was accessible to patients. Both verbal and formal complaints were recorded and dealt with accordingly. Complaints were discussed, investigated and resolved where possible. We saw evidence that learning from complaints were shared with all staff to reduce the likelihood of reoccurrence.

The practice carried out patient surveys on an annual basis with the input of the PPG. Where concerns were identified improvements had been made to the quality of service provided. For example the results of the 2013 patient survey identified concerns that patients sometimes found it difficult to get through to the practice on the telephone between 8 and 9am. To address this the practice had made arrangements for two receptionists to be available to answer the telephones between these times.

Are services well-led?

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

Summary of findings

The service was well-led and had robust governance arrangements. Staff were aware of their role and responsibilities and who they were accountable to. There was a clear vision and strategy for the practice moving forward.

Patients were listened to and their opinions valued and incorporated into the running of the service and staff were engaged and felt supported to deliver quality care to patients.

Our findings

Leadership and culture

There were two GP partners who took the clinical and corporate lead for the practice and were supported by a third partner who was the practice manager. Succession planning was in place for when the senior partner retired. The values of the practice were to provide quality care centred on the needs of individual patients. A mission statement had been formalised and agreed with the PPG which further developed the values of the practice. The mission statement was displayed in the practice for patients to view. The GP partners had a clear strategy for the development of the practice which was based on the results of a needs assessment carried out by the local authority called the joint strategic needs assessment (JSNA). The purpose of the JSNA was to assess the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities. The assessment showed that there were marked health inequalities in the local community leading to high levels of illness and reduced life expectancy. The practice strategy was to 'bridge the gap' and reduce inequalities in the area by improving the quality care for people in the local community.

Governance arrangements

The practice had governance arrangements in place including defined roles and responsibilities. These included designated roles for safeguarding, infection control, chronic disease management, health and safety and medicine management. All non-clinical staff reported to the practice manager and clinical staff directly to the GP Partners. Staff were aware of their responsibilities and who they should report to with any issues or concerns. Decisions relating to the running of the practice were always formally discussed between the GP partners and the PPG chair before implementation to ensure patients views were listened to.

Systems to monitor and improve quality and improvement

Systems were in place to monitor and improve quality including annual patient surveys, online questionnaires available through an tablet computer kept at the reception

Are services well-led?

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

desk, and feedback from the PPG. We saw evidence of a range of clinical audits carried out by the GPs, audit cycles were complete and had been used to evaluate and improve patient care.

Patient experience and involvement

The practice had an active PPG comprising of approximately 70 patients. During our inspection we spoke with the PPG chair who told us the practice was very supportive and always involved patients in decisions relating to the running of the practice. The PPG met on a quarterly basis and were involved in the annual patient survey. The results of the 2013 patient survey showed patients were in favour of an extension to the practice building to meet the needs of an increased patient list size. The details of the extension were agreed between the GP partners and the PPG before implementation.

Staff engagement and involvement

Clinical meetings were held on a weekly basis and practice meetings monthly. The meetings were an opportunity for staff to discuss any issues and also share good practice. Topics covered during staff meetings included safeguarding concerns, complaints, learning from serious incidents and the vision of the practice. Staff had a very positive attitude to their job role and they felt supported by the senior management team. Staff said they always supported each other to deliver a high standard of patient care. The provider always listened to staff and their voices were encouraged. Staff told us that whenever they requested training to improve their skills it was provided. For example phlebotomy training had been provided to the healthcare assistant and minor surgery training to the salaried GP.

Learning and improvement

The practice had learnt from complaints and serious incidents and had an open and transparent approach to mistakes. We saw an example where a clinical error had been made with a patient. The patient was informed of the mistake, apologised to, and the mistake rectified. A significant event analysis was completed and learning shared with other clinicians to prevent reoccurrence.

Identification and management of risk

The practice had contingency plans in place to ensure continuity of patient care in the event of major disruptions to the service. The contingency plans were comprehensive and included a 'buddy system' with another practice to provide care for patients in the event of a major disruption.

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 had procedures in place to ensure older patients received appropriate care and their needs were met. These included appropriate care for patients who lacked capacity and support for patients and relatives through end of life care.

Our findings

The practice had procedures in place to ensure older patients received appropriate care and their needs were met. For example one patient told us that the GPs supported their relative through end of life care. The patients relative wished to remain at home throughout the process and was given the medical care needed to do so. When the patients relative passed away she was given emotional support with her bereavement. The practice also looked after elderly patients in a local dementia care home. The GPs worked with a psychiatrist to ensure patients needs were met. We saw evidence that the Mental Capacity Act 2005 was used appropriately to ensure decisions about treatment were made in the patients best interests. The designated GP for safeguarding also attended vulnerable adult meetings with the local authority to ensure vulnerable elderly patients were protected from harm.

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 had arrangements in place to manage chronic disease. These included collaborative team work between the GP's and practice nurse and referral to specialist care when appropriate.

Our findings

The practice had arrangements in place for chronic disease management. There was a designated GP who worked in collaboration with the practice nurse to ensure patients with chronic conditions were managed and treated appropriately. For example clinics were available for patients with diabetes and asthma. Complex cases were discussed at the weekly clinical meeting and referred to specialist care when appropriate.

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 had a wide range of services to meet the needs of mothers, babies, children and young people. These included paediatric, antenatal and mother and baby clinics.

Our findings

The practice had a wide range of services to meet the needs of mothers, babies, children and young people. For example, an in house paediatric clinic was run weekly by a hospital consultant and child vaccinations and immunisation clinics were run by the practice nurse. There were antenatal clinics run by the midwife from the local hospital and mother and baby clinics were run weekly. Robust procedures were in place to protect children from abuse, which included the contact details of the local authority child abuse investigation team. The Clinical Commissioning Group's (CCG) lead paediatric consultant for safeguarding children worked at the practice once per week and any safeguarding concerns were referred to them for investigation. The practice had systems in place to alert staff if a child was on a child protection plan and audits had been completed in relation to safeguarding children to ensure any concerns had been investigated appropriately.

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 had arrangements in place to meet the needs of working age people including annual health checks and a well persons clinic. Contraceptive services and a cervical screening service were also available.

Our findings

The practice had arrangements in place to meet the needs of working age people. These included annual health checks, advice on healthy living and smoking cessation clinics. There was also a well persons clinic focussing on all areas of men and women's health, including contraception and cervical screening.

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 supported people in vulnerable circumstances who may have poor access to primary care including providing primary care services to homeless people and patients with learning disabilities.

Our findings

The practice supported patients in vulnerable circumstances who may have poor access to primary care. For example it was practice policy to register patients who were homeless or had no fixed address to ensure they had the same access to the service as any other member of the community.

The practice also provided a service to patients with learning disabilities and liaised with other healthcare professionals to deliver effective care for them.

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 had procedures in place to deliver appropriate care and treatment to people experiencing poor mental health including referral of patients to the mental health services where appropriate.

Our findings

The practice had procedures in place to deliver appropriate care and treatment to people experiencing poor mental health. For example one patient told us they had experienced mental health problems. The GP had referred them very promptly to the mental health services for treatment and continued support. The patient was very impressed with the service received. We also saw examples of where the Mental Capacity Act 2005 had been used appropriately where patients lacked the capacity to consent to care and treatment.