Wessex Road Surgery

Quality Report

Wessex Road
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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.

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Overall summary

Wessex Road Surgery is a general practice (GP) surgery that provides NHS services. Located in Lower Parkstone, Poole, Dorset BH14 8BQ. The practice operates from a purpose built building on two floors. All the surgeries and waiting areas were on the ground floor and the premises afforded good disabled access. The practice has approximately 6000 patients on its list. The practice is registered with the Care Quality Commission to provide regulated activities of maternity and midwifery services, family planning services, treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures.

The practice opening times are Monday to Friday 8.00am to 6.30pm. For the convenience of the patients pre-booked appointments were available in early morning surgeries held before 8.00am on Wednesdays and Thursdays.

All the patients we talked with were very happy with the care they received. We received 29 comments cards and all had positive comments about the care and service provided by the surgery.

We found that Wessex Road was a well led service which in our judgement was safe, effective, caring and responsive to the needs of its patient's. The senior partners showed us that they provided visible leadership. The patients, clinical and managerial staff we spoke with told us that the doctors were all very approachable and the ethos of the practice was to provide medical care to the highest possible standard.

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 service was safe.

Staff we spoke with were trained in and aware of their responsibilities for safeguarding of vulnerable adults and children. There were systems and processes in place to raise concerns and there was a culture of reporting and learning from incidents within the organisation.

The equipment and the environment were maintained appropriately and staff followed suitable infection control practices.

The premises were clean and well-maintained. Entry and exit to and from the reception and waiting areas were all on one level; safe, clean, well-cared for and involved minimal distances to walk. This was important because the demographic at the surgery included a large percentage of elderly patients.

Vaccines, medicines and prescriptions kept on the premises were stored suitably and securely. There were suitable systems for the receipt, storage, record and administration of vaccines.

The practice had suitable arrangements in place for dealing with emergency situations and were updating their policies in relation to reacting to any interruption to the service provided.

Are services effective?

Overall the service was effective.

The practice had systems and processes in place to ensure that standards of care were effectively monitored and maintained.

The practice worked with other health and social care professionals and organisations to ensure that their patients received the most effective support and treatment.

There were systems in place to ensure there were sufficient staff to meet patients needs. Patients needs were suitably assessed and care and treatment was delivered in line with current legislation and best practice. There were sufficient staff who received regular training and on-going support through an effective appraisal system.

Information was shared with relevant stakeholders such as the Clinical Commissioning Group (CCG) and NHS England.

Are services caring?

Overall the service was caring.

Summary of findings

All the patients we spoke with, and the comments we received were complimentary of the care and service that staff provided. We observed people being treated with dignity and respect. Staff provided privacy during all consultations and reception staff maintained patient privacy, dignity and confidentiality when registering or booking in patients. Patients we spoke with told us that they were well informed about their care and treatment.

Are services responsive to people's needs?

Overall the service was responsive to people's needs.

The practice obtained and acted on patients feedback. Patients needs were suitably assessed and the provider learned from people's experiences, concerns and complaints to improve the quality of care.

The practice understood the needs of their patient population and this was reflected in the setup of the practice environment and systems used to meet some of the needs of their patients.

Patients told us they could always get an emergency appointment and waiting time for routine appointments was satisfactory.

Are services well-led?

Overall the service was well led.

The registered manager assisted by the practice management staff with clinical leadership from the GP partners worked as a team to ensure that patients received a high standard of care. Staff were supported by the registered manager and practice management and a culture of openness and honesty was encouraged. Risks to the safe and effective delivery of service were assessed and addressed in a timely manner. A suitable business continuity plan was in the process of being updated.

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 people in the practice population who were aged 75 and over.

Older people were cared for with dignity and respect. The practice was well-led and responsive to older people's needs, followed national guidance and worked with other health and social care providers to provide a safe care.

The practice had developed links with local nursing homes and treated patients who lived there. They had met with nursing home staff to discuss and advise on the care and support needs of the residents.

People with long-term conditions

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

Patients in this population group received a safe, effective care which was based on national guidance. Care was tailored to people's needs, had a multi-disciplinary input and was reviewed regularly

Mothers, babies, children and young people

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

The practice followed national protocols and staff were aware of their responsibilities and the various legal requirements in the delivery of care to people in this population group. They worked with other health and social care providers to provide safe care.

The largest groups seen at this practice included mothers and babies and patients under 16 years of age.

The working-age population and those recently retired

Overall the practice was safe, effective, caring, responsive and well led for working age people.

The practice was well-led, had a good structure and governance arrangements. There was an appropriate system of receiving and responding to concerns and feedback from patients in this group who had found difficulty in getting appointments. The practice had

Summary of findings

appointments available in early morning surgeries held before 8.00am two days a week. This meant that they had increased the accessibility of their service to people who were unable to attend during the day due to work commitments.

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.

There was evidence of good multidisciplinary working with involvement of other health and social care workers. The practice was well-led and staff had been provided training on safeguarding vulnerable adults and child protection.

People experiencing poor mental health

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

The practice ensured that good quality care was provided for patients with mental health illnesses. The practice had a nominated lead for linking with other health professionals and community teams to ensure a safe, effective and co-ordinated care. This meant that the practice was responsive to patients needs.

Summary of findings

What people who use the service say

We spoke with 12 patients and a representative from the Patient Participation Group. There were not any complaints. .

Many patients had been coming to both surgeries for 20 to 40 years; one young mum told us they had been coming here as a child, and now her four-month old baby was being treated here, and she had great confidence in the doctors.

A CQC comments box was well displayed in the reception area, and had prompted 29 response cards, all of which were very complimentary, apart from some small comments about some appointments taking longer up to a week, or week and a half. Another matter raised was, if the blood-taking nurse was not available there was nobody else to do the service. This meant that patients had to wait or travel to Poole Hospital.

We spoke with a member of the Patients Participation Group (PPG) the intention of the PPG was to provide avenues for feedback; regular newsletters about surgery happenings; educational issues of interest, such as not abusing antibiotics, and sensible health precautions at home. At present this is a 'virtual' group of six volunteer patients, representing the whole demographic, and they are yet to meet.

Wessex Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection team was made up of two CQC inspectors, a retired GP, a specialist advisor and an expert by experience.

Background to Wessex Road Surgery

Wessex Road Surgery, Wessex Road, Lower Parkstone, Poole, Dorset is a general practice (GP) surgery that provides NHS services. It is located in lower Parkstone, Poole in Dorset. The practice operates from a purpose built building on two floors. All the consulting rooms and waiting areas were on the ground floor and the premises afforded good disabled access. The practice has about 6000 patients on its list. The practice is registered with the Care Quality Commission to provide regulated activities of maternity and midwifery services, family planning services, treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures.

For the last two years the practice had undergone changes in that two of the senior partners had retired and two new GP's had been employed. At the time of our visit the practice had appointed a new practice manager who was due to take up their post in August 2014. The practice had recently installed a new computer system and this had taken a period of time to embed into the different working routines. The practice had made a concerted effort to ensure that these changes had not directly impacted on the care and welfare of the patients in an adverse way. The registered manager was aware of the areas which could be improved and was working with the temporary practice manager to address these areas.

Why we carried out this inspection

We inspected this GP practice 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

We carried out an announced visit on 29 May 2014 between 9am and 5 pm. We talked to patients and observed how staff interacted with patients. We interviewed a range of staff working at the practice, including GP partners, the practice manager, clinical nurses, receptionists and administrative staff. We were also able to speak with a representative from the patient participation group.

We reviewed 29 comment cards completed by patients during the weeks before our visit.

Before we carried out the inspection we analysed data gathered from our Intelligent Monitoring system. We asked other organisations including the local Healthwatch, NHS England and Clinical Commissioning Group to share what they knew about the service.

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?

Detailed findings

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

People experiencing a mental health problems

Are services safe?

Summary of findings

Overall the service was safe.

Staff we spoke with were trained in and aware of their responsibilities for safeguarding of vulnerable adults and children. There were systems and processes in place to raise concerns and there was a culture of reporting and learning from incidents within the organisation.

The equipment and the environment were maintained appropriately and staff followed suitable infection control practices.

The premises were clean and well-maintained. Entry and exit to and from the reception and waiting areas were all on one level; safe, clean, well-cared for and involved minimal distances to walk. This was important because the demographic at the surgery included a large percentage of elderly patients.

Vaccines, medicines and prescriptions kept on the premises were stored suitably and securely. There were suitable systems for the receipt, storage, record and administration of vaccines.

The practice had suitable arrangements in place for dealing with emergency situations and were updating their policies in relation to reacting to any interruption to the service provided.

Our findings

Safe patient care

The registered manager is the senior GP partner and the lead on governance at the practice and monitors incidents, near misses and significant events in order to ensure that patients receive safe care. Practices receive patient safety alerts from organisations alerting them to safety issues around medication and equipment. The senior GP told us how these were dealt with in the practice to ensure the information was received and acknowledged by clinical staff. The practice GPs meet on a regular basis to discuss safety of patients and safe care of patients. The practice nurse told us that as well as receiving information cascaded from the GP they also received online alerts from an organisation they subscribed to. This meant that staff were aware of any issues which could be a risk to patient safety.

GPs at the practice offered patients the services of a chaperone during examinations. We saw that details of this service were displayed around the practice building. The practice nurse was used for this service and the consent of the patient was always sought. The GP we spoke with recognised that this service needed to be reviewed by the practice with regards to same sex consultations and assessing the clinical need against urgency.

Learning from incidents

There were arrangements in place for reporting significant events. We saw that the reports of these events and were able to discuss the process for recording incidents with the practice manager and the GPs. All serious events were discussed at regular GP partners meetings and practice meetings. This provided senior staff with the opportunity to discuss the incident and to record any learning points. An example seen was the discussion at practice meetings of medication errors being made by a local pharmacy and the actions taken by the practice to resolve this matter.

Safeguarding

Patients who use the practice were protected from the risk of abuse, reasonable steps had been taken to identify the possibility of abuse and prevent abuse from happening. Staff at the practice had taken part in training in safeguarding children and vulnerable adults at an appropriate level for their role. One of the GP partners who took the lead in safeguarding had taken part in specific high level training in the subject. Staff we spoke with were

clear about their responsibilities to report any concerns they may have. Contact telephone numbers for reporting any safeguarding concerns were displayed in a number of places throughout the practice.

The GPs we spoke with told us that they had made contact with social services when they identified concerns about patients in their care. Representatives from social services were invited to the multi-disciplinary meetings when it was felt appropriate

Monitoring safety and responding to risk

The practice had appropriate equipment, emergency drugs and oxygen to enable them to respond to an emergency should it arise. These were checked regularly by the practice nurses to ensure the equipment was working and drugs in date so that they would be safe to use should an emergency arise. The practice had an Automated External Defibrillator (AED) an AED is used in the emergency treatment of a person having a cardiac arrest.

All staff had taken part in emergency life support training. Reception staff were able to describe their training and felt confident that they could respond appropriately to an emergency in the waiting room.

Effective systems were in place to ensure the safety and welfare of patients using the service. There was evidence of identifying and reporting significant events. Learning from incidents took place and appropriate changes were implemented. The practice maintained records of significant events and we saw an example where medication errors had been made by a pharmacy. These were promptly identified and analysed, the partners spoke with the pharmacy and this was being followed up with a formal letter. There was evidence of changes having been implemented as a result of learning from these events. Regular checks were undertaken on the equipment used in the practice.

Medicines management

Appropriate arrangements were in place in relation to the management of medicines at the practice. These included safe storage, records and disposal. We checked the emergency drug kit and found that all drugs were in date. There was a log maintained with the expiry dates of all the drugs available in the kit. The vaccinations were stored in suitable fridges at the practice. All the drugs and vaccines that we checked were within their expiry date. 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. Staff were aware of protocols to follow if the fridge temperature was not maintained suitably. We saw that the medicines cupboard and the vaccines refrigerator in the nurse treatment room were securely locked.

There was a GP lead for prescribing and regular audits and reviews of the prescriptions of people with long term conditions was undertaken using the data collection tools on the practice computer systems.

We were told that alerts relating to medicines were cascaded to clinical staff by the GP lead and copies of the alert were discussed and given to the clinicians. This meant that the service identified and acted on potential risks to patient safety.

Cleanliness and infection control

A lead nurse was responsible for infection control procedures at the practice. There were appropriate policies and procedures in place to reduce the risk and spread of infection. We saw that the lead nurse recorded details of an infection prevention control audit in October 2013 and another audit was due to be completed.

Risk assessments were in place for control of substances hazardous to health (COSHH) and we saw daily, weekly and six monthly audits completed by cleaning staff. All work done was signed off and infection control training took place annually. The infection control policy clearly laid out the national colour coding guidance for cleaning equipment. Colour coding of cleaning equipment means that the risk of cross contamination is reduced. For example, equipment used for high risk areas such as lavatories was not used in clinical areas. We saw that cleaning equipment was stored securely and in the correct manner.

Hand washing guides were available above all sinks both in clinical and patient areas. There was a supply of bacterial soap pump dispensers and hand towels in all areas. Personal protective equipment (PPE) such as gloves and aprons were available for staff and they were aware of when PPE should be used. There was the correct segregation of waste. This meant that clinical waste was disposed of appropriately and after being removed from the practice was kept in locked waste bins to await collection.

Are services safe?

Patients we spoke with commented positively on the standard of cleanliness at the practice. The premises and especially the treatment room appeared very clean and well maintained. Work surfaces were easy to clean and were clutter free. The room was well organised with well sighted information and clean privacy curtains, sanitiser sharps box and foot operated waste bins. We spoke with one of the nurses who clearly described the procedures in place to maintain a clean and safe working environment.

Staffing and recruitment

The staff we spoke with told us that the majority of the staff had worked at the practice for a number of years. The practice manager and GPs we spoke with told us that they felt the stable work force provided a safe environment for their patients. We looked at the recruitment and personnel records for three staff. The provider had a suitable process for the recruitment of all clinical and non-clinical staff. The staff files we looked at had records of pre-employment checks which included appropriate references, and where required criminal record checks. Staff had been provided a job description and a contract of employment. Newly appointed staff received an induction which included an explanation of their roles and responsibilities and access to relevant information about the practice including relevant policies and procedures.

Dealing with Emergencies

The practice had appropriate equipment, emergency drugs and oxygen to enable them to respond to an emergency should it arise. The practice was updating the business continuity plan. This is a plan that records what the service will do in an emergency to ensure that their patients are still able to receive a service. Arrangements had been made with a neighbouring practice to use their facilities and premises in an emergency. Arrangements had also been made with other practices for working together should there be a pandemic. A pandemic is an outbreak of disease widespread over a whole country or a large part of the world.

There were rare occasions when a locum GP was necessary to cover for unexpected sickness. Although the practice aimed to use a known locum GP it was recognised that this was not always possible. We saw that the last locum used had supplied copies of their curriculum vitae (CV), which included registration details and numbers and copies of certificates. We were told that the locum would also be given a copy of the employee induction handbook.

Equipment

The practice had a servicing contract with a company to service all medical equipment on a regular time scale. Staff we spoke with did not raise any concerns about the safety, suitability or availability of equipment. We saw that medical equipment such as medicines fridges had been recently tested for safety and performance. During staff meetings new equipment purchasing was discussed, relevant to the needs of the care given to patients. The practice had an AED and we saw records that showed this piece of equipment had been serviced regularly.

Are services effective?

(for example, treatment is effective)

Summary of findings

Overall the service was effective.

The practice had systems and processes in place to ensure that standards of care were effectively monitored and maintained.

The practice worked with other health and social care professionals and organisations to ensure that their patients received the most effective support and treatment.

There were systems in place to ensure there were sufficient staff to meet patients needs. Patients needs were suitably assessed and care and treatment was delivered in line with current legislation and best practice. There were sufficient staff who received regular training and on-going support through an effective appraisal system.

Information was shared with relevant stakeholders such as the Clinical Commissioning Group (CCG) and NHS England.

Our findings

Promoting best practice

The practice took into account national guidelines such as those issued by the National Institute for Health and Care Excellence (NICE). The practice had regular meetings where clinical and business issues relevant to patient care, and significant events and complaints were discussed. There were periodic multi-disciplinary meetings attended by GPs and nursing staff to discuss the care of people. The meetings covered various clinical issues, an example being the practice followed up post discharge for patients who had been in admitted to hospital with chronic obstructive pulmonary disease (COPD). The GP passed hospital letters to the practice nurse who ensured practice intervention which included phoning the patient and making sure that the patient had a surgery follow appointment.

The practice also followed up on patients who did not attend follow up appointments for disease management and support. A nurse would make contact with patients who did not keep their appointments to enquire for the reason for not attending and finding ways to aid future attendance.

Management, monitoring and improving outcomes for people

The practice had systems and processes in place to ensure that standards of care were effectively monitored and maintained. The practice carried out regular clinical audits to ensure the treatment they offered patients was in line with relevant guidance. There was evidence of learning from the audit process. Therapies were tailored to teenagers, elderly or disability to aid patient acceptability or compliance. An example being, all teenagers were given a management plan for Asthma.

Staffing

Staff received appropriate support and professional development. The practice had identified training modules to be completed by staff which included amongst others; safeguarding of children and vulnerable adults, infection control and health and safety. Staff were aware of and had received information about safeguarding and training in infection control and basic life support skills. Staff received supervision and an annual appraisal of their performance. The staff told us they had received this training and how much they enjoyed their variety of work. Staff we spoke with all told us that they felt well supported by their

Are services effective?

(for example, treatment is effective)

colleagues and the practice manager. They said they had been supported to attend training courses to help them in their professional development and that there was a culture of openness and communication at the practice and they felt comfortable to raise concerns or discuss ideas

Working with other services

The practice worked in co-operation with other services and there was evidence of good multi-disciplinary team working. An example seen was arrangements made for a specialist respiratory nurse to come to the practice to meet with the practice nurse to discuss management of a number of complex patients.

Staff told us they felt they worked well as a multidisciplinary team (MDT) and that there was good involvement of other social and healthcare professionals especially in the care of the elderly, and the community midwife.

Health, promotion and prevention

The practice ensured that where applicable people received appropriate support and advice for health promotion. Information available to patients was effective; there was an extensive pin-board on the wall in the waiting room which was tidy, up to date, and contained notices relevant to the demographics of the patients (highest percentages of elderly, and at the other end of the scale, young mums and children aged up to young teens).

Notices were visually effective, in good visible print. An information leaflet rack, was full and up to date with a good variety of information, this was seen to be used by mothers with young babies. We saw, on a table inside the waiting room, a large folder of surgery support information for Carers, and sheets provided by local support groups, for carers; dementia support.

Patients, when asked, said they did make use of these. Sexual health information was well provided, and sensibly situated as notices in the patients toilet, with other leaflets in the waiting room rack. Information relevant to babies and toddlers was displayed tidily and well, in the play area and in the seating outside the Health Visitors' room.

Are services caring?

Summary of findings

Overall the service was caring.

All the patients we spoke with, and the comments we received were complimentary of the care and service that staff provided. We observed people being treated with dignity and respect. Staff provided privacy during all consultations and reception staff maintained patient privacy, dignity and confidentiality when registering or booking in patients. Patients we spoke with told us that they were well informed about their care and treatment.

Our findings

Respect, dignity, compassion and empathy

We spoke with 12 patients and a representative from the Patient Participation Group. Not only were there no complaints, there was overwhelming affection for this surgery, the more impressive perhaps because the loyalty carried over from the 'old' surgery, in a different street, to this one.

Many patients had been coming to both surgeries for 20 to 40 years; one young mum told us she had been coming here as a child, and now her 4-month old baby was being treated here, and she had great confidence in the doctors. They all said that they had been dealt with courteously by all staff. We observed staff interacting with patients and we saw that patients were treated with dignity and respect.

The practice nurse provided chaperone support for the GP if required by patients. They told us that in the surgeries there were privacy curtains which were used by the GP when a patient was preparing to be examined and when the GP was making an examination. We also saw that each surgery had a light outside the door which was illuminated to show when the room was busy. We saw that staff knocked and waited before entering any of the surgeries. This ensured patient privacy was maintained.

Staff told us how they respected patients confidentiality and privacy. The receptionist we observed was impressively calm, efficient, kind and discreet, and multitasked effectively. Other than when the surgery first opened, there were no queues at the desk, and patients were directed swiftly. Although the receptionist took phone calls at the desk, at no time did they mention any name or diagnosis or treatment.

Bereaved families were offered support and were given contact details for local services which could support them.

GPs told us that they involved families and carers in end of life care. They ensured that the out of hour's service was aware of any information regarding their patients' end of life needs. This meant that patients at all stages of their health care were treated with dignity, privacy and compassion.

Involvement in decisions and consent

The practice had worked with the Patient Participation Group (PPG) to produce a practice survey for the wider

Are services caring?

practice population. A patient survey had been undertaken in early 2014 and steps taken towards completion of the identified action. All the people we spoke with and the comment cards peoples had completed were complimentary of the staff at the practice and the service that people had received.

Patients told us that they felt listened to and involved in the decisions about the care and treatment. People expressed their views and were involved in making decisions about their care and treatment. People who used the service were given appropriate information and support regarding their care or treatment. People told us that the doctors took time to explain things to them. People said they had the opportunity to ask additional questions if they needed to and felt their concerns were listened to.

Staff we spoke with were aware of the requirements under the Mental Capacity Act 2005 and the needs for ensuring that decisions were always taken in the best interests of the patient. They were aware of seeking multi-disciplinary input and opinion from other health and social care professionals especially when care involved vulnerable patients who could not provide consent or lacked capacity to provide consent.

Most of the patients at this practice did not have any difficulties with language. However staff could access language support for a number of nationalities. Staff told us that they had a small population of Indian patients who visited the practice. They told us they had been able to communicate with the patients using relatives who were able to translate.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Overall the service was responsive to people's needs.

The practice obtained and acted on patients feedback. Patients needs were suitably assessed and the provider learned from people's experiences, concerns and complaints to improve the quality of care.

The practice understood the needs of their patient population and this was reflected in the setup of the practice environment and systems used to meet some of the needs of their patients.

Patients told us they could always get an emergency appointment and waiting time for routine appointments was satisfactory.

Our findings

Responding to and meeting people's needs

The practice had worked with a new Patient Participation Group (PPG) to produce a practice survey for the wider practice population. A patient survey had been undertaken in early 2014 and steps taken towards completion of the identified action. The patient survey undertaken earlier in the year showed that patients were happy with the practice and that it met their needs. We also found this to be the case in our discussion with patients and from the comment cards submitted by patients who attended the surgery on the day of our visit.

Access to the service

Patients were mostly happy with the way their calls and booking of appointments were dealt with though some commented that the system could be improved. The practice had appointments available in early morning surgeries held before 8.00am two days a week and also could offer appointments up until 6.30pm. This meant that they had increased the accessibility of their service to people who were unable to attend during the day due to work commitments. The practice was also investigating the feasibility of online appointment booking.

Concerns and complaints

The practice had a complaints policy and a patient information leaflet was also available which provided the procedure and timescales for handling of complaints. Comments and complaints information was also included in the practice charter which was made available to all patients. The practice maintained a log of complaints and the complaints procedure was available upon request. We saw that a record of the date complaints were received and responded to was kept and was available at the time of our inspection. Complaints and concerns were reviewed and we also saw that they had been responded to in a timely manner according to their policy.

Are services well-led?

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

Summary of findings

Overall the service was well led.

The registered manager assisted by the practice management staff with clinical leadership from the GP partners worked as a team to ensure that patients received a high standard of care. Staff were supported by the registered manager and practice management and a culture of openness and honesty was encouraged. Risks to the safe and effective delivery of service were assessed and addressed in a timely manner. A suitable business continuity plan was in the process of being updated.

Our findings

Leadership and culture

The staff told us they felt well supported by the practice manager. There was an open culture at the practice and the staff we spoke with felt able to go to the practice manager with any problems or concerns. All staff were clear about their roles and responsibilities, and that they were provided with opportunities for development and training. Appraisals were carried out annually and training was supported by the GP partners and practice management.

Governance arrangements

The senior partner at the practice was also the lead on governance. Partner GPs had areas of responsibility, such as, prescribing or safeguarding it was therefore clear who had responsibility for making specific decisions and monitoring the effectiveness of specific areas of clinical practice. The practice manager was responsible for the day to day running of the service and assessing, monitoring and developing non clinical staff. We saw good working relationships amongst staff and an ethos of team working. Line management arrangements were clear and staff received regular supervision and performance review. The practice had stable arrangements of administrative and receptionist staff.

Systems to monitor and improve quality and improvement

The practice undertook and participated in a number of regular audits. We saw that incidents were reported promptly and analysed. We noted examples of learning from incidents and audits, and noted that where applicable practices and protocols had been amended accordingly.

Patient experience and involvement

The practice had a new Patient Participation Group and the practice worked with them to help improve the care services. All the people we spoke with and the comment cards peoples had completed were complimentary of the staff at the practice and the service that people had received. Patients told us that they felt listened to and involved in the decisions about the care and treatment.

Staff engagement and involvement

Staff we spoke with all told us that they felt well supported by their colleagues and the practice manager. They said they had been supported to take part in on-going training

Are services well-led?

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

to help them in their professional development. They stated that there was a culture of openness and communication at the practice and they felt comfortable to raise concerns or discuss ideas.

Identification and management of risk

The practice was in the process of updating risk management plans. The provider had worked with local practices to ensure care to patients would continue to be provided if there was an event affecting the operation of the service. Risks to the business continuity resulting from events such as IT equipment breakdown, inability of staff to reach work, flooding, snow and flu pandemic had been identified and assessed and plans had been put in place and were being updated.

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 people in the practice population who were aged 75 and over.

Older people were cared for with dignity and respect. The practice was well-led and responsive to older people's needs, followed national guidance and worked with other health and social care providers to provide a safe care.

The practice had developed links with local nursing homes and treated patients who lived there. They had met with nursing home staff to discuss and advise on the care and support needs of the residents.

Our findings

All the patients we spoke with said the service was responsive to their needs, and the comments we received were complementary of the care and service that staff provided, although some patients did mention about some difficulty in getting quick access to their GP of choice. The practice manager and GP told us that they were currently working towards the requirement of providing a named accountable GP for patients 75 years old and over.

Entry and exit to and from the reception and waiting areas was all on one level; safe, clean, well cared for and involved minimal distances to walk; important because the demographic here includes a large percentage of elderly patients.

Seating was upholstered bench-style, and of a useable height for young and old; sturdy and looked new, with no visible tears or other imperfections.

The practice nurses roles for this population group was to provide blood pressure checks, ECG test, wound dressing, suture removal, treatment of minor injuries, asthma and diabetic clinics.

A phlebotomist runs weekly clinics for patients who were unable to travel to the local hospital for blood tests. There were concerns raised by patients that when this person was away there was nobody else to complete the role.

A district nursing sister and community team run from the surgery and provide nursing care for housebound patients such as the elderly, chronically ill or recovery from recent operations. They also supported patients and carers on how best to care for themselves between district nurse visits to maintain independence.

The CQC Response comment cards used words like excellent; kind, lovely; and often gave the info that the patient had been coming to the surgery for periods of 20, 30 or 40 years. We did not receive any negative responses.

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 people with long-term conditions.

Patients in this population group received a safe, effective care which was based on national guidance. Care was tailored to people's needs, had a multi-disciplinary input and was reviewed regularly.

Our findings

Nursing staff had specific training to help them understand the needs of these patients. A specialist nurse from a local hospital worked with one of the practice nurses to provide a specialist clinic for specific patients to assess and monitor their condition. They also advised on the management of patients long term conditions and signposted patients to relevant support organisations.

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 people.

The practice followed national protocols and staff were aware of their responsibilities and the various legal requirements in the delivery of care to people in this population group. They worked with other health and social care providers to provide safe care.

The largest groups seen at this practice included mothers and babies and patients under 16 years of age.

Our findings

Health Visitors were practice-based and had a room in the building. The practice had recently made an application to ensure that whilst the longstanding health visitor was on maternity leave a replacement health worker would be in place. There was evidence of good multidisciplinary working with involvement of other health and social care workers. Staff we spoke with were aware of and had received training on safeguarding vulnerable adults and child protection they understood the policies and processes and knew what action to take if they needed to raise an alert. There was a lead GP who had completed level 3 training and they were the lead person for safeguarding issues.

The practice nurse contacted patients due for immunisation treatment who had not attended the practice to ensure that any issues raised could be properly explained and any worries answered. Teenagers were given management plans for asthma and young adults were signposted to genitourinary (GU) clinics for any complex treatment.

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 working age people.

The practice was well-led, had a good structure and governance arrangements. There was an appropriate system of receiving and responding to concerns and feedback from patients in this group who had found difficulty in getting appointments. The practice had appointments available in early morning surgeries held before 8.00am two days a week. This meant that they had increased the accessibility of their service to people who were unable to attend during the day due to work commitments.

Our findings

We were unable to speak with patients in this population group. The relative lack of any obvious working-age patients could have been due to the fact that they may attend more at early times – the surgery offered appointment times before 8:00am on two days a week, and remained open until 6.30pm. However the demographic figures do show that the largest groups seen here are the elderly and young mums and under-16's.

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.

There was evidence of good multidisciplinary working with involvement of other health and social care workers. The practice was well-led and staff had been provided training on safeguarding vulnerable adults and child protection.

Our findings

Staff we spoke with understood the safeguarding policies and processes and knew what action to take if they needed to raise an alert.

The senior GP told us that there were lots of informal discussions about this population group. The practice worked closely with Health Visitors to try and reach out to this population group. The practice tried to ensure that where a patient had language difficulties that more time was allocated for appointments.

Sexual health information was well provided, and sensibly situated as notices in the patients' lavatory, with other leaflets in the waiting room area.

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 poor mental health.

The practice ensured that good quality care was provided for patients with mental health illnesses. The practice had a nominated lead for linking with other health professionals and community teams to ensure a safe, effective and co-ordinated care. This meant that the practice was responsive to patients needs.

Our findings

The practice ensured that good quality care was provided for patients with mental health illnesses. Staff told us that they worked with other professionals and community teams to ensure co-ordinated care. There were clear structures and responsibilities and the senior GP told us that there were good working relationships with other local providers to ensure effective and safe care for people in this population group.

There were systems to ensure increased supervision for those patients being discharged from hospital supervision. Staff we spoke with were aware of the requirements under the Mental Capacity Act and the needs for ensuring that decisions were always taken in the best interests of patient. They were aware of seeking multi-disciplinary input and opinion from other health and social care professionals especially when care involved vulnerable patients who could not provide consent.