Sherbourne Medical Centre

Quality Report

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

Summary of findings

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Summary of findings

Overall summary

Sherbourne Medical Centre provides a range of primary medical services for approximately 9,800 patients from a three storey premises in the north of Leamington Spa centre.

We found that the practice was safe, effective, caring, well led, and responsive. There was an ethos of caring, openness and honesty in the practice and staff reported feeling involved and supported.

We spoke with ten patients during our inspection. All patients we spoke with expressed satisfaction with the service and reported being cared for with kindness, compassion and respect. They told us they experienced helpful and polite reception staff and doctors who were kind and patient. They reported that doctors gained their consent before carrying out procedures and explained their medical conditions clearly. Patients reported feeling involved in decisions regarding their care, and that GPs made referrals to specialist care appropriately and promptly.

Obtaining a next day appointment was a point where patients expressed having difficulty at times. The practice were constantly reviewing the system as well as working with the Patient Participation Group (PPG) to address this issue. The PPG reported a very good service from the practice but told us they would welcome more involvement from GPs in their work.

The practice engaged in clinical audit, which is a way of finding out if healthcare had been provided in line with recommended standards, if it was effective and where improvements could be made. We found that improvements in patient care had been made as a result, but the practice did not complete the audit cycle to allow them to revisit and evaluate care. This was an area where the practice may wish to make improvements.

The practice offered a range of services to meet the needs of specific population groups such as patients with long term conditions, vulnerable groups, older people, mothers and young children, people with mental health problems and those people who are working age or recently retired.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The service was safe. There were effective arrangements in place for reporting safety incidents and an open and honest culture with commitment to learning from when things went wrong to improve patient care.

There was a proactive approach to safeguarding and effective policies and procedures were in place and understood by all staff. There were sufficient staff with the necessary skills to perform their role and robust plans were in place to deal with foreseeable risks and prevent disruption to the service.

Are services effective?

The service was effective. Care and treatment was delivered in line with best practice standards. The practice demonstrated adherence to current best practice and had systems in place to review and update in response to new evidence. The practice improved patient care as a result of clinical audit but did not document the outcomes to allow them to be revisited and evaluated at a later date and complete the process. This was an area where the practice may wish to make improvements.

There was an effective recruitment process in place and systems to ensure appropriate levels of supervision and appraisal of staff. There was evidence of communication with other health and social care providers and the practice pro-actively identified patients who required additional support.

Are services caring?

The service was caring. All patients we spoke with expressed views of high satisfaction from kind, caring and compassionate staff at the practice. Patients told us they were treated with dignity and respect and confidentiality was maintained. Patients reported feeling informed and involved in their care and supported to make decisions about their health.

Are services responsive to people's needs?

The service was responsive to patient's needs. They had taken steps to recognise the needs of the practice population and offered services to address these. There was a range of appointment bookings and additional evening surgery appointments for people who were not able to attend during the day. The appointments system remained under constant review by the practice to address changing demands and pressures on the service. A robust and effective complaints procedure existed in the practice.

Summary of findings

Are services well-led?

The service was well led. There was evidence of good leadership from the GPs and the practice manager. There was a governance structure in place and all staff were aware of people's roles and responsibilities. There was an open, honest and transparent culture within the practice and evidence of good communication, involvement and support for staff. There was a Patient Participation Group (PPG) who were committed to service improvement but who reported the need for more GP involvement to effect change.

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 a proactive systematic approach to managing the health of older people as well as offering opportunistic health advice. There was a system for identifying those patients at high risk of health problems and those unable to access the surgery. The practice provided an opportunity for people to access a range of health care, for example, blood pressure monitoring, flu vaccinations and screening and interventions to prevent people from becoming ill.

People with long-term conditions
There was a robust mechanism in the practice for identifying and managing patients with long term conditions. We found up to date registers which allowed the practice to offer appropriate care and advice on chronic disease management. There was good communication with other members of the multidisciplinary team to support patients with long term conditions

Mothers, babies, children and young people
The practice offered services for mothers, children and young people in a safe environment providing staff who were trained in safeguarding procedures. Childhood vaccinations and medical examinations were offered to pre-school children and there was signposting to local health visiting services. Parents were able to access a doctor quickly for urgent childhood illness. The practice provided contraceptive treatments and family planning advice

The working-age population and those recently retired
The practice provided an opportunity for patients who work to access healthcare by providing evening surgery appointments. There was also evidence of proactive care by offering health checks and flu vaccinations

People in vulnerable circumstances who may have poor access to primary care
The practice had systems in place to identify patients who may have difficulty accessing services at the surgery and provided alternative arrangements where appropriate. They also ensured good links with support services for these patients where necessary

Summary of findings

People experiencing poor mental health

The practice had a system for identifying and managing patients with mental illness. They provided information for patients and appropriate referral to specialist services when necessary. The practice had links with other services to ensure good co-ordination of care.

Summary of findings

What people who use the service say

We looked at 25 comment cards from patients who used the service. Patients commented on excellent, kind, caring and compassionate care from doctors and nurses. Reception staff were reported to be friendly and welcoming and the surgery was found to be clean with a friendly atmosphere. There were comments regarding efficient well run clinics for long term conditions and rapid referral to hospital when required. All comments cards reported positive experiences of care from clinical and reception staff but there was one comment which stated the patient had experienced a long wait to see their doctor at times.

Areas for improvement

Action the service COULD take to improve

The practice may wish to make improvements to the completion of the audit cycle.

Good practice

Our inspection team highlighted the following areas of good practice:

There was evidence of genuine commitment to analysis of significant events and the practice had invited a consultant from the local hospital to the practice to discuss the latest developments in care and which provided an opportunity to change and improve practice.

Sherbourne Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP and the team included another CQC inspector.

Background to Sherbourne Medical Centre

Sherbourne Medical Centre provided a range of primary medical service for approximately 9,800 patients in a three storey building in the north of Leamington Spa centre. The practice had six GPs, three male and three female. There were three registered nurses and a health care assistant and several members of reception and administration team.

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 out-of-hours service and asked other organisations to share their information about the service.

We carried out an announced visit on 16 May 2014 between 8.30am and 5.30pm.

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

We also spoke with patients who used the service. We observed how people were being cared for.

Are services safe?

Summary of findings

The service was safe. There were effective arrangements in place for reporting safety incidents and an open and honest culture and commitment to learning from when things went wrong to improve patient care.

There was a proactive approach to safeguarding and effective safeguarding policies and procedures were in place and understood by all staff. There were sufficient staff with the necessary skills to perform their role and robust plans were in place to deal with foreseeable risks and prevent disruption to the service.

Our findings

Safe patient care

We saw evidence of a structure in the practice which allowed them to manage quality and risk effectively. Each GP had a designated lead role and staff we spoke with confirmed they were aware of this and who to refer to for specific issues, for example quality improvement and safeguarding.

We spoke with three GPs in the practice who told us that whenever possible each doctor saw their own list of patients. This provided continuity of care which contributed to reducing risk to patients due to a more in depth knowledge of individual health needs and medical history. Patients we spoke with told us they felt safe at the practice and that they almost always saw their own doctor who was aware of their health needs which was important to them.

We saw systems in place for reporting risks, significant events and complaints and all levels of staff we spoke with were aware of the reporting mechanisms, and demonstrated knowledge of their role in identifying and acting on risks to patients. There was evidence of effective communication within the practice. Staff we spoke with told us that they are kept informed of outcomes of practice meetings and encouraged to attend and contribute ideas for improvements. Staff were clear about whom they approached if the need arose and confirmed that they were encouraged and supported to contribute to this process. This demonstrated that the practice acted safely and had a commitment to perform consistently in reducing risks to patients and providing safe care.

Learning from incidents

All GPs we spoke with told us of their involvement in significant event audit (SEA). We saw evidence of regular SEA which included thorough investigation, analysis and appropriate relevant actions. The actions demonstrated a commitment to improving outcomes for patients and identifying and addressing gaps in knowledge, for example, the invitation of a consultant in a specialist area identified by the GPs to the practice to discuss latest best practice.

The GPs we spoke with told us of the changes that had been implemented as a result of SEA and we saw evidence in the reporting mechanism to support this. All staff we spoke with confirmed SEAs were discussed at a specific

Are services safe?

clinical practice meeting including practice nurses. We saw written evidence of openness and transparency where outcomes of SEA were communicated to the patients involved. This clearly demonstrated openness in the practice and an acceptance of valid complaints and issues as a learning opportunity to improve patient care.

Safeguarding

The practice had a named lead GP for safeguarding and displayed laminated safeguarding flow charts in every area of the building as well as a detailed policy which was available on the intranet. The procedures were co-ordinated with the local authority with relevant contact numbers to ensure effective implementation. All staff we spoke with including reception staff and practice nurses had received training in safeguarding which was updated annually. We saw evidence of this in staff training records and they were aware of the safeguarding lead GP in the surgery. Staff we spoke with demonstrated knowledge of the safeguarding procedures and explained appropriately how they would respond to a safeguarding issue. Discussions with staff demonstrated that the practice had approached safeguarding proactively and all staff were aware of their role in keeping vulnerable adults and children safe.

Monitoring safety and responding to risk

We spoke with the staff regarding the staffing levels and skill mix. The lead practice nurse told us that some of the nurses were part-time which afforded some flexibility during times of annual leave or sickness. They told us that staff were supportive and committed to the practice and willing to change their work patterns in response to clinical need. We saw that the practice supported changes in demand by the introduction of additional Saturday morning clinics during the winter to meet the extra demand of patients wishing to receive influenza vaccinations. The lead practice nurse told us that rotas were planned well in advance and reviewed as necessary and other nursing staff also confirmed this.

We spoke with staff about how they managed risk to patients. They told us that the practice manager had lead responsibility for risk management in the practice. They reported that they received information about how to reduce risks and were always made aware of any outcomes of SEA that involved reducing risks to patients. This confirmed that there were systems in place to minimise risk to patients.

Medicines management

The practice had robust processes for issuing acute and repeat prescriptions. We spoke with staff who were responsible for processing prescriptions and they demonstrated a clear understanding of their role. They provided evidence of a written checklist of the process. Staff we spoke with demonstrated the process during the inspection and explained they had been training new staff at that time. Staff told us that repeat prescriptions were always processed within 48 hours and patients we spoke with confirmed that they received their prescriptions in a timely manner.

We saw that the practice kept emergency medicines in the emergency kit. We looked at these and found that they were within their expiry date and were kept safely yet readily accessible to staff in an emergency and not accessible to the public.

The practice nurses told us they were responsible for recording and monitoring the fridge temperatures. We saw that fridge temperatures had been recorded appropriately and that correct action had been taken and recorded accurately when a malfunction occurred which removed the risk of any damage to the stored vaccines. The nurses were able to demonstrate knowledge of the importance of maintaining accurate fridge temperatures. This demonstrated that the practice had a proactive approach to anticipating potential risks.

Cleanliness and infection control

All rooms we looked in were clean and tidy. Patients we spoke with told us they found the surgery clean and had no issues with cleanliness. The practice had an infection control policy which was available on the intranet for all staff to refer to. Staff we spoke with were aware of the policy and confirmed that they had received infection control training. We saw evidence in staff records that this had taken place.

The interim practice manager told us that they had completed an infection control audit and provided a copy of the audit carried out in March 2014. We saw that cleaning schedules were in place for all areas and had been completed appropriately. We saw that sharps containers were stored correctly and staff explained the disposal procedure. Personal protective equipment (PPE) for example gloves and aprons, were available for use in all clinical rooms and we saw that they were used by staff when necessary.

Are services safe?

Clinical waste was stored and managed appropriately in a locked designated area and collected by external contractors weekly. We saw from the infection control audit that this was in place. The practice also had documentation which demonstrated maintenance and contract dates. This showed that reliable systems and processes were in place to maintain a clean safe environment.

Staffing and recruitment

We saw evidence of a comprehensive core induction plan for new staff. This included all aspects of the practice and policies and procedures available and training necessary during induction. Staff we spoke with confirmed that they had received the core induction as well as specific induction that was relevant to their duties. We looked at staff records which showed us that employment recruitment checks had been carried out and references sought. Clinical staff all had Disclosure and Barring Service (DBS) checks carried out and the practice had carried out risk assessments for reception staff. Nursing staff we spoke with told us that some of the nurses were part-time which allowed some flexibility during times of annual leave or sickness and enabled delivery of care to continue.

Dealing with emergencies

The practice had emergency medical equipment in place to deal with foreseeable emergencies including oxygen and a defibrillator. We saw that this included all the necessary equipment for both child and adult resuscitation. We checked all the equipment and found it was in date and there was documented evidence that this was checked weekly.

We saw that the practice had a business continuity plan which was detailed and robust. It clearly demonstrated how the practice could ensure the service would be maintained during any emergency or major incident.

Equipment

We saw that equipment was maintained regularly and accurate logs kept to ensure this was carried out at the appropriate times. Staff reported that they had access to the equipment necessary to carry out their duties and were aware of the procedure for reporting any defective equipment. Electrical equipment was tested by approved external contractors which ensured that staff and patients were kept safe from the hazards of faulty or dangerous equipment.

Are services effective?

(for example, treatment is effective)

Summary of findings

The service was effective. Care and treatment was delivered in line with best practice standards. The practice demonstrated adherence to current best practice and had systems in place to review and update in response to new evidence. The practice improved patient care as a result of clinical audit but did not document the outcomes to allow them to revisit and evaluate care and complete the process.. This is an area where the practice may wish to make improvements.

There was an effective recruitment process in place and systems to ensure appropriate levels of supervision and appraisal of staff. We saw evidence of communication with other health and social care providers and the practice pro-actively identified patients who required additional support.

Our findings

Promoting best practice

We spoke with three GPs who demonstrated knowledge and commitment to clinical guidelines and National Institute of Clinical Excellence (NICE) guidance and provided examples of changes to practice following reference to the Royal College of General Practitioners (RCGP) guidance. Clinical and NICE guidance are national clinical standards based on clinical evidence and designed to promote good health and prevent ill health. The GPs told us that guidelines were agreed by all the doctors in the practice at clinical meetings. The practice held regular educational meeting to discuss clinical issues and invited clinical expertise from other areas where the GPs identified it would be beneficial. We saw evidence of this from documentation of SEA.

All patients we spoke with at the practice told us of positive experiences of health care provision. We were given examples of prompt appropriate referral to specialist care by patients who had required urgent referral and appropriate follow up from the GPs after treatment. Many patients told of the GPs responsive care at a time they were unable to access the surgery. Patients with we spoke to in the surgery with chronic conditions told us of situations when they could not attend the surgery due to a worsening of their condition and the GP had willingly visited and had understood their difficulties.

The practice had a consent policy and all clinical staff were able to demonstrate the need for consent and an awareness of current guidance. Patients we spoke with reported that all staff in the practice sought consent before carrying out procedures. They reported feeling fully included in decisions about their care. This demonstrated that the practice assessed patients and delivered care in line with evidence-based guidance.

Management, monitoring and improving outcomes for people

There was evidence that the practice carried out clinical audit which resulted in change of practice and positive outcomes for patients. We saw evidence of audits which had taken place with recommendations for change in practice. However, there was no evidence to demonstrate that the practice had completed the process by revisiting

Are services effective?

(for example, treatment is effective)

the outcomes to evaluate and complete the cycle. This would ensure that changes had been effective and were continuing to be embedded in practice. This is an area where the practice may wish to make improvements.

The practice participated in the benchmarking process with all other practices in the Clinical Commissioning Group (CCG). This allowed practices to compare their performance against other practices in the CCG. They received data which identified where they may have been outside the expected parameters and addressed any areas which needed attention. The practice also participated in the Quality and Outcomes Framework (QOF) and provided other enhanced services to improve services and patient care. The QOF rewards practices for providing quality care and helps to fund further improvements.

Staffing

The practice had mechanisms in place to ensure appropriate levels of supervision and appraisal of staff. We found that all staff were appropriately qualified to carry out their roles safely and effectively. Staff we spoke with all confirmed they received yearly appraisal and they had an opportunity to highlight their professional development requirements and identify objectives for the following year. Staff records provided evidence of mandatory training and other training identified by staff. We were told that two of the doctors in the practice were also appraisers of GPs which required them to be up to date with current practice and demonstrate a commitment to quality and self-improvement.

Working with other services

The practice engaged in a collaborative approach to care for patients who required input from other agencies. We found that multi-disciplinary meetings took place with the district nurses and Macmillan nurses and there was evidence of partnership working with the learning disability teams and other agencies. All staff and GPs we spoke with told us of the input and communication with the district nurses and MacMillan Nurses. The practice established contact with the out of hours service regarding patients who had serious health concerns, for example those that needed end of life care. This was confirmed by GPs, nurses and reception staff and meant that all health professionals involved in care were fully informed to enable them to accurately assess and offer the appropriate care and support to patients.

Health, promotion and prevention

The practice was proactive in identifying patients who required ongoing support. Nurses told us how they identified patients with long term conditions and invited them to attend the surgery for review. This was in order to assess and educate them about their condition and prevent hospital admissions. Patients we spoke with confirmed they received good care regarding their long term condition.

We found that patients who were unable to attend the surgery and required a home visit for their flu vaccination also received a review of other areas of their health. Throughout the practice we saw health promotion leaflets available for patients and posters displaying current campaigns. Staff we spoke with demonstrated the use of a variety of health promotion materials available to them. Nurses told us of the necessity to provide explanations to patients prior to giving leaflets to ensure an understanding of the condition. We found there was a commitment to various areas of health promotion and prevention for example flu vaccination, childhood immunisation, smoking cessation.

Patients we spoke with told us how their GP always explained their condition to them and provided them with a leaflet to take home to help them understand it better. This demonstrated that the people were encouraged to take an interest in their health and take action to improve and maintain it.

Are services caring?

Summary of findings

The service was caring. All patients we spoke with expressed views of high satisfaction from kind, caring and compassionate staff at the practice. Patients told us they were treated with dignity and respect and confidentiality was maintained. Patients reported feeling informed and involved in their care and supported to make decisions about their health.

Our findings

Respect, dignity, compassion and empathy

All patients we spoke with during our inspection told us that the staff were courteous, polite and respectful. We observed positive and friendly interaction between staff members and patients in the waiting areas. Patients told us that their GP took time to listen to them and provided clear information about their condition in a way which they were able to understand and confirmed that they were involved in decisions about their care.

We spoke with several patients who told us that they never felt rushed to makes decisions and the GP allowed them time to consider their choices before planning treatment. This demonstrated that patients' individual preferences were respected and that staff approached them in a person centred way.

Privacy screens were available for use in the surgery and treatment rooms and staff and patients confirmed that these were used during consultation. Patients provided examples where GPs had agreed to exchange consulting rooms to accommodate them due to their mobility issues to enable them to see their GP of choice. This demonstrated that the practice treated patients with kindness, dignity and respect whilst delivering care and addressing patients individual care needs.

We saw that systems were in place to maintain patient confidentiality. Reception staff told us that background music was played in the waiting area to reduce the risk of patients being overheard when at the reception desk. Staff also told us that a private area was available for patients if they wish to speak about more personal issues.

Involvement in decisions and consent

We saw that the practice had a consent and chaperone policy in place and that a notice was displayed to inform patients that a chaperone was available if required. Patients we spoke with told us that they were always offered a chaperone service by the GP when undergoing personal or intimate examinations.

Clinical staff we spoke with told us that information was always provided to patients regarding treatment to be given to allow them to make informed decisions regarding their care. There was evidence from staff files that staff were trained and updated regarding consent procedures.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The practice was responsive to people's needs. The practice had taken steps to recognise the needs of its population and offered services to address these. There was a range of appointment bookings and additional appointments for people who were not able to attend during the day. The appointment system remained under constant review by the practice to address changing demands and pressures on the service. A robust and effective complaints procedure existed in the practice.

Our findings

Responding to and meeting people's needs

The practice kept up to date disease registers for chronic diseases and managed them effectively. We saw evidence that they provided proactive care to those patients with conditions such as diabetes, chronic obstructive pulmonary disease and asthma providing a nurse with additional training in these conditions.

The practice had responded to patients who demonstrated anxiety at attending the surgery for blood pressure recording by loaning equipment to patients for use at home. They were also increasing the blood pressure monitoring equipment in the surgery for patients who attended for other health issues to allow them to record their own blood pressure.

The practice offered appointments with two female GPs as well as males to support people who had a preference and ensure that any barriers to care were reduced. The doctors offered patients appointments with their own named GP to encourage continuity of care. Patients we spoke with confirmed that this was a benefit of attending the practice and made them feel safe. Arrangements were made to accommodate patients with mobility issues whose named doctor consulted on the first floor by arranging room changes with colleagues.

There were services to promote children's health and clear evidence that the practice responded promptly and appropriately to the needs of mothers and children offering immunisations and health promotion advice and urgent consultation if a child was ill.

Staff and patients confirmed that there were suitable arrangements in the surgery for signposting to services for specific issues requiring additional support, for example, smoking cessation in pregnancy and children's centres. Patients we spoke with confirmed that GPs were very supportive when relatives were seriously ill with life limiting conditions and made personal contact when appropriate.

Access to the service

The practice opened daily and also offered appointments one evening a week. We saw that opening times were clearly displayed in the surgery. The practice offered online booking, advance booking and on the day telephone appointments.

Are services responsive to people's needs?

(for example, to feedback?)

The practice acknowledged that the appointment system was a challenge and demonstrated evidence that they were constantly reviewing the system in response to patient demand and feedback. Patients we spoke with expressed that they often had difficulty accessing same day appointments. However, all patients told us that if they needed to consult with a doctor urgently they would always be able to speak with one.

Reception staff confirmed they assisted in the review of the appointment system and that they were involved in discussions about the difficulties in availability of appointments and how to address them. We saw evidence that the practice were addressing and reviewing this as a priority.

Concerns and complaints

There was a robust complaints procedure available at the practice. This was available in the surgery and also on the surgery website. Patients we spoke with told us they would know how to complaint if they needed to. Staff were aware of the procedure and how to respond if patients complained. We saw evidence of complaints review meetings which demonstrated the timely investigation and outcomes of complaints. Staff we spoke with told us that they were aware and informed of the outcomes of complaints if they were relevant to their role.

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. There was good leadership from the GPs supported by the practice manager. There was a governance structure in place and all staff were aware of people's roles and responsibilities. There is an open, honest and transparent culture within the practice and evidence of good communication, involvement and support for staff. There was a Patient Participation Group (PPG) who were committed to service improvement but who reported the need for more GP involvement to effect change.

Our findings

Leadership and Culture

with confirmed that they felt involved and valued and contributed to the development of the practice. The GPs met regularly to discuss priorities for the practice and develop action plans. We saw minutes of different meetings that took place within the practice and all staff we spoke with confirmed that they had access to those minutes which were relevant to them.

A caring and patient focused ethos was evident during our inspection and staff at every level reported involvement and recognition for their contribution to the delivery of the service. At the time of our inspection the practice was experiencing a change in practice manager and all staff were positive and supportive of the process and were well informed.

All staff we spoke with reported receiving support from the partners at the practice and were clear about their reporting arrangements. Staff demonstrated a commitment to their work and of the need to offer good services to patients to improve health outcomes.

Candour, openness and honesty were evident when we inspected the practice. We saw outcomes of significant event audits that clearly demonstrated a need to change practice and that the GPs addressed this promptly and shared the outcomes where relevant.

Governance arrangements

There was a governance structure in place which identified an overall lead with a responsibility for each partner in a specific area. Staff we spoke with were aware of the lead roles in the practice and who to refer to when necessary. We saw that regular meetings took place to discuss any governance issues.

Systems to monitor and improve quality and improvement

Records showed that performance and quality data for the practice was shared with staff at monthly meetings and targets and practice objectives were discussed at that time. Regular clinical and practice meetings took place and staff told us that these enabled good communication to be maintained.

We saw records of a range of audits undertaken at the practice. Staff confirmed that changes and actions were

Are services well-led?

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

taken as a result of audit to improve the running of the service. However, we did not see any written evidence of this or a summary statement which identified the overall position of the contribution from carrying out the audit. This is an area where the practice may wish to make improvements to complete the audit cycle.

Patient experience and involvement

The practice had an active and enthusiastic patient participation group (PPG). We saw minutes from the PPG meetings which showed attendance by patients in the group, the practice manager and whenever possible one of the GP partners. We spoke with the chair of the PPG who reported that more regular attendance at meetings by a GP would assist the group in achieving their goals more quickly. However, due to the time constraints of the GPs the practice were not always able to achieve this and had allocated the interim practice manager to attend and report issues back for any decision or specific request to attend.

The PPG had worked with the practice to produce and drive actions to develop improved access to appointments. The practice recognised from the annual patient practice survey that this was the main issue for patients. The practice and PPG were continuing to work together to monitor and review the system to improve access.

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 a proactive systematic approach to managing the health of older people as well as offering opportunistic health advice. There was a system for identifying those patients at high risk of health problems and those unable to access the surgery. The practice provided an opportunity for people to access a range of health care for example, blood pressure monitoring, flu vaccinations and screening and implement actions to prevent people from becoming ill.

Our findings

The practice kept disease registers which identified patients with specific health conditions. The practice provided care for the older population in their own homes and those who live in residential homes. The practice were providing proactive home visits and responsive visits where appropriate. GPs, nurses and reception staff told us that patients in residential homes who were unable to attend the surgery received visits from the GP when care was needed. Housebound patients were visited by the nurse to provide routine flu vaccinations. The nurse told us that during those visits they would provide any other proactive healthcare advice for older people which was appropriate at that time for example, correct use of inhalers.

The lead nurse and practice nurse told us that the practice actively targeted older people to attend surgery for flu vaccinations and provided additional clinics at weekends to ensure accessibility of appointments. They told us that patients who attended for flu vaccinations or a health check were always offered additional relevant health information, for example, Keep Warm, Keep Well.

All patients over the age of 75 were provided with a named GP to help achieve continuity of care and reduce risk to patients.

The practice undertook work to review older patients who had frequent unplanned hospital admissions and readmissions. This was to identify any unmet health needs or need for education regarding management of their condition to prevent subsequent admissions. This was part of the work plan directed by the Clinical Commissioning Group (CCG). We did not see evidence of a reduction in hospital admissions during the inspection but were told this work was on-going.

The practice took the opportunity to screen older people for dementia when they were attending the practice for other health needs.

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 a robust mechanism for identifying and managing patients with long term conditions. There was an up to date register which allowed the practice to offer appropriate care and advice on chronic disease management. There was good communication with other members of the multidisciplinary team to support patients with long term conditions.

Our findings

The practice proactively managed patients with long term conditions by routinely offering patients a

review to assess, monitor and offer advice on how to manage their condition. The practice kept a register of patients with chronic long term conditions and employed a nurse with additional training in chronic disease management. Patients with conditions such as COPD, dementia, coronary heart disease were invited for an annual review of their mental and physical health needs and carers were encouraged to attend.

All patients with unplanned hospital admissions and readmissions were regularly reviewed to identify any gaps in treatment or education regarding self-management.

We found there were links with different members of the multi-disciplinary team which enabled co-ordination of care to patients in this group. This involved their carers where appropriate with the aim of managing and prevented a worsening of their condition.

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 services for mothers, children and young people in a safe environment providing staff who were trained in safeguarding procedures. Childhood vaccinations and medical examinations were offered to pre-school children and there was signposting to local health visiting services. Parents were able to access a doctor quickly for urgent childhood illness. The practice provided contraceptive treatments and family planning advice.

Our findings

The practice were aware and committed to ensuring that safeguarding children was paramount in the practice. All children who had been identified as at risk of harm were recorded on the practice risk register. This alerted all staff to be aware of any child protection issues and potential risk to the child.

The practice provided care to new-born infants offering a medical examination at the age of six weeks and childhood immunisations in accordance with the national recommendations.

The practice were sensitive to the needs of mothers and children and offered immediate access to a doctor in the event of suspected serious child illness.

The practice offered smoking cessation clinics providing one to one support with supporting literature. Patients unable to attend the clinic were signposted to nominated pharmacies in the area who offered a similar service.

The practice offered advice from midwives and the practice nurse regarding pregnancy and family planning and there was signposting to health visiting services at local children's centres. They provided a service from a female GP trained in the insertion and removal of contraceptive implants and coils to promote adequate and timely family planning.

Working age people (and those recently retired)

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

Summary of findings

The practice provided an opportunity for patients who work to access the surgery by providing an evening surgery. There is also evidence of proactive care by offering health checks and flu vaccinations.

Our findings

The practice offered an extended hours commuter clinic on Tuesdays and Thursdays alternate weeks from 6.30pm until 8.00pm for those patients who were working and unable to attend surgery during normal hours. This was also in response to patient feedback. Patients in this group could also access a telephone appointment if it was not necessary to attend the surgery. Patients could book appointments and access repeat prescriptions on line.

Saturday morning clinics were also available for those patients who required flu vaccinations. The practice offered over 50s health checks to identify any early onset of heath conditions such as diabetes or high blood pressure and provided an opportunity for health promotion.

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 had systems in place to identify patients who may have had difficulty accessing services at the surgery and provided alternative arrangements where necessary. They also ensured good links with support services for these patients where necessary.

Our findings

The practice identified all patients with learning difficulties and provided information packs to carers. The GPs told us that they had good partnership working with the learning disabilities team and referred appropriately for those needing advocates. Nurses we spoke with confirmed this and told us they had received training in learning disabilities to assist them in the care of these patients and confirmed that they liaised with the local authority learning disability team. We saw evidence that they provided information to patients for the Improving Access to Psychological Therapies (IAPT) and Samaritans when appropriate. This enabled vulnerable patients access to information regarding other services for additional specialist support.

The practice used a specific code on their computer's clinical system to identify patients who were housebound and may have had difficulty accessing the surgery. This enabled them to respond appropriately to requests for care at home and make decisions on home visits and any proactive care that may be required, such as flu vaccinations.

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 a system for identifying and managing patients with mental illness. They provided information for patients and appropriate referral to specialist services when necessary. The practice had links with other services to ensure good co-ordination of care.

Our findings

The practice identified patients with severe mental health problems and had developed a leaflet for patients whose condition may worsen. These patients were offered a routine annual health check. They had links with the community mental health team and we saw evidence that they provided information to patients for the Improving Access to Psychological Therapies (IAPT) and Samaritans when appropriate. This enabled patients with mental health problems to access other services for additional specialist support.

From 2 June 2014 the practice would be accessing a single point of entry for child and adolescent mental health services (CAMHS), counselling service and Vibes emotional development courses. This would mean that all GPs would decide on the most appropriate service for a child or young person with mental health problems and refer as appropriate. This would prevent inappropriate referrals to services and would ensure patients gained access to the correct service without delay.