The Harvey 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

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Summary of findings

Overall summary

The Harvey Practice provides a general practice surgery in Broadstone, Dorset. The practice has approximately 11,700 patients on its list. The Harvey Practice is one of two locations operated by the provider.

The Harvey Practice is registered to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services, family planning, surgical procedures and treatment of disease, disorder and / or injury.

As part of the inspection we talked with six patients, including two members of the Patient Participation Group, who were using the practice on the day of our visit. We also received 13 comment cards from patients expressing their written views about the practice.

During our visit we spoke with a range of staff, including the operation manager, senior GP who is the registered manager, GPs, registered nurses and health care assistants, receptionists and other administrative staff.

The practice is open from 8.00am – 8.00pm on Monday and Tuesday, and between 8:00am - 6:30pm on Wednesday, Thursday and Friday. During these hours the practice provides telephone triage consultations, a walk-in service and bookable appointments.

The majority of patients we spoke with during our inspection told us that they were happy with the treatment that they received.

We saw the practice was provided in a clean and hygienic environment. We noted that vulnerable adults and children were protected because staff had completed safeguarding training and that there were robust systems in place to ensure recruitment was safe to protect patients.

We found the practice was effective in meeting the wide ranging needs of its patients and the varying levels of demand that were placed on it.

The practice was well-led and responsive to the needs of patients attending the practice.

Patients received a caring service and the majority of patients we spoke with told us they were satisfied with the healthcare they received. We saw patients being treated with sensitivity by reception staff, and patients we spoke with confirmed the reception staff were polite and respectful.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?
Overall the practice was safe.

The practice safeguarded vulnerable adults and children by ensuring staff had the knowledge and skills to recognise signs of abuse and understand what action they needed to take if they were worried about somebody. The practice had robust recruitment procedures to ensure that staff employed at the practice were suitable. The practice had systems in place to enable them to manage a medical emergency safely.

Are services effective?
Overall the practice was effective.

The practice supported its staff to perform effectively by ensuring they had sufficient skills and knowledge to safely care for, or treat people. Staff were appraised on an annual basis to ensure their skills and knowledge remained up to date and developed through further learning. The practice worked effectively with other organisations to ensure patients received a joined up service where they had both health and social care needs.

Are services caring?
Overall the practice was caring.

Most of the patients we spoke with were complimentary of the care and service that staff provided, and care was provided with respect to patients privacy and dignity. Staff told us how they respected patients dignity and privacy. During the inspection we noted staff spoke politely with patients. The practice sought patients consent before they treated them and understood how to act in patients best interests when patients lacked capacity to make a decision.

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

Patients we spoke with told us they were able to access the GPs and the practice was responsive to patients when their appointment time was delayed. Patients told us they appreciated the early morning and late evening appointments the practice had put in place.

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

Summary of findings

Staff we spoke with told us they felt involved and informed about changes to the practice. The practice completed and analysed clinical audits to ensure they were able to continuously improve the service for 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
Overall the practice was safe, effective, caring, responsive and well-led for patients in the practice population who were aged 75 and over.

The practice told us they had a high population of older patients due to an expansion of nursing care homes in the local area, and that they also had a significant number of older people with complex healthcare needs who lived in their own homes. The practice told us that older people had a named accountable GP.

We noted the practice ensured patients received appropriate coordinated, multi-disciplinary including those who moved into a care home, or those returning home after hospital admission.

People with long-term conditions
Overall the practice was safe, effective, caring, responsive and well-led for patients with long-term conditions.

The practice was aware of this population group and told us about how they supported people with multiple conditions or complex healthcare needs to ensure their treatment was effective and responsive. The practice told us how they were trying to make changes to reduce the number of separate appointments patients required to manage their different conditions.

Mothers, babies, children and young people
Overall the practice was safe, effective, caring, responsive and well-led for mothers, babies, children and young patients.

The practice prioritised children for appointments under the age of one, and saw patients under the age of 16 on the same day. The practice ran a number of clinics to ensure the needs of Mothers, babies, children and young people were safely met

The working-age population and those recently retired
Overall the practice was safe, effective, caring, responsive and well-led for the working age population and those recently retired.

The practice told us they had a significant number of patients in this population group. Patients we spoke with told us they liked the early morning and evening appointments as they could access the practice at times that were convenient to them.

Summary of findings

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

Overall the practice was safe, effective, caring, responsive and well-led for people in vulnerable circumstances who may have poor access to primary care.

The practice told us they had a small number of patients in vulnerable circumstances who may have poor access to primary care. The practice offered an interpretation and translation service which they told us was helpful for patients who were deaf or hard of hearing.

People experiencing poor mental health

Overall the practice was safe, effective, caring, responsive and well-led for people experiencing mental health issues.

The practice had a large population of older patients some of whom had a diagnosis of a cognitive impairment. The practice told us how they worked in partnership with other organisations to ensure patients needs were safely met in a caring manner.

Summary of findings

What people who use the service say

As part of the inspection we talked with six patients, including two members of the Patient Participation Group (PPG). We also received 13 comment cards from patients expressing their written views about the practice.

In general patients were satisfied with the service they received. Some patients commented that they sometimes found it difficult to access an appointment with the GP of their choice quickly.

Three of the 13 comment cards we received noted that the height of the reception desk made communication more difficult.

Most of the people we spoke with and the written feedback we received complimented the staff working at the practice in terms of the care and treatment they provided.

The Harvey Practice

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 a specialist advisor in clinical governance. The team was also supported by an Expert by Experience. Experts by Experience are people who have experience of using care services. They take part in our inspections of health and social care services.

Background to The Harvey Practice

The Harvey Practice provides a general practice surgery in Broadstone. The practice currently has approximately 11,700 patients on its list.

The Harvey Practice is registered to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services, family planning, surgical procedures and treatment of disease, disorder and / or injury.

Why we carried out this inspection

We inspected this out-of-hours service as part of our new inspection programme to test our approach going forward.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew about the service. These included organisations such as the local Healthwatch, NHS England and Clinical Commissioning Group. We carried out an announced visit on the 5 June 2014 between 8:45 am and 6 pm.

During our visit we spoke with a range of staff, including the operations manager, senior GP (registered manager), GP's, registered nurses, receptionists and other administrative staff.

We also spoke with patients who used the practice and members of the patient participation group. We also reviewed comments cards completed by patients of the practice.

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

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

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

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired

Detailed findings

- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problem

Are services safe?

Summary of findings

Overall the practice was safe.

The practice safeguarded vulnerable adults and children by ensuring staff had the knowledge and skills to recognise signs of abuse and understand what action they needed to take if they were worried about somebody. The practice had robust recruitment procedures to ensure that staff employed at the practice were suitable. The practice had systems in place to enable them to manage a medical emergency safely.

Our findings

Safe Patient Care

The practice told us they checked the premises on a regular basis to ensure it was safe for patients. We did not note any issues with the layout, cleanliness and maintenance of facilities and buildings. We saw the décor was intact, and safety notices such as those for fire exits were prominently displayed. A health and safety policy was in place and regular checks were undertaken on the equipment used in the practice to ensure it was operating correctly.

The practice had a system for issuing repeat prescriptions and making changes to prescribed medicines, such as changes recommended in a hospital discharge letter. However, on the day of the inspection we noted the protocol in use meant there was a risk that changes in medicines may not have been highlighted to a GP to ensure the change was safe. We drew this to the attention of the practice on the day of the inspection. Immediately following the inspection the practice wrote to us and told us they had amended the prescribing protocol to ensure GPs approved any changes to prescribed medicines before the prescription was issued. This meant patients were protected from the risk of receiving unsafe or inappropriate medicines.

Learning from Incidents

The practice responded to safety alerts which were disseminated by email and discussed at the weekly practice meetings. The senior GP told us about an example where a medicine alert had led to a swift review of patients receiving the medicine who presented a cardiac risk. This meant that patient safety was protected by the practice quickly acting upon information or guidance.

Significant events were discussed at the weekly practice meetings. Where required an action plan was formulated to ensure learning and the safeguarding of other patients. Significant events were also subject to an annual review to ensure the practice had an overview of significant events. This meant the practice could detect themes or trends and implement changes to improve services for patients. The senior GP told us that unexpected deaths such as suicides were always recorded as significant events to enable the practice to investigate the circumstances and implement any learning to safeguard other vulnerable patients who may be experiencing suicidal feelings. The senior GP provided us with an example where a medication error had

occurred and been investigated as a significant event by the practice. It was evident from our discussion that the practice had learnt from the incident and developed an action plan to ensure all GPs were confident about medicine dosages and how/when to seek advice or clarification. This meant patients were safeguarded because the practice learnt from previous incidents.

Safeguarding

The practice had policies and procedures in place for safeguarding children and vulnerable adults. These were up to date. They set out how staff should respond when they suspected a child or vulnerable adult was at risk of harm. They contained up to date contact details of agencies to report concerns to or which could give further advice about managing a concern. The practice told us they had lead GPs for both adult and childrens safeguarding who had received enhanced safeguarding training. They confirmed that all other GPs had undertaken less specialised training for the safeguarding of adults and children. Records we saw confirmed this and also showed that all staff had completed on-line training in the safeguarding of children and vulnerable adults. All the staff we spoke with were clearly able to describe signs of abuse and understood what action they needed to take if they were concerned or worried about a patient. GPs told us they provided written reports to safeguarding meetings and gave one example of where they had reported a concern to the lead safeguarding agency. This meant that staff had the knowledge and skills to recognise where a vulnerable adult or child may be at risk of abuse and the correct guidance to raise a concern with other agencies where this was required. This meant the practice had robust systems in place to ensure children and vulnerable adults were protected from abuse.

Monitoring Safety & Responding to Risk

The senior GP told us they had a system in place to ensure that test results were communicated to patients. This meant that test results were examined and shared with patients in a timely manner.

The practice had a health and safety policy and completed health and safety inspections of the building every other month. On the day of the inspection we found one room was being inappropriately used to store material that could have posed a fire risk. The practice wrote to us immediately after the inspection and told us what action they had taken to rectify this.

The practice shared relevant information with other providers such as the out-of-hours service by fax. They told us this was particularly important when sharing the care or treatment needs of patients in receipt of end of life care including decisions patients had made not to be resuscitated in the event of a medical emergency. This meant that other involved agencies had accurate information about patients care or treatment needs and wishes.

Medicines Management

Arrangements were in place to manage medicines.

The practice used a medicines management booklet to guide their prescribing for patients receiving medicines for end of life care. This meant GPs had readily accessible guidance for what medicines, including dosages, patients might require at different stages of their illness.

The vaccinations were stored in suitable fridges. All the drugs and vaccines that we checked were within their expiry date, and the practice had an effective system in place to ensure expiry dates were regularly monitored. The practice maintained a log of temperature checks on the fridge. The records we checked showed all instances of temperature being within the correct range. However, we noted occasional instances where the fridges had not been checked in accordance with national guidelines which could have affected the vaccines. We drew this to the attention of the practice on the day of the inspection. The practice wrote to us immediately following the inspection and told us what action they had taken to rectify this.

Cleanliness & Infection Control

The practice had a member of staff who was the infection control lead and completed annual infection control audits. Where an issue was identified, staff told us they were able to approach the management team to ensure the issue was acted upon. The infection control lead had received infection control training and attended local infection control meetings. They described how they cascaded the training or best practice guidance to other staff. We saw there was hand washing information in public and staff toilets, and the infection control lead told us they completed annual hand washing audits to ensure staff remained vigilant about their infection control responsibilities.

The practice had colour coded sharps boxes (these are plastic containers used to safely dispose of sharps such as

Are services safe?

needles), however we noted some of these had not been dated. The practice wrote to us following the inspection and showed us a new protocol they had introduced to ensure patients and staff were protected from the risks associated with needle stick injuries.

We noted there were daily cleaning rotas for the practice, and a tick list for decontamination of the consulting room used for minor surgery.

Staffing & Recruitment

Appropriate checks were undertaken before staff began work. This meant the service could be sure that new staff were suitable to work with vulnerable patients and children.

The practice assessed potential need, including capacity and demand, in advance to ensure that there were enough staff on duty. They told us about how they identified pressure points and how they addressed them. This meant the practice ensured there were sufficient numbers of staff on duty to respond to patients needs.

Dealing with Emergencies

Staff had up to date training in basic life support to enable them to assist a patient in the event of a medical emergency. There was a full range of emergency equipment in place, including automated external defibrillators, oxygen and emergency drugs. We checked the emergency drug kit and found that all medicines were in date. This showed the practice had system in place to manage medical emergencies.

Equipment

Staff confirmed they had adequate supplies of equipment, including personal protective equipment such as gloves and aprons.

We saw that equipment had been tested to ensure it operated safely. We saw that clinical equipment was serviced in accordance with the manufacturer guidelines. This meant that equipment used for patient care and treatment was safe.

Are services effective?

(for example, treatment is effective)

Summary of findings

Overall the practice was effective.

The practice supported its staff to perform effectively by ensuring they had sufficient skills and knowledge to safely care for, or treat people. Staff were appraised on an annual basis to ensure their skills and knowledge remained up to date and develop through further learning. The practice worked effectively with other organisations to ensure patients received a joined up service where they had both health and social care needs.

Our findings

Promoting Best Practice

The practice told us they ensured they were up to date with national guidelines such as those issued by the National Institute for Health and Care Excellence (NICE). They described how having GPs with specialist areas of interest promoted best practice. The practice had regular meetings where clinical and business issues relevant to patient care were discussed. There were periodic multi-disciplinary meetings attended by GPs and nursing staff to discuss the care of patients. The practice was a training surgery. This meant that GP registrars, nursing students and health visitor students were often attached to the practice. This meant that best practice was shared to improve outcomes for patients.

Management, monitoring and improving outcomes for people

We found the practice offered a range of clinics to meet the needs of patients who used the practice. These included clinics for mothers, babies and young children, for people with long term conditions and people of working age. This meant that patients healthcare needs were monitored and medical conditions were identified and managed.

Staffing

The practice had a whistle blowing policy. This meant staff had clear guidance about what to do if they were concerned about an aspect of the service. All the staff we spoke with had read the policy and confidently discussed what action they would take in the event of a concern. This meant staff could raise a concern about the practice to ensure patients were protected.

Staff told us they had received an induction to ensure they understood their role and responsibilities. Staff told us they were supported to undertake appropriate training and that the learning support within the practice was excellent. The practice had a training schedule which clearly identified staff learning needs. All the staff we spoke with had received an appraisal in the past 12 months which had been carried out by their line manager. Staff told us these were helpful in determining their strengths and areas of learning. The appraisal records we looked at confirmed staff were supported to develop their skills. This meant the practice could be confident that staff were competently able to carry out their role.

Are services effective?

(for example, treatment is effective)

Working with other services

A number of older patients that were registered had multiple and complex care needs The practice told us they had quarterly multidisciplinary meetings with other organisations such as social services, cancer care and palliative nurses, and the district nursing team. This meant that patients with complex care needs received a joined up service to meet their needs.

Health Promotion & Prevention

Patients had access to general information about their health and about services available at the practice. There was a range of health promotion and information leaflets and posters on display in the waiting rooms. Staff told us about the routine and specialist checks they made to ensure patients were healthy. The practice also had a staff member who took a lead role for carer information.

We noted the practice offered a variety of clinics for patients with long-term conditions including asthma and diabetes clinics. There were also a number of health promotions clinics which included diet and exercise, travel advice and health check clinics. The meant the practice took steps to ensure patients remained healthy.

Are services caring?

Summary of findings

Overall the practice was caring.

Most of the patients we spoke with were complimentary of the care and service that staff provided, and care was provided with respect to patients privacy and dignity. Staff told about how they respected patients dignity and privacy. During the inspection we noted staff spoke politely with patients. The practice sought patients consent before they treated them and understood how to act in patients best interests when patients lacked capacity to make a decision.

Our findings

Respect, Dignity, Compassion & Empathy

Patient feedback showed that practice staff treated patients with dignity, respect and compassion. The standard of service was generally described by patients as effective. Patients regarded staff as friendly and helpful.

During the inspection we observed the reception staff spoke with patients politely. We also noted the nursing team was person centred and caring.

The practice accommodated the needs of disabled patients. We saw that the ground floor of the building was wheelchair accessible. The front door was wide enough for wheelchairs, although it did not open electronically. We noted patients could use a bell to summon assistance to access the front door. There was a toilet adapted for patients with mobility needs. This meant that disabled patients were able to access the practice.

GPs at the practice had specialist interests which included leads for cancer, minor surgery and dermatology. This meant that GPs could seek advice and share best practice with each other.

The practice had monthly meetings to discuss the needs of patients who were receiving end of life care, and patients who had palliative care needs had their own nominated GP to ensure they received an individualised service including home visits. This meant patients who had chosen to remain in their own homes were able to receive the palliative care they required.

The practice offered bereavement support to patients and families. Patients we spoke with told us they had been given emotional support when they had needed it. This meant that patients or families could receive bereavement support through either the GP visiting them at home or, if they chose, by making an appointment at the practice.

Clinical staff told us how they protected patients dignity and privacy including knocking at doors, using curtains around the clinical couches and talking quietly with patients. Non clinical staff were aware of confidentiality and were able to provide us with examples of how they maintained confidentiality. This meant that patients confidentiality and dignity was respected.

The practice had a private room that patients could use if they wanted to discuss a confidential or sensitive matter

Are services caring?

with the reception staff. We received 13 comment cards from patients, three of them commented on the height of the reception desk which meant they found it more difficult to talk with reception staff. We drew this to the attention of the practice on the day of the inspection.

We noted a chaperone policy was in place although this was not publicised either in the waiting area or in clinical rooms. A chaperone is a person who, with their consent, accompanies another person or child during their consultation or treatment. We drew this to the attention of the practice on the day of the inspection. The practice wrote to us following the inspection and told us what action they had taken to ensure patients were aware of the chaperone policy.

Involvement in decisions and consent

All the patients we spoke with told us that GPs and other clinical staff took time to listen to them and had fully discussed their treatment options.

The practice told us they used a variety of methods to ensure patients were informed about their medical issue in a way they understood. For example the practice had pre-printed information about a range of health conditions and also accessed online patient leaflets which they could print off for their patient. The practice accessed patient leaflets in other languages and also had access to an interpreting and translation service. They described this as very helpful for a number of patients they had who were deaf or hard of hearing.

The practice had not ensured staff had completed formal training in The Mental Capacity Act 2005. However, the practice described how they sought consent including where patients might lack capacity and decisions that may need to have been made in their best interests. GPs described the mental capacity assessments they had undertaken. They talked confidently about the way they would work with patients, carers or family members and other professionals when making best interest decisions for patients who lacked capacity. This meant the practice took into account the needs of patients who lacked capacity.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Overall the practice was responsive. Patients we spoke with told us they were able to access the GPs and the practice was responsive to patients when there appointment time was delayed. Patients told us they appreciated the early morning and late evening appointments the practice had put in place.

Our findings

Responding to and meeting people's needs

We spoke with a senior GP who told us that patients were involved in deciding what care or treatment they received. They achieved this by giving patients information about the types of care or treatments available and making clinical recommendations. This meant that patients were able to make informed decisions and demonstrated that the practice took account of patients needs and wishes.

Patients were able to choose the local hospital where they wished to have further treatment. GPs told us they discussed the different hospital options with patients in order to support them to make an informed choice. This meant that patients were able to make choices about where they wanted to have further treatment.

The senior GP told us that the practice had a high proportion of older patients. They said they worked closely with other community teams such as the palliative care team, and visited patients in their own homes as part of their daily surgeries.

The practice had developed working relationships with a number of newly opened residential or nursing care homes in the local area. They also had effective communications with partnership organisations such as district nurses or health visitors by the use of email, message books or face-to-face communication. This meant that patients were able to receive joined up care that met their needs.

There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances. Information was also contained in the practice leaflet. This meant that patients were able to access treatment or advice when the practice was closed.

Access to the service

The practice had a triage appointments service where patients were able to contact GPs by telephone for advice or guidance. The practice also had pre-bookable appointments and a daily walk-in service. The practice told us that children under the age of one were prioritised for appointments. They also had evening appointments to

Are services responsive to people's needs?

(for example, to feedback?)

ensure that people of working age were easily able to access the practice. Patients could also arrange appointments on-line. This meant people could access the practice in ways that suited them.

Patients we spoke with were generally happy with the appointments system, although some patients commented that it was sometimes difficult to see the GP of their choice. Patients confirmed that if they had an urgent need they could be seen by a GP on the same day. Patients particularly commented that they liked the early morning and evening appointments.

We noted that a poster in the reception area invited patients to alert the reception team if they had been waiting for more than 15 minutes. This meant that the practice took steps to ensure people were readily able to access the service.

Concerns & Complaints

The practice had a complaints policy and procedure. We reviewed a sample of complaints and found they had been managed in accordance with the policy. This meant people were able to raise a concern or complaint with the service which would be investigated and responded to.

Are services well-led?

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

Summary of findings

Overall the practice was well-led. Staff we spoke with told us they felt involved and informed about changes to the practice. The practice completed and analysed clinical audits to ensure they were able to continuously improve the service for patients.

Our findings

Leadership & Culture

All the staff we spoke with felt the practice was well-led and that they were involved in the strategic vision, which was documented as aiming to provide the best possible general practice service to patients. The practice aims were referred to in the patient leaflet to explain what service could be expected. Staff commented that communication was effective and that they were kept up to date with any changes. The practice business continuity plan was accessible to staff and also discussed at staff meetings. This meant the practice had an open culture of communication to ensure that changes and improvements to the service were understood by the staff team.

Governance Arrangements

The practice conducted a number of clinical audits to ensure they were adhering to national guidelines. These included audits of contraceptive implants, emergency admissions to hospital, cervical screening, use of specific antibiotics and cardiology referrals. We saw that the practice developed action plans in response to the audit findings and acted upon them. This meant the practice analysed the audits and made changes to improve the service and reduce risks to patients.

The practice was well-led. There was a business continuity plan in place to ensure services continued running in the event of an emergency.

Patient Experience & Involvement

The practice had a Patient Participation Group (PPG), to enable it to engage with a cross-section of the practice population and obtain patient views. We saw a recent survey and minutes of a PPG meeting held in February 2014. The minutes said the practice listened to the views of the PPG. We spoke with two member of the patient participation group. They told us that the strengths of the practice included the appointments system and the reception team. .

Staff engagement & Involvement

Staff told us they felt the practice was well-led and that they were able discuss ideas or concerns at the regular weekly or monthly team meetings. They told us they felt

Are services well-led?

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

well supported by the practice and that team work was a strength. Staff felt GPs were accessible for advice and that there was a effective mix of clinical staff skills within the practice.

Staff told us about a variety of meetings, both single discipline and full team meetings. Records of these meetings showed a variety of topics were discussed and appropriate action drawn up and carried out. This meant that staff were involved and engaged in the practice to improve outcomes for patients.

Identification & Management of Risk

The practice carried out regular weekly, monthly and annual checks to ensure they could respond appropriately in the event of a fire.

We saw that a risk assessment and regular checks had been undertaken to ensure that people were not at risk of contracting Legionella (a water borne bacteria which can cause significant illness). For example, we saw checks were carried out on water outlets and flushing through of low usage outlets. This evidenced the practice had developed a system to ensure that people were protected from Legionella.

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

Overall the practice was safe, effective, caring, responsive and well-led for patients in the practice population who were aged 75 and over.

The practice told us they had a high population of older patients due to an expansion of nursing care homes in the local area, and that they also had a significant number of older people with complex healthcare needs who lived in their own homes. The practice told us that older people had a named accountable GP.

We noted the practice ensured patients received appropriate coordinated, multi-disciplinary including those who moved into a care home, or those returning home after hospital admission.

Our findings

The senior GP told us that the practice had a high proportion of older patients. Patients over the age of 75 had been given their own nominated GP.

The practice said they worked closely with other community teams such as district nurses or the palliative care team, and visited patients in their own homes as part of their daily surgeries. The practice had monthly meetings to discuss the needs of patients who were receiving end of life care, and patients who had palliative care needs had their own nominated GP to ensure they received an individualised service. This meant patients who had chosen to remain in their own homes were able to receive the palliative care they required.

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

Overall the practice was safe, effective, caring, responsive and well-led for patients with long-term conditions.

The practice was aware of this population group and told us about how they supported people with multiple conditions or complex healthcare needs to ensure their treatment was effective and responsive. The practice told us how they were trying to make changes to reduce the number of separate appointments patients required to manage their different conditions.

Our findings

We noted the practice monitored the prevalence of long term conditions within the practice population including responding to a sudden deterioration of a condition/s, identifying those with a long term condition and those at risk of developing one.

The practice ran separate clinics for people with long term conditions including asthma, diabetes and phlebotomy clinics. The practice also offered flu vaccine clinics for older patients and patients with long term conditions. These were offered at a variety of times to ensure patients were able to access them.

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

Overall the practice was safe, effective, caring, responsive and well-led for mothers, babies, children and young patients.

The practice prioritised children for appointments under the age of one, and saw patients under the age of 16 on the same day. The practice ran a number of clinics to ensure the needs of Mothers, babies, children and young people were safely met.

Our findings

The practice told us they had a large population of mothers, babies, children and young patients. The practice ran maternity, antenatal clinics and parent and relaxation clinics. They ensured babies and young children were cared for by offering childhood immunisation, well baby and child health surveillance clinics.

The practice had a chaperone service. This was not publicised to patients on the day of the inspection, however immediately following the inspection the practice wrote to us and told us they had publicised the chaperone policy to ensure patients were aware of it.

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

Overall the practice was safe, effective, caring, responsive and well-led for the working age population and those recently retired.

The practice told us they had a significant number of patients in this population group. Patients we spoke with told us they liked the early morning and evening appointments as they could access the practice at times that were convenient to them.

Our findings

The practice supported patients of working age and those recently retired by offering a variety of appointment times to patients to easily able to access the practice.

They offered clinics in cervical smears, contraception, minor surgery, and travel advice to ensure that patients received safe, effective and responsive care and treatment that met their needs.

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

Overall the practice was safe, effective, caring, responsive and well-led for people in vulnerable circumstances who may have poor access to primary care.

The practice told us they had a small number of patients in vulnerable circumstances who may have poor access to primary care. The practice offered an interpretation and translation service which they told us was helpful for patients who were deaf or hard of hearing.

Our findings

The practice told us they had a small number of patients in vulnerable circumstances, or living in care homes who may have poor access to primary care. They offered a translation service that staff were aware of and that was publicised in their patient leaflet. They told us they mainly used the interpretation and translation service for patients who were deaf or hard of hearing. The practice had access to online information about medical conditions in a variety of languages.

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

Overall the practice was safe, effective, caring, responsive and well-led for people experiencing mental health issues.

The practice had a large population of older patients some of whom had a diagnosis of a cognitive impairment. The practice told us how they worked in partnership with other organisations to ensure patients needs were safely met in a caring manner.

Our findings

The practice ensured staff had received training to ensure they safeguarded patients and held quarterly multidisciplinary meetings with other organisations to ensure they were aware of patients experiencing poor mental health, and could offer appropriate care and treatment.