The Leys Health Centre

Quality Report

The Leys Health Centre
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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.

Contents

Summary of findings

Overall summary

The Leys Health Centre Dunnock Way, Oxford, Oxfordshire, OX4 7EX is a GP practice that provides healthcare to approximately 10,500 registered patients.

During our inspection we spoke with the GPs, registered manager, the practice manager, practice nurses, staff, patients and their relatives.

The practice provided a safe service that met patients' needs. There were arrangements in place to ensure patients could either see or speak with a GP but not always at a time suitable for them.

The staff worked very well as a team and supported each other. Patients were treated in a safe and caring environment. The service was effective, well led and responsive to people's needs. However, the practice did not keep up to date training records for staff.

The practice provided an open surgery, where patients could walk in without an appointment between 8.30am and 10am and be seen by a GP. However, it identified that this was no longer meeting the needs of the patients and had put plans in place to improve the emergency appointment system.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice had appropriate arrangements in place for reporting on and learning from incidents and significant events.

The practice was clean and tidy and systems were in place to identify and manage health and safety risks.

There were sufficient arrangements to manage the risks associated with infection prevention and control and evacuation of the building in an emergency.

Patients told us they felt safe and well cared for.

The practice had policies, procedures and training in place to help with continued running of the service in the event of an emergency.

Policies and procedures were in place to help staff safeguard children and vulnerable adults from abuse.

Are services effective?

Patients were assessed and treated in line with current legislation and guidelines.

An effective system of clinical audit was in place. The practice supported multi-disciplinary working with other services.

The practice offered a range of health clinics to meet the needs of patients who used the service. These included diabetes clinics, baby clinics and asthma clinics.

Are services caring?

Feedback received from patients and patient satisfaction surveys showed that patients felt they were well cared for and their needs were met.

Patients told us they were offered appropriate health checks as well as routine appointments.

Patients had access to local groups for additional support. Appropriate support was provided to vulnerable people.

Patients' privacy and dignity were respected.

Are services responsive to people's needs?

If patients were unable to attend the practice then home visits were arranged, if this was needed.

A number of health clinics took place to meet patients' needs. These included baby clinics, diabetes clinics and a travel clinic.

Summary of findings

The practice carried out patient satisfaction surveys and had regular meetings to discuss how the service could be improved. The practice had an active patient participation group.	
Are services well-led? There was a business continuity plan in place to ensure continued running of the service in the event of an emergency. The practice carried out audits to monitor safety and compliance with regulations and guidelines. Regular practice and partner meetings were held to discuss risks, complaints and methods of improving the service. The practice recognised potential risks to the health of patients.	

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice had procedures to safeguard vulnerable adults from abuse. The staff had completed equality and diversity training, which helped them treat patients according to their individual needs.

Patients were able to speak with or see a GP when needed and the practice was accessible for people with mobility issues.

Annual flu vaccinations for older people meant patients were protected from the risk of flu during winter time.

The practice had ensured that more people at two local nursing homes had an end of life care plan.

Each patient had a named accountable GP.

People with long-term conditions

Patients were referred to specialists in an appropriate and timely way.

The practice provided health promotion advice and information, including advice on self-management.

Mothers, babies, children and young people

The practice provided primary and pre-school immunisation and health promotion advice.

The practice communicated and shared information and made decisions with other agencies, particularly midwives, health visitors and school nurses.

There were policies and procedures for safeguarding vulnerable adults and children and appropriate systems in place to respond effectively to any concerns.

Information was provided, including lifestyle advice and healthy living, to pre-expectant mothers, expectant mothers and fathers.

The working-age population and those recently retired

Patients were able to access the service at a time that suited them and they were treated according to their individual needs.

The practice had extended opening hours which meant patients could have an appointment without it affecting their work life.

Relevant health and screening clinics were available to detect and prevent illness and promote general health and wellbeing.

Summary of findings

There was access to further services in the practice, for example in-house phlebotomy.

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

Patients were treated in an environment that was safe and by staff who could respond appropriately to any safeguarding concerns.

Patients were referred to relevant health clinics to help them manage their conditions and improve their quality of life.

Patients with no fixed abode were able to register with the practice.

Patients were encouraged to participate in health promotion activities, such as breast screening, cytology and smoking cessation.

People experiencing poor mental health

Patients were treated in a safe environment.

The practice had effective systems to ensure patients were supported and referred to appropriate services.

There were policies and procedures for safeguarding children and vulnerable adults and appropriate systems in place to respond effectively to any concerns. This included contacting patients who had failed to turn up for an appointment.

Patients were referred to other services, such as community psychiatry and counselling services to help them understand their condition and improve their quality of life.

Summary of findings

What people who use the service say

We spoke with 16 patients and reviewed the findings from 2 comment cards and the patient satisfaction survey that had been completed in March 2014.

All of the patients told us they felt well cared for and were treated with dignity and respect at all times.

Patients told us they were referred to appropriate health clinics to improve their health and manage their long-term conditions.

The majority of the patients we spoke with told us that the waiting times to see a GP were too long. Most of the patients told us it took nearly three weeks to see any GP and sometimes longer for a named GP.

The practice operated an open surgery in the mornings. Open surgery is a walk-in service where patients can turn up without an appointment and be seen by a GP. Patients told us that if they were not in the queue for the open surgery before the practice opened they would not be seen that day. However,

It is not always necessary to be queuing at 8.30am in order to be seen. Those who cannot be fitted in during that day's open surgery have the option of receiving a telephone call from their GP, or duty GP the same day.

There is a duty GP every day who sees patients with medically urgent conditions which may have arisen later in the day (i.e. after Open Surgery) or have been identified via telephone as described above.

Areas for improvement

Action the service SHOULD take to improve

Staff training records need to be accurate and kept up to date to ensure timely updates are undertaken.

The Leys Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector, another CQC inspector, a GP who provided specialist clinical advice, a practice manager and an Expert by Experience.

Experts by Experience are part of the inspection team and are granted the same authority as the CQC inspectors.

Background to The Leys Health Centre

The Leys Health Centre Dunnock Way, Oxford, Oxfordshire, OX4 7EX is a GP practice which provides healthcare to approximately 10,500 registered patients.

The practice has a larger number of patients with drug and alcohol addictions compared with other practices in Oxfordshire.

The practice is open from Monday to Friday 8.30am to 6pm and is open for pre-booked nurse and GP appointments on Monday evening from 6.30pm to 8pm. If there is a Bank Holiday on a Monday, the clinic will usually be moved to the Tuesday of that same week.

The practice also offers some GP appointments on Saturday mornings from 8.30am to 10.30am. These are all pre-booked appointments.

Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share their information about the service. Organisations we spoke with included local Healthwatch, NHS England and the local clinical commissioning group.

We carried out an announced visit on 9 July 2014 between 8am and 5:30pm.

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

We also spoke with patients and reviewed practice policies.

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?

Detailed findings

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 mental health problems

Are services safe?

Our findings

Safe Patient Care

Significant events were reported, investigated and discussed among the partners at the weekly partners meeting. Minutes of these meetings reported that responses had been discussed and outlined what action had been taken to resolve the incident. The learning outcomes from the event were fed back to staff through the monthly practice meetings. An example of this was how the practice responded to help a patient in dealing with suspected domestic abuse.

The practice had systems for audit and risk assessment. This was to help identify clinical and non clinical risk and put measures in place to reduce any identified risks. These included health and safety and infection control risk assessments.

Learning from Incidents

The practice had systems in place to report and record safety incidents and concerns. This included reporting significant clinical events and incidents and accidents around the practice.

The practice held monthly clinical meetings where they discussed significant events, complaints, prescribing and learning events that had taken place. Minutes of these meetings showed what action had already been taken and what learning had taken place to prevent similar incidents from happening again.

Significant event audits had been carried out where required. These audits contained details of the event, the response and the learning outcomes. An example of this was for a prescription issued for a patient who had the same name as another patient. Alerts are now attached to all patient records with the same names.

Safeguarding

The practice had systems in place to safeguard children and vulnerable adults from the risk of abuse.

There was a new safeguarding lead for the practice. We saw evidence that showed the GP had booked to attend a level 3 safeguarding course in September 2014. All of the clinical staff working at the practice, including GPs and the practice nurses, had completed level 2 safeguarding children and vulnerable adult courses.

Reception staff had not completed safeguarding training. However, all reception staff we spoke with explained what they would do if they had any concerns. They all knew who the safeguarding lead for the practice was. All of the staff we spoke with were aware of the safeguarding policies, procedures and their responsibility in raising any concerns.

There was an adult safeguarding policy that listed the types of abuse, how to identify the signs of each type of abuse and the action to take to respond to any concerns. The safeguarding children policy included what signs and symptoms to look for, situations that needed careful consideration and what immediate action to take if there were concerns. Both policies included full contact details of the safeguarding lead, social services and the local safeguarding team.

Every room in the building had an advice leaflet for patients and staff on what to do if they were worried about an adult or child. These leaflets included flow charts of the safeguarding procedures and full up to date contact details for the local safeguarding teams and social workers.

The practice had a chaperone policy in place. A chaperone is a person who accompanies another person to protect them from inappropriate interactions. Information about the use of a chaperone was given to patients in the patient information leaflet and at reception. All staff had received training in how to chaperone. All of the staff we spoke with were aware of the importance of ensuring patients were treated in a safe environment.

Monitoring Safety & Responding to Risk

The practice had some systems in place to identify assess and manage risk within the practice.

The practice had evacuation procedures to ensure patients, staff and visitors could safely exit the building in the event of an emergency. However, those procedures did not explain how patients and staff with mobility issues would be safely evacuated.

The fire policy and risk assessment had been reviewed in November 2013. The risk assessment included hazard identification and a suitable action plan for risk reduction. Staff had been trained in fire procedures for the practice. There was a named fire officer and some staff had been trained as fire marshals. Fire marshals ensure the safe evacuation of people from the premises and check the building is clear.

Are services safe?

Records showed that the fire alarm was tested on a weekly basis. A recent report on a false alarm showed that the building was evacuated without incident.

Medicines Management

The practice had a policy for issuing prescriptions and repeat prescriptions. All of the staff we spoke with were aware of the procedures. We saw that staff could deal with patient enquiries about prescriptions and collection times.

Dates for reviews of patients' medicines were included on repeat prescriptions.

Vaccinations were stored in locked temperature controlled fridges. The temperatures were monitored and systems were in place to enable staff to respond appropriately if the fridge started malfunctioning.

Cleanliness & Infection Control

The practice had an infection control lead who ensured consistent advice was made available to all staff. The infection control policy had been reviewed and updated in August 2013. Records showed that staff had completed infection control training.

An infection control audit was completed in June 2014. This covered the infection control procedures that were in place and highlighted actions needed to address any issues that were found. We checked this action plan and found that most of the actions had already been completed.

Sinks had hand washing procedures signs above them and there were paper towels to dry hands. Antibacterial hand gel was also available for staff and patients around the practice. Records showed that all staff had completed hand hygiene training between June and July 2014.

Cleaning checks had been carried out and we saw records of meetings that had taken place between the practice and the cleaning contractor to discuss the findings and implement an action plan when needed. We also saw evidence that showed the practice had taken steps to find a new cleaning contractor.

Clinical staff had received vaccination against Hepatitis B. This was to protect them from infection from blood and bodily fluids.

Staffing & Recruitment

We were told that two GPs had recently retired and replacement GPs had already been found and appropriately recruited. We examined the recruitment files and saw they included job descriptions, application forms, interview notes, references and proof of identity. Part of the recruitment process was an induction for new staff to get familiarised with the practice and a period of probation of three to twelve months according to the role.

Dealing with Emergencies

The practice had procedures for dealing with emergencies. The staff we spoke with were aware of what steps to take if somebody fell ill. Training records did not show that all staff had completed basic life support and cardiopulmonary resuscitation (CPR).

Emergency equipment was kept at the practice and staff knew where this was located. The emergency equipment included a defibrillator, oxygen and emergency drugs. All of the equipment was checked weekly and all emergency drugs were present and in date. The practice kept signed records of these checks.

There was a business continuity plan to ensure continued running of the practice in an emergency. The continuity plan had been reviewed in July 2014 and included roles and responsibilities for staff, immediate response procedures, evacuation and communication guidelines and plans for short and long term loss of the practice facilities and utilities. These plans included procedures for working with other practices in the area.

Equipment

All of the equipment used at the practice was serviced and maintained in accordance with manufacturer guidelines.

A portable appliance test (PAT) had been completed in March 2014 to ensure electrical equipment was safe to use.

Are services effective?

(for example, treatment is effective)

Our findings

Promoting Best Practice

The practice followed current legislation and guidelines around best practice. This included the guidelines issued by the National Institute for Health and Care Excellence (NICE). Clinical meetings were held every month to discuss areas of improvement. We saw minutes of these meetings which documented these discussions. Clinical areas for improvement were also included in the weekly practice meetings.

The staff were aware of and followed the Gillick competency guidelines. These were used to help assess whether a child had the maturity to make their own decisions and to understand the implications of those decisions.

The practice had policies and procedures for the assessment of patients' capacity in making decisions. The staff we spoke with were aware of the principles of the Mental Capacity Act 2005. The Mental Capacity Act 2005 provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

The practice had a cycle of clinical audit to ensure they met and continued to meet recognised good practice. An example of this was an audit of patients with end of life care plans in a local nursing home. This audit showed improvements were made in the numbers of patients with these plans in place.

Management, monitoring and improving outcomes for people

The practice participated in a cycle of clinical audit to ensure that the delivery of care and treatment achieved positive outcomes for patients. These included audits of prescriptions and audits on referrals of patients to other services.

There was a system of peer review which aimed to ensure that patients were referred to the appropriate service, such as a hospital, that could deal with their care and treatment needs

The practice provided specific clinics for patients to help them manage and improve their health and wellbeing. These clinics were relevant to patients needs and specific for the types of illnesses in the practice catchment area. For example, there were diabetic, asthma and coronary heart disease clinics to help patients manage long term conditions and improve their quality of life.

Staffing

The practice had an induction policy and staff were given training and knowledge about the practice before starting work. Staff who worked at the practice continued to receive supervision and training.

There were sufficient numbers of staff, including nurses, GPs and administration staff, who were appropriately qualified and competent to carry out their roles safely and effectively. The practice took steps to ensure that all clinical staff who worked at the practice were suitably qualified. GPs revalidated their training to maintain their NHS licence to practice in line with revalidation guidelines.

All of the staff we spoke with told us they felt supported to carry out their roles and were encouraged to share their views in the running of the practice.

We found that training records were not always completed and did not reflect training that had taken place. We were told by staff we spoke with that training did take place but it was not always recorded. We were only partly able to confirm what training had taken place and when and what members of staff had attended.

Working with other services

The practice worked closely with other services. These services included local hospitals, care homes, social services, other GP practices in the area and community health teams, such as podiatry and physiotherapy services. The practice identified patients who needed on going support and helped them plan their care. An example of this was the introduction of a home visit request sheet for a local nursing home. The home was asked to complete a request sheet with a brief history of the complaint. This helped the practice prioritise home visits and the patients could receive care better suited to their individual needs.

Other NHS services were provided within the building the practice was located in. Although these services were managed separately, for example maternity and speech and language therapy, the practice worked together with these services. An example we saw was a patient who

Are services effective?

(for example, treatment is effective)

attended the practice family planning clinic and was then referred to the other NHS services. The practice nurses explained they had meetings and discussed patient needs with the other services before, during and after referral.

Health Promotion & Prevention

Health clinics were provided to help patients monitor their health and wellbeing, to identify and support those at risk of developing a long term condition and to support patients to live healthier lives.

The practice operated a screening programme, which included cervical smear tests. These tests were arranged through the nursing team.

Patients were able to monitor their own blood pressure at the clinic and staff were able to offer assistance in this process if needed.

Smoking cessation advice was available to patients through information leaflets, the practice website and clinics. There were diabetic, asthma and coronary heart disease clinics to help patients manage long term conditions and improve their quality of life.

Family planning and maternity clinics were available to patients. The practice promoted vaccination schedules for babies and children.

Seasonal flu vaccinations were available to at risk patients such as patients aged 65 or over, patients with a serious medical condition, those living in a care home and healthcare or social care professionals directly involved in patient care.

Healthy living and lifestyle clinics and advice was available to prevent illness and promote healthier living. These services included emergency contraception and sexual health, travel vaccination, eating well and exercise.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

The practice had an equality and diversity policy in place. Staff we spoke with were aware of the importance of treating people according to their individual needs and ensuring timely access to the service. All of the staff had received equality and diversity training within the past twelve months.

We reviewed the most recent patient satisfaction survey and the comment cards we received. All of the patients felt they were treated with respect at all times. Patients said they were always treated with dignity and that staff were kind, caring and efficient.

The practice website was able to be translated into various languages at the press of a button. The practice had access to a language telephone service when needed.

We heard interactions between staff and patients in the reception area and when they were on the phone. The staff treated patients with respect and showed compassion and empathy.

The surgeries were fitted with privacy curtains and we saw that all doors were closed when consultations took place.

There was a chaperone policy in place at the practice. A chaperone is a person who accompanies another person to protect them from inappropriate interactions. Patients were made aware of this through the patient information leaflet and through awareness posters in the practice. Staff members who acted as chaperones had received specific training to fulfil this role.

Involvement in decisions and consent

Patients we spoke with told us that clinicians always obtained consent before any examination took place. Patients also told us they were involved in decisions regarding their treatment and were able to talk through the choices available before making decisions.

All of the staff we spoke with were aware of the importance of seeking consent from patients. Records showed that staff had received training in safeguarding and the Mental Capacity Act 2005 requirements for ensuring patients had capacity to make decisions about their treatment.

Patients were given information about the services offered by the practice. This was provided through patient information leaflets, the practice website and advice given by the staff who worked at the practice. This information was provided in accessible formats including different languages where appropriate.

We heard reception staff explain and confirm appointment times on the telephone. They ensured patients had sufficient time and opportunity to ask any questions.

Patients we spoke with told us they were given choices of treatment before making any decisions. They had opportunities to discuss their health beliefs, concerns and preferences to make sure their treatment met their individual needs. An example we saw was when a patient was given a choice of medicines. The patient was provided with relevant information before making a decision of which one best suited their needs.

Patients told us GPs did not rush through appointments and ensured everything was explained in a way they could understand. Written information, such as patient health advice, was also provided in suitable formats and in a way that patients could understand.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Patients were treated according to their individual needs. This included their health goals as well as their medical needs. For example, we saw that patients were appropriately referred to other services such as diabetes clinics.

The practice had a range of health clinics for babies, children, men, women, older people and those with long term conditions. Patients told us they were made aware of these clinics at their appointments. These clinics were relevant to the needs of the population in the catchment area of the practice.

Patients told us they accessed the nursing team for clinics, travel vaccinations and general health clinics such as baby and child vaccinations.

The practice supported a higher number of patients with substance misuse than similar practices in Oxfordshire. The practice offered specific clinics, treatment and support for patients. For example an substance misuse specialist ran a weekly session at the practice. GPs referred patients to these sessions as needed.

Access to the service

The practice was open Monday 8.30am to 8.15pm and Tuesdays to Fridays 8.30am to 6pm. If there was a Bank Holiday on a Monday, the extended hours would be moved to the Tuesday of that same week.

There was an open surgery from 8.30am to 10am each weekday. An open surgery is a walk in service where patients can turn up without an appointment and be seen by a GP. However, due to the demand of this service we saw a queue of patients standing outside the practice from 8am. Patients told us that if they didn't get in the queue then they may not be seen. The practice website states that open surgery will close when all available appointments are full. On occasion, this may be before 10am. The practice confirmed that patients unable to be seen at Open Surgery are offered the option of a same-day phone call with their own GP (or the duty doctor if their named GP not in the practice that day).

Prebooked appointments start at 11am after the open surgery. However, there are a small number of bookable early morning appointments.

The practice also offered some GP appointments on Saturday mornings from 8.30am to 10.30am. These were all pre-booked appointments.

Reception was open on Monday evening and Saturday morning during the hours stated above, enabling patients to also make personal visits to collect prescriptions and make appointments.

Nearly all of the patients we spoke with told us that it was difficult to get a routine appointment within two to three weeks. Patients told us they could not get a same day emergency appointment if they had mobility or transportation difficulties and were unable to get to the practice early in the morning. However, the practice explained they had a duty doctor service to deal with emergency appointments throughout the day. We were told that the service needs to be better explained to patients.

We were told that the practice had identified that the open surgery was no longer fit for purpose due to the demands on the practice. We saw evidence that plans had already been put in place to start operating a telephone triage system in order to prioritise urgent appointments.

All patients registered at the practice had a named GP who they would see on each appointment subject to availability.

Concerns & Complaints

The practice had a system in place for handling complaints and concerns. The complaints policy was in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

The practice had regular meetings to discuss any complaints received. Minutes of these meetings showed the practice discussed each complaint in detail and set out action plans to stop similar complaints from happening again.

Concerns and complaints could be raised in person, online or in writing. The practice had a dedicated agenda item at weekly partner meetings to discuss any complaints that had been received. There was an annual complaints meeting that reviewed the complaints processes to ensure they continued to meet patients' needs. Minutes of these meetings showed learning outcomes and action plans for the practice.

Are services responsive to people's needs?

(for example, to feedback?)

We saw evidence that complaints were dealt with in line with written procedures and policies. Patients were involved in the complaints process and were asked for their views on how they would like the complaint to be resolved. There was a detailed complaint recording template that included the outcomes of the complaint and the action that was taken to resolve it.

Are services well-led?

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

Our findings

Leadership & Culture

The practice had identified that their open surgery was no longer fit for purpose and that patients who needed to be seen may not get an appointment. We saw plans to implement a telephone triage system to better address patients' needs. Discussions and consultations had taken place and the needs of patients were considered a priority.

Governance Arrangements

Practice partner meetings were held on a weekly basis to ensure risks were identified and discussed and performance of the practice was considered and managed. Minutes showed these meetings discussed premises management, staffing levels and recruitment, clinical audits, significant events and training.

The practice had a business continuity plan which detailed roles and responsibilities in the event of an emergency. Appropriate plans were in place to ensure continued running of the service, for example in the event of fire, flood or disruption to service.

Arrangements were in place to obtain cover for GPs or staff who were sick or on leave to ensure the practice continued to run a full service.

There were suitable systems to maintain the premises and equipment. This included a maintenance contract for the building.

Systems to monitor and improve quality & improvement

The practice had systems of clinical audit to monitor and improve the quality of service it delivered. Audits were undertaken and the findings discussed. We saw examples of action plans to address any issues raised. The deputy practice manager ensured that audits were carried out regularly. Examples of audits we saw were end of life plans for patients at a local nursing home.

Patient Experience & Involvement

Patients were encouraged to feedback their views on the service they received. This was done through patient satisfaction surveys, feedback forms completed and left in the box at reception, direct verbal feedback and through patients groups such as the patient participation group (PPG).

We saw the practice had responded directly to patients' comments. For example, the practice had extended its opening hours to cater for the needs of the working population. This meant patients could be seen before or after their work.

Minutes of meetings showed patients' views were discussed on a regular basis.

The practice had an active patient participation group. This group took part in satisfaction surveys and met with GPs and the practice manager to discuss the practice.

Staff engagement & Involvement

All of the staff at the practice worked well as a team. The practice was open and honest in sharing information with patients. This was demonstrated through feedback on the website and information leaflets given to patients.

Staff told us they were able to participate in practice and team meetings to discuss concerns and improvements to the practice.

Learning & Improvement

The practice is an approved training practice. This is where qualified doctors come to gain further skills and experience in working in general practice.

We saw patients were advised that, with their consent, they may be seen by a trainee GP. It was explained to patients through the patient information leaflet and information displayed in the practice that they are fully qualified doctors who are gaining experience in a GP practice.

Identification & Management of Risk

Clinical audits had been carried out and the findings discussed at practice and partner meetings. We saw records of meetings where the findings were discussed and appropriate action plans were put in place. This ensured the practice continued to follow approved guidelines when treating patients.

Non-clinical audits such as cleaning and waste management had been completed.

The practice had processes in place to identify, assess and manage risks to patients and staff. This included health and safety risk assessments and infection control audits.

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.

Our findings

The practice had procedures to safeguard vulnerable adults from abuse. The staff had completed equality and diversity training which helped them treat patients according to their individual needs.

Patients were able to speak with or see a GP when needed and the practice was accessible for people with mobility issues.

Annual flu vaccinations for older people meant patients were protected from the risk of flu during winter.

The practice had ensured that more people at two local nursing homes had an end of life care plan.

Each patient had a named accountable GP.

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).

Our findings

Patients were referred to specialists in an appropriate and timely way.

Health promotion advice and information, including advice on self-management, was provided.

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.

Our findings

The practice provided primary and pre-school immunisation and health promotion advice.

The practice communicated and shared information and made decisions with other agencies, particularly midwives, health visitors and school nurses.

There were policies and procedures for safeguarding vulnerable adults and children and appropriate systems in place to respond effectively to any concerns.

Information was provided, including lifestyle advice and healthy living, to pre-expectant mothers, expectant mothers and fathers.

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.

Our findings

Patients were able to access the service at a time that suited them and they were treated according to their individual needs.

The practice had extended opening hours which meant patients could have an appointment without it affecting their work life.

Relevant health and screening clinics were available to detect and prevent illness and promote general health and wellbeing.

Patients had access to further services, for example in-house phlebotomy.

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).

Our findings

Patients were treated in an environment that was safe and by staff who could respond appropriately to any safeguarding concerns.

Patients were referred to relevant health clinics to help them manage their conditions and improve their quality of life.

Patients with no fixed abode were able to register with the practice.

Patients were encouraged to participate in health promotion activities, such as breast screening, cytology and smoking cessation.

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.

Our findings

Patients were treated in a safe environment.

The practice had effective systems to ensure patients were supported and referred to appropriate services.

There were policies and procedures for safeguarding children and vulnerable adults and appropriate systems in place to respond effectively to any concerns. This included contacting patients who had failed to turn up for an appointment.

Patients were referred to other services, such as community psychiatry and counselling services to help them understand their condition and improve their quality of life.