Chapelthorpe Medical Centre

Quality Report

Standbridge Lane
Wakefield
West Yorkshire
WF2 7GP
Tel: 01924 669080/0844 477 3140

Date of inspection visit: 15 July 2014
Date of publication: 10/10/2014

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 this inspection

Page

Overall summary 2
The five questions we ask and what we found 3
The six population groups and what we found 5
What people who use the service say 6
Areas for improvement 6
Outstanding practice 6

Detailed findings from this inspection

Our inspection team 7
Background to Chapelthorpe Medical Centre 7
Why we carried out this inspection 7
How we carried out this inspection 7
Detailed findings 9

Summary of findings

Overall summary

Chapelthorpe is a purpose built GP surgery. The practice operates a weekday service for over 11800 patients in the Wakefield area. The practice is responsible for providing primary care, and is registered to provide the regulated activities; diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice is open Monday – Friday 8:00 am to 6:30 pm. They also have extended hours until 8:30 pm on a Monday and Wednesday.

Patients can access nursing services for minor ailments outside the above hours at Wakefield Walk in Centre. Out of hours GP services are provided by Local Care Direct by calling 111.

A range of appointments are available, including telephone consultations and people are able to book these in person, over the phone or on-line.

The practice listens to patient comments and takes action to improve their service. The patients we spoke with and who completed CQC comment cards were complimentary about the care and treatment being provided. Patients reported that all the staff treated them with dignity and respect.

The building is well-maintained, clean and tidy. However there are some areas of infection control practice which require improvement.

Effective systems are in place for the oversight of medication. Clinical decisions are considered in line with best practice guidelines.

There are good governance and risk management measures in place.

We also looked at how well services are provided for specific groups of people and what good care looks like for them. We found that the practice actively monitors patients. We saw that they make arrangements for older patients and patients who have long term health conditions to be regularly reviewed and to attend the practice for routine checks. We found that appointments provide flexibility for patients who are working. Specific arrangements are in place to meet the needs of vulnerable patients, such as provision of a translation service.

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. The practice was visibly clean and well-maintained. Effective systems were in place to provide oversight of the safety of the building. The medicines were stored and administered properly. Patients were supported by practice staff, who were able to ensure patients received appropriate treatment and support.

However there were areas of infection prevention and control in the practice and staff recruitment procedures which could be improved.

Are services effective?

The service was effective. Care and treatment was being delivered in line with current published best practice guidelines. Patients' needs were consistently met and referrals to secondary care were made in a timely manner. Healthcare professionals ensured that patient's consent to treatment was obtained. The team made effective use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. The practice worked collaboratively with other agencies to improve the service of people in the community.

Are services caring?

The service was caring. All the patients who completed CQC comment cards, and those we spoke with during our inspection, were complimentary about the service. They found the staff to be kind and compassionate and felt they were treated with respect. The practice had a well-established patient participation group and people from this group told us they were actively involved in ensuring patient centred approaches to care were at the forefront for the practice.

Are services responsive to people's needs?

The service was responsive to patients' needs. The practice had a clear complaints policy and responded appropriately to complaints about the service. The practice was proactive in seeking the views of patients and had responded to suggestions that had improved the service and improved access to the service.

Summary of findings

Are services well-led?

The service was well led. The leadership team were effective and had a clear vision and purpose. Governance structures were in place and there was a system in place for managing risks. The practice made extensive use of their computer systems to monitor the service to very good effect.

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 actively reviewed the care and treatment needs of older people and ensured each person who was over the age of 75 had a named GP. There were systems in place to ensure that older people had regular health checks and timely referrals were made to secondary care.

People with long-term conditions
The practice actively reviewed the care and treatment of people with long-term conditions. We found staff had a programme in place to make sure no patient missed their regular reviews for their condition, such as diabetic, respiratory and cardiovascular checks. The practice closely monitored the needs of this patient group.

Mothers, babies, children and young people
The practice actively reviewed the care and treatment needs of this patient group, including children with long-term conditions. We heard from these patients that they could readily get appointments. All of the staff were very responsive to parents' concerns and ensured parents could readily bring unwell children to the practice to be seen.

The working-age population and those recently retired
The practice had electronic records that covered the needs of their patient group. Staff had a programme in place to make sure no patient missed their regular reviews for their condition such as diabetic, respiratory and cardiovascular checks. Appointment and prescription systems were accessible for patients in this group.

People in vulnerable circumstances who may have poor access to primary care
The practice was aware of patients, who may fall into this group and actively ensured these patients received annual health checks. Staff offered support to patients to assist them access their services, such as access to translation services and extended appointments.

People experiencing poor mental health
The practice recognised when people were experiencing mental health needs. Clinicians routinely and appropriately referred patients to counselling and talking therapy services, as well as psychiatric provision. Staff had a good understanding of patient's social background, conditions and personal attitude towards their health. They used this information when taking calls.

Summary of findings

What people who use the service say

We received 15 completed CQC comment cards and spoke with five patients on the day of our visit. We spoke with people from different age groups and with people who had different physical needs and those who had varying levels of contact with the practice.

The patients were complimentary about the care provided by the clinical staff, they commented positively on the GPs being specialists in some fields. They felt the doctors and nurses were competent and knowledgeable about their treatment needs and they said that they were given a very professional and efficient service. They told us that the reception staff were helpful and friendly.

Patients reported that they felt that the staff treated them with dignity and respect. Patients said the service was very good and some said it was excellent. They felt that their views were valued by the staff. They were complimentary about the appointments system and its ease of access and the flexibility provided.

Patients told us that the practice was always clean and tidy and said staff washed their hands before delivering care.

Patients we spoke with said they would recommend this practice to their friends and family.

Areas for improvement

Action the service SHOULD take to improve

We observed most of the consulting and treatment rooms were visibly clean and well maintained with adequate storage. However there were some deficiencies with infection prevention and control in the practice.

We found that there were policies and procedures in place to support the recruitment of staff. However, these did not detail the arrangements for obtaining disclosure and barring service (DBS) checks and not all recruitment checks had been obtained prior to one staff member commencing work in the practice.

Outstanding practice

Our inspection team highlighted the following areas of good practice:

The practice manager told us they worked with six other GP practices in the area in a group called Network 6. The practice manager said they attended monthly meetings with the group. We were told that the group were working on a community project to improve accessibility to services for patients outside the core hours.

Chapelthorpe Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC inspector and the team included a second CQC inspector, a GP and a specialist with experience working as a practice manager.

Background to Chapelthorpe Medical Centre

Chapelthorpe medical centre is a purpose built GP surgery providing a service for 11800 patients in the Wakefield area. Patients have access to an onsite primary care services such as health visitors and district nurses.

There are eight permanent GPs working at the practice, four male and four female. Five practice nurses, two healthcare assistants and a phlebotomist are also employed at the practice. There is an experienced management team and 21 administration and reception staff employed to support the practice.

Normal working hours are Monday 8:00 am - 8.30 pm, Tuesday 08:00 am - 6:30 pm, Wednesday 8:00 am - 8.30 pm, Thursday 8:00 am - 6:30 pm,- Friday 8:00 am - 6:30 pm.

Patients can access nursing services outside these hours at Wakefield Walk in Centre for minor ailments. Out of hours GP services are provided by Local Care Direct by calling 111.

Chapelthorpe medical centre is a GP training practice.

A wide range of clinics are available for patients at the practice. These include clinics for the management of long term conditions such as diabetes, asthma, chronic obstructive pulmonary disease and epilepsy. There are also clinics to support patients in health lifestyle choices such as alcohol services and smoking cessation clinics. Antenatal and postnatal sessions and well baby clinics are held in the practice. Minor surgical procedures are also provided.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

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

Detailed findings

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew about the practice. This did not highlight any significant areas of risk across the five key question areas.

We carried out an announced visit on 14 July 2014. During our visit we spoke with a range of staff including four GPs, three nurses, the practice manager and three reception and administration staff.

We spoke with five patients including one member of the patient participation group. We observed how people were being cared for during their visit to the practice. We reviewed 15 CQC comment cards where patients and members of the public shared their views and experiences of the practice.

Are services safe?

Our findings

Overall the service was safe. The practice was visibly clean and well-maintained. Effective systems were in place to provide oversight of the safety of the building. The medicines were stored and administered properly. Patients were supported by practice staff, who were able to ensure patients received appropriate treatment and support.

However there were areas of infection prevention and control in the practice and staff recruitment procedures which could be improved.

Safe patient care

The practice had systems in place to monitor patient safety. Reports from NHS England indicated the practice had a good track record for maintaining patient safety. Information from the Quality and Outcomes Framework, which is a national performance measurement tool, showed that in 2012-2013 the practice was appropriately identifying and reporting incidents.

From our discussions with staff and review of the records, we found staff actively reflected on their practice and recognised the benefits of identifying any lapses in practice. This not only included actual patient safety incidents but incidents where things had the potential to go wrong. For example, they had identified a patient had not had a recall for a routine health check following a surgical procedure. Records showed the practice had completed an audit and had shared the findings with the local Clinical Commissioning Group (CCG) and the gynaecology department at the local hospital. They had worked collaboratively with the CCG and hospital to put systems in place to the minimise risk of any further occurrence.

From our discussions we found that GPs were aware of the latest best practice guidelines and incorporated these into their day-to-day practices. We found staff were made aware of changes to national guidelines, practitioner's guidance and any medicines alerts and these were also discussed in practice meetings.

Learning from incidents

We saw evidence that internal investigations were conducted when any significant events occurred and we were told that investigation details were stored on individual's care records. We found significant events and actions for improvement were discussed in specific significant event meetings attended by all the staff at the practice.

Staff discussed with us how action and learning plans following incidents or complaints were shared with all relevant staff and the meeting minutes we reviewed confirmed that this occurred. For instance, we saw that records relating to wound care had been improved following an investigation into a complaint from a patient.

Safeguarding

We reviewed the practice's safeguarding policies and procedures and found that these were comprehensive and covered actions the staff needed to take. We observed flow charts were displayed prominently throughout the practice with relevant contact details and the action to take in the case of suspected abuse. We also found the staff had attended training in safeguarding children provided by the local CCG and had also received training in safeguarding vulnerable adults. A GP at the practice had a lead role in safeguarding patients.

The staff we spoke with were knowledgeable about the policies and procedures for raising a concern where they considered a child or vulnerable adult may be at risk of abuse. They said they were able to approach the GPs with any concerns they may have and they confirmed they had access to contact details to raise concerns with external agencies.

We were told that if a child was identified as at risk this was coded and highlighted on the patient's electronic record to allow effective monitoring. We were told the same system was not in place in the case of an adult who may be at risk.

A bi-monthly meeting with a health visitor was held to discuss any concerns they may have about children at the practice. Records of the meetings were maintained.

Monitoring safety and responding to risk

The practice had developed clear lines of accountability for all aspects of care and treatment. The GPs and nurses were allocated lead roles in areas such as safeguarding, information governance and infection control.

A system was in place to respond to safety alerts from external sources which may have implications or risk for the practice. These included NHS England, Medicines and Healthcare Products Regulatory Agency (MHRA) and

Are services safe?

National Patient Safety Agency (NPSA). Staff were informed of the alerts via email and in meetings. The practice used a computerised system to store all documents including the alerts and the system provided a reading list for each staff member. The practice manager monitored if staff had accessed the reading material.

The staff had also received training in health and safety, manual handling. Fire safety procedures and environmental and fire risk assessments were in place and these had been regularly reviewed.

The appointment systems in place allowed for a responsive approach to risk management. For example, we were told anyone requesting to see a GP on the same day would always be seen. A GP was on duty to see the patients requesting a same day appointment and they would be supported by the other GPs where necessary. Home visits were also provided where required and we were told they always tried to arrange for the same GP to visit a patient especially where the patient was receiving palliative care.

Medicines management

Medicines were kept in a secure store, which could only be accessed by clinical staff.

Any changes in guidance about medicines were communicated to clinical staff electronically by the practice manager and discussed in practice meetings. We were told that where there had been changes to guidelines for some medicines, audits had been completed and patients prescribed the medicines had been reviewed. We saw from records that clinical audits in relation to prescribing some medicines had been completed and outcomes and the effectiveness of any action taken had also been reviewed. One of the GPs held the lead for medicines management in the practice.

We were told controlled drugs were not held on the premises although appropriate storage was available should the need arise.

We checked the refrigerators where vaccines were stored. We saw that there were systems in place to check the refrigerators were working at the correct temperatures and records were maintained to evidence this. We looked at a selection of the vaccines stored and found they were within their expiry date.

Staff told us that patients could request a repeat prescription in person or on-line. They said this would be processed within 48 hours. The practice used a computer based system to support their prescribing decisions. This system gave the GPs access to up to date information and best practice guidelines when prescribing medicines for patients. Patients could also use the Electronic Prescription Service (EPS).This gave patients the chance to opt for their GP to send their prescriptions electronically to a place of their choice. For instance, to a pharmacy near to where they lived or worked.

There were procedures in place for GP reviews and the monitoring of patients on long term medicine therapy.

Cleanliness and infection control

The practice had an infection control policy and guidelines in place. This provided staff with information regarding infection prevention and control, including hand hygiene, managing clinical waste and environmental hygiene. One of the nurses together with a GP had the lead role for infection control in the practice and all clinical staff had completed training in infection prevention and control. An audit of the infection control processes had been completed in October 2013 and an action plan had been implemented to address any identified shortfalls.

We observed that most of the consulting and treatment rooms were visibly clean and well maintained with adequate storage. However we found there were some deficiencies with infection prevention and control in the practice. For instance, the room where minor surgical procedures were carried out had a number of items inappropriately stored. Items such as cardboard boxes were placed on the work surfaces which impacted on effective cleaning of the area. A wheelchair used for assisting patients was stored in this area. We saw that chairs throughout the practice were made of a fabric material which reduced the effectiveness of routine cleaning and decontamination.

We saw two consulting rooms, which the manager told us were not in use at the time of the inspection, had dust on surfaces and a one floor was dirty. We found that colour coded equipment was provided to clean different areas of the practice such as toilets and areas where minor surgery was undertaken. We found that there was insufficient colour coded equipment to ensure that all the different areas in the practice were appropriately cleaned and we found some of the equipment was dirty. We also saw that some of the equipment in use was not appropriately colour coded. The practice manager told us that they were aware

Are services safe?

of this and were not satisfied with the cleaning standards provided by the contract cleaners. The practice were in communication with the contractors to improve the situation.

We saw that the hand washing facilities, hand gel dispensers and instructions about hand hygiene were available throughout the practice.

We found protective equipment such as gloves and aprons were available in the treatment and consulting rooms.

We were told the practice did not use any instruments which required decontamination between patients and that all instruments were single use. We observed that the practice had stocks of instruments and that these were within their expiry date.

The practice had procedures in place for the safe storage and disposal of needles and waste products.

Staffing and recruitment

We found that there were policies and procedures in place to support the recruitment of staff although these did not detail the arrangements for obtaining disclosure and barring service (DBS) checks and not all recruitment checks had been obtained prior to one staff member commencing work in the practice. We were told only one member of staff had been recruited since the practice had registered with CQC. We looked at their recruitment file and found they did not have references or a DBS check in place although there was evidence that these had been requested and that reference requests had been followed up. The manager told us that the employee was working as a medical secretary and did not have contact with patients and was considered low risk which was why they had started work prior to all the checks being received.

We were told by a GP that locums were used although they usually used the same person for consistency and that this was usually a GP who had completed their training at the practice. A detailed locum pack which gave the GP relevant and up to date information about the policies and procedures in the practice was in place.

Staff told us there were sufficient numbers of staff employed by the practice to provide cover for sickness and holidays.

Dealing with Emergencies

There were robust business continuity plans in place to deal with emergencies that might interrupt the smooth running of the service such as power cuts and adverse weather conditions. There were joint working procedures with nearby practices to ensure business continuity.

We found that the practice ensured that the clinical staff received regular cardiopulmonary resuscitation (CPR) training. Staff who used the defibrillator were regularly trained to ensure they remained competent in its use. Emergency medicines and equipment were accessible to staff. Systems were in place to alert GPs and nurses in the event of an emergency. Information relating to the emergency procedures and access to equipment was included in induction for staff.

Equipment

Emergency drugs and equipment were stored securely in an accessible place known to all the staff we spoke with.

Vaccines were stored in designated fridges and systems were in place to measure the temperature of the vaccine fridges. The nurse we spoke with was aware of the actions they needed to take if a fridge was not working properly.

A defibrillator and oxygen were readily available for use in a medical emergency and they were checked each day to ensure they were in working condition.

We saw that equipment had up to date portable appliance tests (PAT) completed and systems were in place for routine servicing and calibration of equipment where required.

Are services effective?

(for example, treatment is effective)

Our findings

The service was effective. Care and treatment was being delivered in line with current published best practice guidelines. Patients' needs were consistently met and referrals to secondary care were made in a timely manner. Healthcare professionals ensured that patient's consent to treatment was obtained appropriately at all times. The team made effective use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. The practice worked collaboratively with other agencies to improve the service of people in the community.

Promoting best practice

A central computer system was used to store a wide range of the practice's documents such as policies and procedures, risk assessments and staff training information. The system allowed the practice manager to easily monitor, review and update information to ensure that staff had access to up to date information and guidance.

The practice manager told us, and staff confirmed, updates relating to best practice or safety alerts which staff needed to be aware of were shared individually by email. Information was also stored on the central computer system which listed essential reading for staff and indicated when the material had been read.

We saw from records that updates and safety alerts and any actions required were discussed in the practice and clinical meetings. We saw that, following a recent medicine alert, an audit had been completed and patients who were prescribed the medicine had been identified. The patients had then been called for a medicines review.

The practice adhered to a monthly half day protected learning time policy for all staff. This time was used for clinical development and training. Actions for improvements following alerts and information from investigations into incidents and complaints were shared at the meetings.

The GP's used an online prescribing decision support tool which gave them access to up to date national guidelines, local initiatives and formulary choices to consider best practice when prescribing.

Management, monitoring and improving outcomes for people

We found that the practice had a variety of mechanisms in place to monitor the performance of the practice and the clinician's adherence with best practice. These included ensuring the team made effective use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. We found that staff openly raised and shared concerns about clinical performance. They reflected upon the outcomes being achieved and areas where this could be improved.

Patients told us they were very satisfied with their care. People with long term conditions told us their conditions were well managed and that they had regular six month reviews. Staff told us that patients with multiple health conditions had all their health reviews completed on the same visit to minimise the number of visits for the patient. The nurses told us this worked well and they had received additional training to ensure they were able to undertake all the health checks.

We found the practice made extensive use of the central computer system to manage and actively monitor the performance of the practice.

Staffing

From our review of staff training records, we found the induction programme covered a wide range of topics such as dignity and equality and diversity as well as mandatory training such as fire safety awareness, information governance and safeguarding adults and children. The practice had clear expectations around refresher training and this was completed in line with national expectations as well as those of the local Clinical Commissioning Group (CCG). The practice ensured all staff could readily update both mandatory and non-mandatory training. Staff also had access to additional training related to their role. Training was actively monitored through the practice computer system.

We saw from a review of staff files that internal annual appraisals were completed for nursing, health care and administration support staff. Appraisals were completed by the person's line manager and included the individual's review of their own performance, feedback from the line manager and planning for future development.

Are services effective?

(for example, treatment is effective)

We were told GP appraisals were managed by the NHS England area team and were up to date but no central record of the dates this was completed was held at the practice.

We saw that there was a formal monitoring system in place to ensure that healthcare professionals employed at the service have up to date professional registration with professional bodies such as the Nursing and Midwifery Council (NMC).

Working with other services

The practice manager told us they worked with six other GP practices in the area in a group called Network 6. The practice manager said they attended monthly meetings with the group. We were told that the group were working on a community project to improve accessibility to services for patients outside the core hours.

The GPs told us how they worked with other services to ensure people's needs were met. For example, they ensured doctors working in the out of hours service had full information about patient's needs including care plans for patients receiving palliative care via their shared computer systems. The GPs told us and we saw from records that they held bi monthly palliative care meetings with palliative care nurses and district nurses. They also told us how they supported patients in care homes by visiting them weekly and working together with the community matrons, physiotherapists and community geriatricians.

Health, promotion and prevention

We found the staff proactively gathered information on the types of needs their patients had and staff understood the number and prevalence of different health conditions being managed by the practice. The GPs and nurses were able to tell us how they managed the care of patients with long-term conditions; what these were; and the action taken to regularly review their needs. We saw that this knowledge of patients' needs led to targeted services being in place such as the running of diabetic and respiratory clinics. We were told by staff and patients that to reduce the burden of having to regularly visit the practice, patients with multiple long term conditions had reviews of all their conditions undertaken at one visit.

We saw that health promotion information was on display via television screens in the areas patients used and a variety of leaflets explaining different conditions were also freely available. These were also available in different languages. A GP told us they were working with the Clinical Commissioning Group (CCG) on a pilot scheme to develop 'expert patients' to promote health screening and a health promotion day was being planned.

Are services caring?

Our findings

The service was caring. All the patients who responded to CQC comment cards, and those we spoke with during our inspection, were very complimentary about the service. They found the staff to be kind and compassionate and felt they were treated with respect. The practice had a well-established patient participation group and people from this group told us they were actively involved in ensuring patient centred approaches to care were at the forefront for the practice.

Although nurses were aware of the need to assess competency of children and young people they were not able to explain the assessment process for this.

Respect, dignity, compassion and empathy

Staff were familiar with the steps they needed to take to protect people's dignity. Consultations took place in purposely designed consultation rooms with an appropriate couch for examinations and curtains to maintain privacy and dignity. There were signs explaining that patients could ask for a chaperone during examinations if they wanted one.

Patients told us that they felt that all the staff and doctors maintained their privacy and dignity.

We observed that the reception staff treated people with respect and ensured conversations were conducted in a confidential manner. There was an interview room available at the side of the reception desk should people wish to discuss a matter with the reception staff in private.

Patients told us they were satisfied with the approaches adopted by staff and felt clinicians were extremely professional, empathetic and compassionate.

Involvement in decisions and consent

We found that clinicians were aware of the requirements of the Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and guidelines were in place to support practice. We found that GPs understood how to use capacity assessments and competency assessments of children and young people, which check whether children and young people have the maturity to make decisions about their treatment. However, although nurses were aware of the need to assess competency of children and young people they were not able to explain the assessment process for this. We found that GPs understood how to make 'best interest' decisions for people who lacked capacity.

Patients confirmed that they were asked for consent and consent forms were available. An audit on obtaining consent for minor surgical procedures had been completed by the practice in June 2014. This audit documented that the practice were 100% compliant in this area.

A translation service was available for patient's whose first language was not English. This enabled the GP and the patient to discuss health problems and any treatment plan via language line. For people with complex needs or expectant mothers an appointment would be made for a translator to come into the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The service was responsive to patients' needs. The practice had a clear complaints policy and responded appropriately to complaints about the service. The practice was proactive in seeking the views of patients and had responded to suggestions that had improved the service and improved access to the service

Responding to and meeting people's needs

We found that the practice was accessible to patients with mobility difficulties. There were a number of designated parking spaces for disabled patients and toilet facilities. A wheelchair was available to assist people with reduced mobility. Hearing loops were installed at the reception desk.

Staff said they had access to translation services for patients who needed it.

The practice held regular clinics for a variety of complex and long-term conditions such as respiratory disease and diabetes. Patients with multiple health conditions had their reviews undertaken during one visit to reduce the burden of additional visits for the patients. There were systems in place to ensure that patients were called for routine health checks and non-attendance was monitored and acted on through phone calls or letters to the patient.

People with long term conditions told us they felt well supported and said that their health condition was well managed. Staff told us that they encouraged patients to see the same GP for ongoing health conditions. Patients confirmed this and found this positive, they also told us they were aware some of the GPs had specialist knowledge of certain conditions and they were able to ask to see this GP.

Access to the service

We found that the appointments system and how well this was meeting people's needs was regularly reviewed with the patients and discussed at patient participation group meetings. Patients told us that the appointments system had been improved and that appointment times available met their needs.

The practice operated from 8.00 am to 6:30 pm weekdays and offered later appointments until 8:30 pm on a Monday and a Wednesday evening. Appointments could be booked online as well as by the telephone or in person at reception.

Concerns and complaints

We saw that there was a complaints procedure in place which had been regularly reviewed. The people we spoke with were aware of the process to follow should they wish to make a complaint. The practice manager investigated complaints. We saw from the records that these investigations were thorough and impartial.

The complaints procedure was available in the practice booklet and on the website but we did not see the procedure displayed in the practice. The manager said this had been taken down to laminate and should have been replaced. They assured us this would be displayed. Some patients told us they did not know how to make a complaint.

The complaints and outcomes and any actions required were shared with the staff during their team meetings. The outcomes and any areas for improvement were also discussed at the patient participation group meetings. We were told that following an investigation of one complaint wound care records had been improved.

Are services well-led?

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

Our findings

The service was well led. The leadership team were effective and had a clear vision and purpose. Governance structures were in place and there was a system in place for managing risks. The practice made extensive use of their computer systems to monitor the service to very good effect.

Leadership and culture

There was a well-established management structure in place. Staff told us the GPs and the practice manager were very approachable and they said their opinions were taken into account.

During our discussions we found the GPs regularly engaged with the local CCG to discuss performance issues and to consider how to adapt the service to meet the demands of local people. The outcomes of the meetings were discussed with staff at practice meetings and at the Patient Participation Group (PPG) meetings.

We found that there were induction and initial training programmes for all staff. The practice provided training for doctors who wanted to become a GP and a detailed pack which included policies and procedures and guidance about the practice was provided on commencement of their training.

Governance arrangements

There was a well-established management structure in place and there had been a clear allocation of responsibilities. The practice manager, GPs and staff we spoke with were very clear on their roles and responsibilities. We found that the team were allocated lead roles, for example a nurse and a GP were the leads for infection control and one of the GPs was a lead for safeguarding. Staff were aware who had lead roles in areas such as safeguarding and infection control and they said they would approach these staff for advice in these areas.

We found that the team worked collaboratively and used reviews of the effectiveness of the service to shape the practice.

Governance structures were in place for managing risks and we found these were effective. The GP partners took an active leadership role in overseeing that the systems in place were consistently being used and were effective.

Systems to monitor and improve quality and improvement

We saw evidence that showed the practice regularly engaged with the local CCG to discuss current performance issues and how to adapt the service to meet the demands of local people. For instance, clinical audits showed the practice had worked with the CCG to review prescribing where higher than average levels of prescribing have been identified in one area. The effectiveness of the actions taken following the audits had also been reviewed and showed improvements had been made.

The practice used a central computerised system to monitor services and record performance against the quality and outcomes framework (QOF). QOF is a system for the performance management and payment of general practitioners (GPs) in the NHS.

Systems for monitoring the fitness of clinicians to practice were in place. Routine checks that professional registrations remained current were completed.

There were processes in place to frequently review staff satisfaction and we saw that action had been taken, when appropriate, in response to this feedback.

Patient experience and involvement

There were processes in place to frequently review patient satisfaction and we saw that action had been taken, when appropriate, in response to feedback from patients. The practice actively encouraged patients to be involved in shaping the service and there was an active patient participation group. We found from a review of the minutes of their meetings this group were very effective and engaged. Their views were listened to and used to improve the service being offered at the practice.

Staff engagement and involvement

The practice manager, GPs and staff we spoke with were very clear on their roles and responsibilities. All of them demonstrated an understanding of their area of responsibility and each one had an active role in ensuring that a high level of service was provided on a daily basis. Each person we spoke with felt they had a voice and the practice was interested in creating a learning and supportive working environment.

Staff we spoke with and the documents reviewed showed that they regularly attended staff meetings and these provided them with the opportunity to discuss the service

Are services well-led?

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

being delivered. We saw that the practice used the meetings to share information about any changes or action they were taking to improve the service and actively encouraged staff to discuss these changes.

Learning and improvement

We saw that an induction programme was completed by new staff and all staff had completed mandatory training. The practice had clear expectations around refresher training and this was completed in line with national expectations as well as those of the local CCG. The mandatory training for all staff included; fire safety awareness, information governance, safeguarding vulnerable adults and children and equality and diversity. Staff also had access to additional training related to their role and for personal development. We saw that a comprehensive training matrix for all staff employed in the organisation was in place and up to date.

The practice was closed one afternoon each month so that all staff could attend training and practice meetings. Annual appraisals were completed for nursing, health care and administration support staff.

Identification and management of risk

A system was in place to respond to safety alerts from external sources which may have implications or risk for the practice. These included NHS England, Medicines and Healthcare Products Regulatory Agency (MHRA) and National Patient Safety Agency (NPSA). Staff were informed of the alerts via email and in meetings and they were also placed on the practice central computer storage system which provided each staff member with a reading list.

Staff told us they felt confident about raising any issues and felt that if incidents did occur these would be investigated and dealt with in a proportionate manner. The practice manager and senior staff monitored any potential risks and had contingency plans to deal with all eventualities.

Significant adverse events (SAE) were reviewed and learning and action points were discussed at meetings.

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 actively reviewed the care and treatment needs of older people and ensured each person who was over the age of 75 had a named GP. There were systems in place to ensure that older people had regular health checks and timely referrals were made to secondary care.

Safe

The service was safe. Effective systems were in place to provide constant oversight of safety of the building and services. The service was accessible to those with mobility problems and a hearing loop had been provided to assist these with impaired hearing. Staff proactively looked at how they could learn from any incidents and they used the latest guidance to improve the service. Patients could use the Electronic Prescription Service (EPS).This gave patients the chance to opt for their GP to send their prescriptions electronically to place of their choice. For instance, to a pharmacy near to where they lived.

Caring

The service was caring. The practice introduced any suggested improvements for patients at a very early stage so they already had named GPs for all patients over the age of 75 years. The older patients we spoke with during our inspection were extremely complimentary about the service.

Effective

The service was effective. Care and treatment was being delivered in line with current published best practice for older people. These patients' needs were consistently met. The practice visited care home patients weekly. They worked together with the community matrons, physiotherapists and community geriatricians. Patients with multiple health conditions had all their health reviews completed on the same visit to minimise the number of visits for the patient.

Responsive

The service was accessible and responsive to patients' needs. There were systems in place to ensure that patients were called for routine health checks and non-attendance was monitored and acted on through phone calls or letters to the patient.

The provider had a complaints policy and responded appropriately to complaints about the service. Regular patient surveys were conducted and the provider took action to make suggested improvements.

Well-led

The service was well led and effectively responded to changes. Governance and risk management structures were in place. The leadership team had a clear vision about how to deliver the best care for older patients.

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

The practice actively reviewed the care and treatment of people with long-term conditions. We found staff had a programme in place to make sure no patient missed their regular reviews for their condition, such as diabetic, respiratory and cardiovascular checks. The practice closely monitored the needs of this patient group.

Safe

The service was safe. Effective systems were in place to provide constant oversight of safety of the building and services for people with long-term conditions. Staff proactively looked at how they could learn from any incidents and they used the latest guidance to improve the service. Patients could use the Electronic Prescription Service (EPS).This gave patients the chance to opt for their GP to send their prescriptions electronically to place of their choice. For instance, to a pharmacy near to where they lived or worked.

Caring

The service was caring. The patients with long-term conditions we spoke with during our inspection were extremely complimentary about the service. They all found the staff were extremely responsive to their needs and a real support in helping them to manage their condition.

Effective

The service was effective. Care and treatment was being delivered in line with current published best practice for people with long-term conditions. These patients' needs were consistently met. Referrals to secondary care were made as soon as the need was identified. The practice held regular clinics for a variety of complex and long-term conditions such as respiratory disease and diabetes. Patients with multiple health conditions had all their health reviews completed on the same visit to minimise the number of visits for the patient.

The GPs told us how they worked with other services to ensure patients with long term conditions needs were met. For example, they told us that they attended meetings with palliative care nurses and district nurses.

Responsive

The service was accessible and responsive to patients' needs. The practice had a clear complaints policy and responded appropriately to complaints about the service. Regular patient surveys were conducted and the practice took action to make suggested improvements. People with long term conditions told us they felt well supported and that their health condition was well managed. There were systems in place to ensure that patients are called for routine health checks and non-attendance was monitored and acted on through phone calls or letters to the patient. Staff told us that they encouraged patients to see the same GP for ongoing health conditions.

Staff told us that they encouraged patients to see the same GP for ongoing health conditions. Patients confirmed this and found this positive, they also told us they were aware some of the GPs had specialist knowledge of certain conditions and they were able to ask to see this GP.

Well-led

The service was well led and effectively responded to changes. Governance and risk management structures were in place. The leadership team had a clear vision about how to deliver the best care for patients with long term needs.

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 actively reviewed the care and treatment needs of this patient group, including children with long-term conditions. We heard from these patients that they could readily get appointments. All of the staff were very responsive to parents' concerns and ensured parents could readily bring unwell children to the practice to be seen.

Safe

The service was safe. Effective systems were in place to provide constant oversight of safety of the building and services. Staff proactively look at how they could learn from any incidents and they used the latest guidance to improve the service. Safeguarding procedures were in place to identify where children were at risk and regular meetings were held with a health visitor to discuss any concerns the practice may have.

Caring

The service was caring. The team introduced any suggested improvements for patients at a very early stage and were aware of best practice for treating children and young people. The patients we spoke with during our inspection were complimentary about the service. Where a patient's first language was not English they were offered a translation service. This enabled the GP and the patient to discuss health problems and any treatment plan via a translator on the telephone via language line. For expectant mothers an appointment would be made for a translator to come into the practice.

Effective

The service was effective. Care and treatment was delivered in line with current published best practice for this patient group. These patients' needs were consistently met. Referrals to secondary care were made as soon as the need was identified.

Responsive

The service was accessible and responsive to patients' needs. The practice had a clear complaints policy and responds appropriately to complaints about the service. Regular patient surveys were conducted and the practice took action to make suggested improvements. The practice managed its own recall system for childhood immunisations. Antenatal and postnatal sessions and well baby clinics were held in the practice.

Well-led

The service was well led and effectively responded to changes. Governance and risk management structures were in place. The leadership team had a clear vision about how to deliver the best care for mothers, babies, children and young people.

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

The practice had an electronic records system which covered the needs of their entire patient group. Staff had a programme in place to make sure no patient missed their regular reviews for their condition such as diabetic, respiratory and cardiovascular checks. Appointment and prescription systems were accessible for patients in this group

Safe

The service was safe. Effective systems were in place to provide constant oversight of safety of the building and services. Staff proactively looked at how they could learn from any incidents and they used the latest guidance to improve the service. Patients could also use the Electronic Prescription Service (EPS).This gave patients the chance to opt for their GP to send their prescriptions electronically to place of their choice. For instance, to a pharmacy near to where they lived or worked.

Caring

Patients with multiple health conditions had all their health reviews completed on the same visit to minimise the number of visits for the patient.

Effective

The service was effective. Care and treatment was being delivered in line with current published best practice for this patient group. These patients' needs were consistently met. Referrals to secondary care were made as soon as the need was identified.

Responsive

The service was accessible and responsive to patients' needs. The practice had a clear complaints policy and responded appropriately to complaints about the service. Regular patient surveys were conducted and the practice took action to make suggested improvements. Late evening appointments were available and there was an online booking system and prescription service. The practice was also working with a group of local practices to look at providing a service for patients outside the core hours having obtained funding through the Prime Minister's Challenge Fund.

Well-led

The service was well led and effectively responded to changes. Governance and risk management structures were in place. The leadership team had a clear vision about how to deliver the best care for working age people (and those recently retired).

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

The practice was aware of patients, who may fall into this group and actively ensured these patients received regular reviews, including annual health checks. We found staff had a programme in place to make sure no patient missed their regular reviews for their condition such as diabetic, respiratory and cardiovascular checks. Staff offered support to patients to assist them access their services, such as access to translation services and extended appointments.

Safe

The service was safe. Effective systems were in place to provide constant oversight of safety of the building and services. Staff proactively looked at how they could learn from any incidents and they used the latest guidance to improve the service. Patients could also use the Electronic Prescription Service (EPS).This gave patients the chance to opt for their GP to send their prescriptions electronically to place of their choice. For instance, to a pharmacy near to where they lived or worked.

Caring

The service was caring. Staff proactively identified people who would fall into this patient group. Where a patients first language was not English they were offered a translation service.

Effective

The service was effective. Care and treatment was being delivered in line with current published best practice for this patient group. These patients' needs were consistently met. Referrals to secondary care were made as soon as the need was identified.

The GPs told us how they worked with other services to ensure patients' needs were met. For example, they ensured doctors working in the out of hours service had full information about patients' needs including care plans for people receiving palliative care. They told us that they also attended meetings with palliative care nurses and district nurses.

Responsive

The service was accessible and responsive to patients' needs. The provider had a clear complaints policy and responded appropriately to complaints about the service. Regular patient surveys were conducted and the practice took action to make suggested improvements. Health promotion leaflets were available in different languages.

Well-led

The service was well led and effectively responded to changes. Governance and risk management structures were in place. The leadership team had a clear vision about how to deliver the best care for people in vulnerable circumstances who may have poor access to primary care.

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

The practice recognised when people were experiencing mental health needs. Clinicians routinely and appropriately referred patients to counselling and talking therapy services, as well as psychiatric provision. Staff have a good understanding of patient's social background, conditions and personal attitude towards their health. They used this information when taking calls.

Safe

The service was safe. Effective systems were in place to provide constant oversight of safety of the building and services. Staff proactively looked at how they could learn from any incidents and they used the latest guidance to improve the service.

Caring

The service was caring. Staff had proactively identified people who would fall into this patient group. Home visits were available to patients in this group where required. Patients told us that the practice had been very supportive.

Effective

The service was effective. Care and treatment was being delivered in line with current published best practice. These patients' needs were consistently met. Referrals to secondary care were made as soon as the need was identified.

Responsive

The service was accessible and responsive to patients' needs. The practice had a clear complaints policy and responded appropriately to complaints about the service. Regular patient surveys were conducted and the practice took action to make suggested improvements.

Well-led

The service was well led and effectively responded to changes. Governance and risk management structures were in place. The leadership team had a clear vision about how to deliver the best care for people experiencing poor mental health.