Homestead Medical Centre

Quality Report

Homestead Drive
Wakefield
West Yorkshire
WF2 9PE
Tel: 01924 384498
Website: www.homesteadmedicalcentre.co.uk

Date of inspection visit: 7 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 findings

Overall summary

Homestead is a purpose built GP surgery. The practice operates a weekday and Saturday morning service for over 6000 patients in the Wakefield area. The practice is responsible for providing primary care, and is registered to provide the regulated activies; diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice is open from 8 a.m. to 6:30 p.m. weekdays and 8 a.m. – 11 a.m. on Saturdays. A range of appointments are available, including telephone consultations and people are able to book these in person, over the phone or on-line.

Patients can dial 111 for telephone advice and if necessary can then be seen at Trinity Medical Centre.

Patients can also access the services at the Walk In Centre at King Street Health Centre which is open 7 days a week from 8a.m. – 8 p.m.

The patients we spoke with and who completed CQC comment cards were extremely complimentary about the care and treatment being provided. Patients reported that all the staff treated them with dignity and respect.

We found that the provider listens to patient comments and takes action to improve their service.

The building was well-maintained and clean and tidy. However there were areas of infection control practice and stock control which required improvement.

Effective systems were in place for the oversight of medication. Clinical decisions followed best practice guidelines.

We found that the leadership team was very visible. There were good governance and risk management measures in place. However there were some areas of significant event and incident recording which required improvement.

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 monitored patients. We saw that they made 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 provided flexibility for patients who were working and for children under the age of five years. Specific arrangements were 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?

Most aspects of the service were safe. The practice was 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 control practice and stock control which required improvement

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 appropriately at all times. The team made effective use of clinical audit tools, clincal supervision and staff meetings to assess the performance of clinical staff.

Are services caring?

The service was caring. All the patients who completed 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.

Are services responsive to people's needs?

The service was responsive to patients' needs. The provider 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 improved the service and improved access to the service. The provider conducted regular patient surveys and had taken action to make suggested improvements.

Summary of findings

Are services well-led?

The service was well led. The leadership team were effective and had a clear vision and purpose. There were systems in place to drive continuous improvement. Governance structures were in place and there was a robust system in place for managing risks.

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 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 referals 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 heard from some of these patients that they were prompted about routine checks and appointments at the clinics. We found staff had a programme in place to make sure no patient missed their regular reviews for their condition. 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 an information base that 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. Appointment 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 regular reviews, including annual health checks. Staff offered support to patients to assist them to 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

Summary of findings

patients to counselling and talking therapy services, as well as psychiatric provision. Staff had a good understanding of patients' 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 31 CQC comment cards and spoke with seven 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 very complimentary about the care provided by the clinical staff; the overall friendliness and behaviour of all staff. They all felt the doctors and nurses were very competent and knowledgeable about their treatment needs and that they were given a very professional and efficient service. They said that their long term health conditions were monitored and they felt supported. One person we spoke with told us they had not felt listened to.

Patients reported that they felt that all the staff treated them with dignity and respect and told us that the staff listened to them and put them at ease.

Patients said the service was very good and 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.

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

There was no evidence that significant events and incidents were formally monitored for patterns and trends and not all significant events had been recorded.

Infection control practices were not always robust enough to protect patients from infections.

We found some equipment had past its expiry date which indicated that stock control checks were not robust.

The practice did not have a locum pack available which would provide the locum GP with relevant and up to date information about the policies and procedures in the practice.

Outstanding practice

Our inspection team highlighted the following areas of good practice:

The practice had applied for and been awarded funding through the health inequalities project. The practice had decided to look at obesity in children as part of this project. Children registered at the practice were invited for a health check and where necessary referred on to a programme for healthy eating and exercise.

The practice had also looked at reducing attendances at accident and emergency for residential and nursing home patients and had proactively employed a practice community nurse to carry out weekly visits to their patients who live in a care home

Homestead Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Homestead Medical Centre

Homestead medical centre is a purpose built GP surgery providing a service for just over 6000 patients in the Wakefield. Patients have access to an onsite pharmacy and primary care services such as health visitors and district nurses.

There are three permanent GP's, one male and two female and three practice nurses. An experienced team of administrative and reception staff support the practice.

Normal working hours are 8:00 am – 6:30 pm and Saturday 8:00 am – 11:00 am.

Patients can dial 111 for telephone advice and if necessary can then be seen at Trinity Medical Centre.

Patients can also access the services at the Walk In Centre at King Street Health Centre which is open 7 days a week from 8a.m. – 8 p.m.

Homestead medical centre is a GP training practice.

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.

Before visiting, we reviewed a range of information we had received from the out-of-hours service and asked other organisations to share their information about the service. This did not highlight any significant areas of risk across the five key question areas.

Detailed findings

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew about the service.

We carried out an announced visit on 7 July 2014. During our visit we spoke with a range of staff including two GP's, a GP trainee, two nurses, the practice manager and five of the reception and administration staff.

We spoke with seven patients including two members of the patient participation group. We observed how people were being cared for during their visit to the practice. We reviewed 31 CQC comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Most aspects of the service were safe. The practice was 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 control practice and stock control which required improvement.

Safe patient care

We found 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, it had been identified through incident recording that two patients had very similar names and systems had been improved to ensure there was no risk of confusion of their records.

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 changes to national guidelines, practitioner's guidance and any medicines alerts were discussed in practice meetings.

Learning from incidents

We saw evidence that internal investigations were conducted when any significant adverse events occurred. We found that staff used incident reviews to explore the events leading up to an incident. We found from discussions with staff and from records significant adverse events and other incidents were discussed in the monthly clinical staff meetings and actions for improvement were discussed with all staff at the monthly practice meetings.

We saw that incident record templates were numbered sequentially. When we checked the completed records we saw that these did not follow the sequential numbering pattern which indicated that some records may be missing. The practice manager thought this may be due to errors made when staff completed the forms which had then been destroyed prior to completing another form. We also found that some of the incidents or significant aderse events which had been discussed in the meetings had no corresponding incident record. The registered person told us that this was due to these incidents not meeting the time frame for reporting as it had come to their attention more than 24 hours after the incident had occurred. The practice was using the 2011 Wakefield Clinical Commissioning Group (CCG) incident reporting form which stated that incidents should be reported within 24 hours of their occurrence.

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 also found the staff attended training in safeguarding children provided by the local Clinical Commissioning Group (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 consider 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 had access to contact details to raise concerns with external agencies. We observed that a flow chart for action to take on suspision of abuse was displayed throughout the pactice and this contained relevant contact details.

We were told that if a patient was identified as at risk this was coded and highlighted on the person's electronic record to allow effective monitoring.

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 are informed of the alerts via email and in meetings. A hard copy of the alerts and guidance was also maintained and was easily accessible to staff.

The staff had received training in health and safety, manual handling and fire safety procedures.

The appointments systems in place allowed a responsive approach to risk management. For example, where there were no appointments available for people on the same day, a triage system was managed by the GPs. A GP would call the patient to assess the need for a same day appointment or home visit. We were also told that any parent requesting an appointment for a child less than five years of age was advised to visit the practice as soon as possible. A GP we spoke with said this approach had helped to reduce attendance of patients under the age of five at the accident and emergency department.

Medicines management

We found that there were up to date medicines management policies in place. The staff we spoke with were familiar with them.

Medicines were kept in a secure storage, 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 controlled drugs were not held on the premises.

We checked the refrigerators where vaccines were stored. We looked at a selection of the vaccines stored and found they were within the expiry date. We saw that there were data recording systems in place which checked and recorded the fridge temperatures every five minutes. This equipment indicated to staff if there had been any temperature fluctuations outside the normal range. The results from the data recorder were downloaded onto a computer record every week. A nurse told us that they also completed daily visual checks of the data recorder and external thermometers but records were not maintained to evidence this.

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 GP's used an online prescribing decision support tool which gave them access to uptodate national guidelines, local initiatives and formulary choices.

We saw that medicine reviews were carried out and that the clinical system also prompted repeat medicine reviews. There were procedures in place for GP reviews and the monitoring of patients on long term medicine therapy. We observed patients were reminded verbally that their health checks were due as they collected their prescription. One patient with a long term condition told us that reminders for health checks were added to their prescription and they had found this a helpful prompt to book an appointment.

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 had a lead role for infection control in the practice and staff had completed training in infection prevention and control. An external audit of the infection control processes had been completed in February 2013 and an action plan had been implemented to address identified shortfalls.

We observed the consulting and treatment rooms were visibly clean and well maintained with adequate storage. Although we saw one treatment trolley in the minor treatment room where the glass shelves had been secured with tape in such a way that the shelves could not be adequately cleaned.

We saw that the hand washing facilities available promoted high standards of infection control. 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/consulting rooms.

The practice employed domestic staff and cleaning frequency schedules were available for all areas. The practice manager told us that domestic staff took responsibility to ensure that all the cleaning tasks were completed as per the schedules but records were not completed to identify which tasks had been completed when. We saw monthly checks of the standards of cleaning were undertaken and any issues had been referred back to the domestic staff.

Are services safe?

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. However the effectiveness of this system was compromised as only one mop bucket was provided to clean all areas.

We were told the practice did not use any instruments which required decontamination between patients and that all instruments were of single use.

The practice has 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. We looked at a sample of staff recruitment files and found appropriate pre-employment checks had been completed.

We were told by the practice manager that locums were rarely used although they were expecting a locum GP to start with them in the very near future. The practice manager told us they did not have a locum pack which would provide the locum GP with relevant and up to date information about the policies and procedures in the practice.

Staff told us there were sufficient 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 would use the defibrillator were regularly trained to ensure they remain competent in its use.

Equipment

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

A defibrillator and oxygen were readily available for use in a medical emergency and were checked each day to ensure they were in working condition. We saw that the equipment had up to date portable appliance tests (PAT) completed and systems were in place for the routine servicing and calibration of equipment, where needed.

We found some equipment had passed its expiry date which indicated that stock control checks were not robust. For instance, we found childrens oxygen masks and tubing with an expiry date of April 2010 in a drawer and blood coagulation testing syringes with an expiry date of December 2013 in a stock cupboard and on the trolley set with equipment for blood testing.

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, clincal supervision and staff meetings to assess the performance of clinical staff.

Promoting best practice

The practice manager told us, and staff confirmed, updates relating to best practice or safety alerts staff needed to be aware of were shared individually by email. We saw that updates and safety alerts and any actions required were discussed in the practice and clinical meetings. We saw that following a recent medication alert an audit had been completed and patients who were prescribed the medication had been identified. An information leaflet had been sent to patients using the the medicine and the alert had been discussed with clinicians at the practice.

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 uptodate national guidelines, local initiatives and formulary choices to ensure 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 and one person who had been a patient for a number of years told us that the service had high standards but had still continued to improve.

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 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.

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. GP appraisals were conducted by the NHS England area team and were up to date.

We also 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 four other GP practices in the area in a group called Network 3. The practice manager said they attended monthly meetings with the group and told us 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 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 and ensured that relevant organisations had copies of treatment plans. They also told us they sometimes

Are services effective?

(for example, treatment is effective)

undertake joint visits to patients with a learning disability with practitioners from the community learning disability team. The nurse told us they have joint diabetic clinics with the diabetic specialist nurse every three months.

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 clearly 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 reviews.

We were told by staff the practice were completing work to identify people on their patient list who also had a carer's role and said the practice was starting to provide health checks and information leaflets for these carers. We saw that health promotion information was on display in the areas patients used and leaflets explaining different conditions were also available.

We found that the practice had applied for and been awarded funding through the health inequalities project. The practice had decided to look at obesity in children as part of this project. Children registered at the practice were invited for a health check and where necessary referred on to a programme for healthy eating and exercise. The practice had also looked at reducing attendances at accident and emergency for residential and nursing home patients and had employed a practice community nurse to carry out weekly visits to their patients who live in a care home.

Are services caring?

Our findings

The service was caring. All the patients who completed 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.

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 and staff had received chaperone training.

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 are 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. We had a number of comments from patients who told us that the GP took their time to listen to them.

Involvement in decisions and consent

We saw that clinicians adhered to the requirements of the Mental Capacity Act 2005 and the Children Act 1989 and 2004. 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, were an integral part of clinical staff practice. We found that clinical staff understood how to make 'best interest' decisions for people who lack capacity.

We found that patients were given information about procedures prior to signing consent and a patient questionnaire on the consent form was used to assess a patients understanding of the procedure.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The service was responsive to patients' needs. The provider 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 improved the service and improved access to the service. The provider conducted regular patient surveys and had taken action to make suggested improvements.

Responding to and meeting people's needs

We found that the practice was accessible to patients with mobility difficulties. There were a number of allocated parking spaces and a toilet for disabled patients. Hearing loops were installed at the reception desk.

Staff said they had access to translation services for patients who needed it. The reception staff told us that they were familiar with which patients needed this type of support and when these patients booked an appointment they ensured additional time was allowed for the appointment. We saw that the appointment system identified where people needed an interpreter and we saw additional time had been allowed for one patient who required this service.

The practice held regular clinics for a variety of complex and long-term conditions such as respiratory disease and diabetes. 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. One person told us they were prompted to attend for health checks on their prescription and another said when their health had deteriorated the practice had referred them to the relevant social services department for a care support and a community equipment assessment.

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. We saw that the appointments system had been reviewed and changed in April 2013. Access to appointments had been improved to include an increase in the availability of same day appointments, a triage system and an online booking system. Following a further review of the system an additional receptionist had also been employed and customer service training had been provided.

We found Saturday morning appointments were available for those unable to visit weekdays. Patients told us they found this useful if they were working in the week. Patients can dial 111 for telephone advice and if necessary, can then be seen at Trinity Medical Centre. Patients can also access the services at the Walk In Centre at King Street Health Centre which is open 7 days a week from 8a.m. – 8 p.m.

The appointments systems in place allowed a responsive approach to risk management. For example, where there were no appointments available for people on the same day, a triage system was managed by the GPs and a GP would call the patient to assess the need for a same day appointment or home visit. We were also told that any parent requesting an appointment for a child less than five years of age was advised to visit the practice as soon as possible. A GP we spoke with said this approach had helped to reduce attendance of patients under the age of five at the accident and emergency department.

Concerns and complaints

We saw that there was a complaints procedure in place. 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 are thorough and impartial.

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.

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. There were systems in place to drive continuous improvement. Governance structures were in place and there was a robust system in place for managing risks.

Leadership and culture

There was a well-established management structure with clear allocation of responsibilities. 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. 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 engaged with the local Clinical Commissionaing Group (CCG) on a monthly basis to discuss performance issues and how to adapt the service to meet the demands of local people. The outcomes of the meetings were discussed with staff at practice 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. Trainee's told us that they were supervised by a named GP and they said they felt extremely well supported by the practice.

We found that the senior management team and staff constantly challenged existing arrangements and looked to continuously improve the service being offered. All the staff we spoke with felt that the practice delivered a high quality of service. A long standing patient told us that the practice had high standards and they had continuously looked to improve.

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 allocated lead roles, for example a nurse was the lead for infection control and one of the GPs was a lead for safeguarding.

We found that the team worked collaboratively and used their evaluations 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 for overseeing that the systems in place were consistently being used and were effective.

The practice actively encouraged patients to be involved in shaping the service and there was an active patient participation group. There were processes in place to frequently review patient and staff satisfaction and we saw that action had been taken, when appropriate, in response to feedback from patients or staff. For example, improvements had been made to the appointments system to improve accessibility for patients and action has been taken to improve customer service at the reception.

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, the practice was working with the CCG to review medicine prescribing where higher than average levels of prescribing had been identified in one area.

There were systems in place to monitor services and record performance against the quality and outcomes framework.

Systems for monitoring the ongoing fitness of clinicians to practice were in place. Routine checks that professional registrations remained current or scheduled appraisals had occurred were completed.

The practice actively encouraged patients to be involved in shaping the service and we found that the senior management team and staff constantly use the information from patients to look at how to improve the service being delivered.

Patient experience and involvement

We received 31 completed CQC comment cards and spoke with seven patients on the day of our visit. We spoke with people from different age groups and people with different physical needs and with various levels of contact with the practice. All but one of these patients was very complimentary about the care provided by the clinical staff and the overall friendliness and behaviour of all staff. They felt the doctors and nurses are extremely competent and knowledgeable about their treatment needs. They felt that the service is exceptionally good and that their views are valued by the staff.

Are services well-led?

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

The practice had a well-established patient participation group (PPG) and from a review of the minutes of their meetings we found this group were very effective and engaged. Their views were listened to and used to improve the service being offered at the practice. We were told how the PPG been involved in the planning and development of the practice including the design of the building. They also told us how they had been involved in the development of the appointments system and improvements in customer service in the practice.

The staff and the PPG members said they found the GP's very approachable and open to their ideas to improve 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 takes an active role in ensuring that a high level of service is 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 being delivered. We saw that the practice used the meetings to share information about any changes or action they are taking to improve the service and actively encouraged staff to discuss these points.

Learning and improvement

We saw that an induction programme was completed by new staff and all staff had completed mandatory training. The provider 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 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. For example reception staff told us they had received customer care training and one receptionist was receiving training for the role of health care assistant. We saw that a comprehensive training matrix for all staff employed in the organisation was in place and up to date.

We found that the practice was closed one afternoon per month for training and practice meetings.

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.

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 were monitoring any potential risks and had contingency plans to deal with all eventualities.

Significant adverse events (SAE) were reviewed and discussed at meetings however we found some gaps in SAE records. For instance these events were recorded in meeting minutes but in some cases there was no corresponding SAE record and the numbers on the records that had been completed did not follow in sequential order. There was no evidence that significant events and incidents were formally monitored for patterns and trends.

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 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 referals 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. Staff proactively look at how they could learn from any incidents and they use the latest guidance to improve the service.

Caring

The service was caring. The team 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. They found the staff to be person-centred.

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 had applied for and been awarded funding through the health inequalities project. As part of this the practice had looked at a reducing attendances at accident and emergency for residential and nursing home patients. They had employed a practice community nurse to carry out weekly visits to their patients who live in a care home. Referrals to secondary care were made as soon as the need was identified.

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 is monitored and acted on through phone calls or letters to the patient. Patients over the age of 75 years had a specific telephone number for contacting the practice.

The provider had a clear complaints policy and responded appropriately to complaints about the service. Regular patient surveys were conducted and the provider takes 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 heard from these patients that they were prompted about routine checks and appointments at the clinics. We found staff had a programme in place to make sure no patient missed their regular reviews for their condition.. 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. We observed patients were reminded verbally that their health checks were due as they collected their prescription. One patient with a long term condition told us that reminders for health checks were added to their prescription and they found this a helpful prompt to book an appointment.

Caring

The service was caring.The patients with long-term conditions were extremely complimentary about the service. They all found the staff to be 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 GP's told us how they worked with other services to ensure patients with long term conditions needs are 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 and ensured that relevant organisations had copies of treatment plans. They also told us they sometimes undertook joint visits to patients with a learning disability with practitioners from the community learning disability team. The nurse told us they had joint diabetic clinics with the diabetic specialist nurse every three months.

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 provider 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. The practice held regular clinics for a variety of complex and long-term conditions such as respiratory disease and diabetes. 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. Patients at high risk of admission ot hospital had a specific contact number for 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 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 looked at how they could learn from any incidents and they used the latest guidance to improve the service. We were told that any parent requesting an appointment for a child less than five years of age was advised to visit the practice as soon as possible. A GP we spoke with said this approach had helped to reduce attendance of patients under the age of five at the accident and emergency department.

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.

Effective

The service was effective. Care and treatment was being delivered in line with current published best practice for this patient group. Referrals to secondary care were made as soon as the need is identified. We found that the practice had applied for and been awarded funding through the health inequalities project. The practice had decided to look at obesity in children as part of this project. Children registered at the practice were invited for a health check and where necessary referred on to a programme for healthy eating and exercise.

Responsive

The service was accessible and responsive to patients' needs. The practice has 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 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 information base that 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. Appointment 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.

Caring

The service was caring. The patients we spoke with during our inspection discussed how the staff had actively made sure they had made appointments for their health check.

Effective

The service was effective. Care and treatment was being delivered in line with current published best practice for this patient group. 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. Saturday morning appointments were available for those unable to visit weekdays. Patients told us they found this useful if they were working during the week. The practice manager was also working with a group of local practices to look at providing a service for patients outside the core hours.

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. Staff offered support to patients to assist them to 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.

Caring

The service was caring. Staff proactively identifed people who would fall into this patient group. Where patients first language was not English they were offered a translation service. This enabled the GP and the patient to discuss the health problem and any treatment plan via a translator on the telephone in the privacy of the treatment room. We observed that where a patient had requested this service they had been given additional time for their appointment.

Effective

The service was effective. Care and treatment was being delivered in line with current published best practice for this patient group. 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 people's 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 and ensured that relevant organisations had copies of treatment plans. They also told us they sometimes undertook joint visits to patients with a learning disability with practitioners from the community learning disability team. The nurse told us they had joint diabetic clinics with the diabetic specialist nurse every three months.

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.

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 are 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 patients' 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 have proactively identified people who would fall into this patient group.

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 is 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.