Willow House SurgeryWillow House Surgery

Quality Report

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Date of inspection visit: 28 May 2014
Date of publication: 30/09/2014

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.

Summary of findings

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Summary of findings

Overall summary

Willow House Surgery is located in the London Borough of Enfield. The practice provides primary medical services to around 3,500 patients .

We carried out an announced inspection on 28 May 2014. The inspection took place over one day and was led by a lead inspector and a GP. An expert by experience was also part of the inspection team.

During our inspection we spoke with 12 people who used the practice, and we received and reviewed six comments cards. We spoke with six members of staff.

The regulated activities we inspected were diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease and disorder or injury.

We saw that the service was responsive to the needs of older people, people with long term conditions, mothers, babies, children and young people, the working age populations and those recently retired, people in vulnerable circumstances and people experiencing poor mental health. People with long term conditions such as diabetes or coronary heart disease received regular health reviews at the practice.

Willow House Surgery provided a caring, effective and responsive service. Patients' needs were suitably assessed and treatment was delivered in line with current legislation and best practice. GP's received an alert on their computer system when health checks were due. We saw the recall system which alerted GPs when children's immunisations were due. The practice arranged for people with long term conditions to attend for regular health care reviews on at least a six monthly basis. There was good access to appointments. We saw they responded to appointment requests for young children and babies and classified them as urgent. Home visits were undertaken according to people's needs.

Medicines for dealing with medical emergencies were held at the practice and staff had received training in Cardiopulmonary resuscitation (CPR). There were safe systems for the management of medicines, specifically controlled drugs which had been monitored and recorded in line with requirements.

The practice was clean and completed regular infection control audits. Staff had received annual training in infection control.

The practice had safeguarding policies and procedures in place. All staff had received training in safeguarding children and vulnerable adults.

There were formal processes in place for the recruitment of staff. A disclosure and barring service (DBS) check (formally known as a criminal record bureau (CRB) check) had been obtained for all clinical staff. Assessments had not been completed for those staff assessed as not in need of a check. This meant patients were not fully protected against the risks associated with the recruitment of staff.

The practice was well-led on a day-to-day basis and there was a vision in place in regards to the management and planning of the service.

We saw the practice had procedures in place to inform people of the services available. This information was available in languages other than English. Language Line, a telephone interpreting service was used regularly by the staff team.

The practice delivered high quality patient care through an ethos and culture that was caring and responsive. All staff were clear about their role and responsibilities and the values of the practice. Staff were given the support they needed to do their job.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?
The practice met all the standards.

The practice had systems in place to safeguard vulnerable patients from the risk of harm.

Patients were protected from the risks associated with medicines and medicines were stored safely.

Are services effective?
The practice met all the standards.

Services were effective. Care and treatment was being delivered in a way that achieved good outcomes, promoted quality of life and was line with current published best practice. Patients' needs were met in a timely manner. The provider had measures in place to ensure adherence to best practice and recognised guidance.

The practice worked to ensure patient's care and treatment was coordinated to meet their healthcare needs.

Prescribing for the practice had been reviewed, and this included the specific practice of each individual prescriber.

The practice provided a variety of health promotion information for people.

Are services caring?
The practice met all the standards.

Services were caring. All the patients we spoke with during our inspection said they were treated with compassion, kindness, dignity and respect. They told us their privacy and confidentiality was respected.

Are services responsive to people's needs?
The practice met all the standards.

We found that the practice understood the individual needs of patients and made reasonable adjustments accordingly. The service had good arrangements in place to ensure that it could meet patient's needs with minimal delay.

Are services well-led?
The practice met all the standards.

Summary of findings

There was a clear leadership and management structure, and areas of responsibility for each GP were clear. Information was shared with other practices to improve patient care.

We saw staff had an annual appraisal to enable them to reflect on their own performance with the aim of learning and improving the service. Staff told us they felt very supported and were encouraged to develop their careers.

There was a commitment to learn from feedback, complaints and incidents. There was an emphasis on management seeking to learn through the local clinical commissioning group (CCG) and the patient participation group (PPG).

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 was responsive to the needs of older people. A ramp was provided to assist wheelchair users to access to the surgery. Hand rails were provided as support, either side of any steps. The doors provided wide access for wheelchairs as did the reception and treatment areas.

People with long-term conditions
The practice was responsive to people with long-term conditions. People with long term conditions such as diabetes, coronary heart disease (CHD) or osteoporosis were supported with annual, or when required, health checks and medication reviews.

Mothers, babies, children and young people
The practice was responsive to mothers, babies, children and young people. People we spoke with told us the service was quick to respond to appointment requests for their children and they were given urgent appointments.

The working-age population and those recently retired
The practice was responsive to the working-age population and those recently retired. The practive offered bookable appointments which included early morning and late evening appointments. One of the GPs who was also the practice manager audited the appointments system and staff availability to ensure any shortfalls were responded to in a timely manner. As a result an extra member of staff was allocated at peak times to respond to incoming telephone calls. This helped to ensure patients received a prompt service. The practice offered a choose and book referral service when patients needed to be referred to other services.

People in vulnerable circumstances who may have poor access to primary care
The practice was responsive to people in vulnerable circumstances. We were told the staff were very helpful and supportive. Patients told us the three GPs and nurses were approachable and happy to give help and advice. One of the GP's told us homeless people would be registered with the practice and offered a service to ensure their medical needs were assessed and met.

Summary of findings

People experiencing poor mental health

The practice was responsive to people experiencing poor mental health. The practice liaised with local community mental health teams as part of a multidisciplinary team. They kept in contact with the patients and offered them regular health care reviews of their condition, treatment and medication.

Summary of findings

What people who use the service say

We spoke with twelve patients who used the service during our inspection. Four were from the patient participation group. Patients told us they felt safe and confident in the GPs, nurse, and staff at the practice. They described the service provided as professional and said they felt they were well looked after. They felt they were involved in decisions about their care and treatment. They told us they were treated with dignity and respect. Patients said the practice always looked clean and tidy when they attended their appointments.

Patients did not raise any concerns about their safety. We looked at six comment cards which had been completed by patients. All the comments were positive and emphasised the standard and quality of care they had received from the service. They told us they were pleased with the good access to appointments and found the service to be efficient.

Areas for improvement

Action the service COULD take to improve

- On speaking to reception staff about language line, one member of staff informed us they always ask people to bring someone with them who can speak English and interpret for them. The provider may wish to note that this may not meet people's communication needs and may also breach people's right to privacy. This was discussed with one of the GPs who told us they would be discussing the issues with their staff team

Good practice

Our inspection team highlighted the following areas of good practice:

- All staff received annual appraisals.
- There was an effective management of time and resources which ensured people were able to access the service by telephone or in person when they needed to and could get appointments at times that suited them.
- There was a strong culture of patient centred care.
- Older people were supported with their particular health and support needs. They were offered regular 'patient care reviews' and were allocated a named GP.

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Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC Lead Inspector and a GP. The team also included an expert by experience.

Background to Willow House Surgery

Willow House Surgery is a general practice (GP) service. It provides a primary care service for patients in Enfield. Services are provided by three full time GPs and a part time practice nurse. The service is responsible for providing primary care for around 3500 patients.

The practice was open from 08.30 am to 6.30pm form Monday to Friday and opened all day. People could access the service at times suitable to them.

Why we carried out this inspection

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

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 a mental health problem.

Before visiting, we reviewed a range of information we had received from the service and asked other organisations to share their information about the service.

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 asked the practice to put comment cards where patients and members of the public could share their views and experiences of the service in reception.

Detailed findings

We carried out an announced visit on 28 May 2014. We spoke with twelve patients who used the service and reviewed records.

During our visit we spoke with a range of six staff which included two GPs, one practice nurse and three reception staff. We reviewed information that had been provided to us during the visit and we requested additional information which was reviewed after the visit.

Are services safe?

Summary of findings

The practice was clean and completed regular infection control audits. Staff had received annual training in infection control.

There were formal processes in place for the recruitment of staff. A disclosure and barring service (DBS) check (formally known as a criminal record bureau (CRB) check) had been obtained for all clinical staff. Assessments had not been completed for those staff assessed as not in need of a check. This meant patients were not fully protected against the risks associated with the recruitment of staff.

The practice had systems in place to safeguard vulnerable people from the risk of harm. Safeguarding policies and procedures were in place for both children and vulnerable adults.

People were protected from the risks associated with medicines and medicines were stored safely.

Our findings

Safe Patient Care

Mechanisms were in place to report and record safety incidents, concerns, near misses and allegations of abuse. Staff were aware of the process to report any such incidents. Incidents and accidents were recorded in an accident book. Contact details for the Clinical Commissioning Group's (CCG) and local authority safeguarding teams were available. Staff were able to provide recent examples of safeguarding concerns that had been appropriately reported.

Learning from Incidents

The practice held a monthly meeting to discuss significant events at the practice. They responded to significant events and safety alerts by discussion and conducting investigations, so they could share their knowledge and learn from the incidents. They had experienced a serious adverse event involving a prescribing error. The event was recorded in detail and a internal investigation was completed by the practice. An action plan was implemented to prevent the error happening again. The action plan had been vigorously followed. The practice was open and transparent when there were incidents.

Safeguarding

There was a safeguarding policy in place for the protection of vulnerable children and adults. This identified the forms of abuse and information on who to contact if they believed a patient was being abused. There was a nominated GP who was the lead for safeguarding. We were told that the GP lead liaised closely with the local authority safeguarding team.

The practice had safeguarding policies and procedures in place. All staff had received training in safeguarding children and vulnerable adults. The three GPs had completed level 3, the practice nurse level 2 and all non clinical staff had completed level 1 training in safeguarding.

We spoke to six members of staff including the lead GP and they were able to tell us what they would do if they suspected abuse of vulnerable children or adults. They informed us they would report their concerns to the local authority.

The practice had a system to highlight vulnerable people on their computerised records system and a list of all patients referred to the local safeguarding teams was kept.

Are services safe?

This information would be available on patient's records when they contacted the practice or attended any appointments so that relevant staff were aware of any issues.

Monitoring Safety & Responding to Risk

The practice had systems and protocols in place to ensure business continuity in the event of any emergency, for example, power failure or flood. There was a backup system in place which would operate if the central computer systems went down..

There were systems in place to ensure the right staffing level and skill-mix was sustained to support safe, effective and compassionate care and levels of staff well-being. This was reviewed monthly at practice meetings and during the yearly organisational audit.

Regular reviews of health and safety took place. We saw a health and safety risk assessment and found fire drills took place annually. There were fire emergency plans and staff confirmed they had an annual fire drills. A fire evacuation plan and the meeting point were displayed in the reception area for patients to see.

Medicines Management

We looked at how the practice stored and monitored medication, to ensure patients received medicines that were in date. This included controlled drugs, emergency medicines and vaccines.They had recently conducted an audit on medication safety which was discussed with clinical staff at the practice.

Controlled drugs records showed appropriate arrangements in place for obtaining, recording, handling, using, storage and the disposal of controlled medicines.

Vaccine fridges were locked and only authorised staff had access to them. Refrigerator temperatures were monitored daily and logged. Staff had observed a high fridge temperature which was reported and action taken to check the fridge and configure its settings. The practice nurse ordered the vaccines and had a system in place to identify any out of date vaccines. Medication in both the practice vaccine fridges were in date. We were told GPs did not carry any drugs with them or on home visits.

Cleanliness & Infection Control

One of the GP's was the infection control lead and completed regular infection control audits. Staff had received annual training in infection control.

Effective systems were in place to reduce the risk and spread of infection. The premises were visibly clean and tidy. Alcohol gel dispensers were available throughout the premises. We were told that external contractors cleaned the practice on a daily basis. Cleaning schedules were reviewed regularly by the GP practice manager.

Consultation rooms inspected had sinks, liquid soap and paper towels available. Disposable privacy curtains were used and there was a clear system to ensure they were changed at appropriate intervals. Clinical areas were not carpeted and had easy wipe clean vinyl flooring.

A contract was in place to remove clinical or hazardous waste on a regular basis and external storage bins were safe and secure. A clear colour coded system for the safe disposal of general, clinical and hazardous waste was in place and the practice's infection control policy contained written guidance for staff reference.

Staffing & Recruitment

The practice had a process in place for recruiting staff. The recruitment policy identified all checks applicants/ prospective staff would have to undergo before they could be considered for employment. Enhanced disclosure and barring service (DBS) checks were undertaken for all clinical staff to ensure their suitability to work with vulnerable people. Assessments had not been completed for those staff assessed as not in need of a check. This meant patients were not fully protected against the risks associated with the recruitment of staff.

We looked at the recruitment file for one clinical staff member and found that references had been sought and verified, an application form was completed and there was proof of identity. Fitness to practice checks with the General Medical Council and Nursing and Midwifery Council were also performed on an on-going basis.

All new staff received induction training when they started their job and were supported by a senior member of staff. Staff records for the locum GP identified that they were mentored by the lead GP.

Dealing with Emergencies

There were appropriate and sufficient emergency medications and medical equipment available at the practice. We checked medication for emergency use and found all medication was in date. A monthly log for auditing the expiry dates of drugs had been completed and

signed by clinical staff. The practice was prepared to deal with emergencies. They had a risk assessment protocol in place which instructed staff how to deal with emergencies and the relevant agencies to contact.

Equipment

There was no defibrillator (a defibrillator is an electrical device that provides a shock to the heart when there is a life threatening erratic beating of the heart), or any oxygen cylinders on the premises. Staff were also unaware of where the nearest defibrillator was located. This did not ensure equipment was available for use in a medical emergency. We discussed this with the provider at the time of our inspection, and they agreed to take immediate action to resolve the issue.

Are services effective?

(for example, treatment is effective)

Summary of findings

Services were effective. Care and treatment was being delivered in a way that achieved good outcomes, promoted good quality of life and was line with current published best practice.

The practice worked to ensure patient's care and treatment was coordinated to meet their healthcare needs.

Prescribing for the practice had been reviewed, and this included the specific practice of each individual prescriber.

The practice provided a variety of health promotion information for people.

Our findings

Promoting Best Practice

The practice delivered high quality patient care through an ethos and culture that was caring and responsive. All staff were clear about their role and responsibilities and the values of the practice. Patient feedback reflected the caring attitudes of staff.

Best practice was promoted by both clinical and non clinical staff. All three clinicians informed us they received safety alerts through their email system. One of the GPs was the nominated lead for monitoring the practice's response to alerts and shared this information with other practice staff.

Monthly multi-disciplinary meetings took place. The lead GP met with other professionals such as the district nurse, social workers, palliative care nurses to discuss patients that required their care and planned a co-ordinated approach to deliver their care and treatment.

The General Practice Outcome Standards (GPOS) which were developed by clinicians as an agreed approach to improve quality,informed us Willow House surgery had a high performance rate for early cancer diagnosis which was 79.92. The GP practice manager at the practice told us they ensured patient's were seen and referred promptly to ensure patient safety and worked to the two week pathway.

Management, monitoring and improving outcomes for people

A clinical review system aimed to improve the service and provide the best outcomes for patients. We saw evidence of reviews of the practices' cancer diagnosis referrals and reviews of the appropriate prescribing of medications of each individual prescriber.

Internal audits were completed to ensure patient's with long term conditions were reviewed. For example patient's identified with a long term condition such as diabetes or asthma were placed on disease registers and regular review appointments were made with the nurses in accordance with best practice guidance.

We spoke with twelve people who used the practice and received feedback from four patient participation group representatives. They told us they had a good relationship with the practice and that the doctors and nurse listened to their views and took these into account when offering

Are services effective?

(for example, treatment is effective)

treatment. The PPG was engaged with the practice and had an impact on the running of the practice. The PPG group members felt more appointments were made available as result of their views.

Staffing

Staff received appropriate professional development. GP's logged their revalidation evidence on the practice computerised system which were saw. Staff also had annual appraisals.

There was a training programme in place for all staff.Training records demonstrated staff had completed training relevant for their role and that this was regularly updated. Examples of training completed included, health and safety, safeguarding and basic life support.

We saw the minutes of staff meetings which were held quarterly or as and when required if urgent issues needed to be discussed. Reception staff and the practice nurse told us they felt supported and listened to.

Working with other services

The practice worked in partnership with other services to meet the needs of patients. We were informed that multi-disciplinary meetings were held once a month via teleconference, which we saw minutes of. The GP practice manager advised us all patients with long term care needs, for example dementia and those who required palliative care needs were reviewed during these meetings. Weekly meetings with a nursing care provider were also held to discuss any end of life care needs for patients.

Health Promotion & Prevention

There was a large range of health promotion information available at the practice. This included information on safeguarding vulnerable people, making a complaint, alcohol abuse support, pregnancy, cancer care, managing cholesterol, bereavement services, and other long term conditions.

Smear clinics were held by the practice nurse to encourage patients to undertake well woman checks. Information leaflets on the importance of smears were given to patients and were displayed in the waiting area.

We were told by the lead GP that all new patients received a new patient check by the practice nurse. If health concerns were identified then they were seen by one of the GPs. The GP practice manager informed us of health promotion within the practice and talked about patients with a diagnosis of diabetes. He informed us they would automatically receive regular blood checks, have their weight monitored and would be advised about implementing lifestyle measures to assist in managing their condition such as through diet and exercise.

Are services caring?

Summary of findings

Services were caring. All the patients we spoke with during our inspection said they were treated with compassion, kindness, dignity and respect. They told us their privacy and confidentiality were respected.

A hearing loop was available on the telephone system for patients with hearing impairments. Language line was provided for staff to use with patients who did not speak English. One of the GPs told us they used language line regularly as they had recently experienced an increase of patient's whose first language was not English registering with the practice. However, reception staff required further training on how to use interpreting services in order to meet the communication needs of patients.

Staff told us that issues around bereavement were recognised and that the doctors could refer patients to counselling services.

Our findings

Respect, Dignity, Compassion & Empathy

Patients we spoke with were very positive about the service they received, saying all staff were respectful and kind and it felt like the doctors genuinely cared. Patients said they could see the same doctor each time if they wanted to and many patients had been using the service for many years.

We observed good interactions between staff and patients who used the service. We saw staff speaking with patients in a helpful and polite manner. Staff had a clear understanding of how they would protect patient's dignity and respected their right to privacy. We saw that consultations took place in private rooms and had curtains to ensure patient's privacy and dignity was respected. There were signs explaining that patient's could ask for a chaperone during examinations if they wanted one. The chaperone policy clearly stated that only clinical staff could act as chaperones.

We saw that confidentiality was respected during discussions between staff and patients. Facilities were available for people to speak confidentially to clinical and non-clinical staff members. The waiting area was separate from the reception area meaning patients could speak to the receptionists privately. If greater privacy was required staff said they could take patients to unoccupied rooms. If reception staff to needed speak in private to patients over the telephone they could take the call in another room.

Involvement in decisions and consent

Patients told us they were given adequate time for consultation with their GP during appointments. They said the clinician they had seen, or been treated by, had taken time to explain their diagnosis and proposed treatment.

A hearing loop was available on the telephone system for patients with hearing impairments. Language line was available for staff to use with patients who did not speak English. One of the GPs told us they used language line regularly as they had recently experienced an increase of patient's whose first language was not English registering with the practice. On speaking to reception staff about language line, one member of staff informed us they always ask patients to bring someone with them who can speak English and interpret for them. The provider may wish to

Are services caring?

note that this may not meet patient's communication needs and may also breach their right to privacy. This was discussed with one of the GPs who told us they would be discussing the issues with their staff team.

Staff told us that issues around bereavement were recognised and that the doctors could refer patients to counselling services. One of the GPs told us the practice sent out condolence cards and visited the family to offer support. Published in July 2014, results from the GP survey, which 117 patients took part in, told us 84 per cent of patients said the last GP they saw or spoke to was good at treating them with care and concern.

The GP survey informed us that 75 per cent of patients said the last GP they saw or spoke to was good at involving them in decision about their care. Patient's we spoke with also said they were involved in planning their care and were supported to make their own decisions. Time was taken to explain their diagnosis and treatment and they felt able to ask questions and express their own opinions. Minutes of practice meetings showed the awareness of clinical staff to consider patient's competence to make decisions; for example about contraception.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The practice understood the individual needs of people and made reasonable adjustments accordingly. The service had good arrangements in place to ensure that it could meet patient's needs with minimal delay. We saw how services had been planned and designed to meet the needs of older people. There was a system for health reviews for those over 75.

Patients were offered appointments at times suitable to them. The appointments system and the number of staff were reviewed regularly to ensure the practice was operating effectively and where issues were found the appointment system had been amended. Patients said they were able to access the service at times that suited them.

The GPs met regularly or at least every six months with the patient participation group (PPG). This was an opportunity to discuss any concerns about the quality of care. Members of the PPG we spoke with were complimentary about the practice and had no concerns or complaints.

Our findings

Responding to and meeting people's needs

Information from the Enfield Joint Strategic Needs Assessment, informed us the number of older people living with long term conditions in Enfield us projected to increase significantly between 2012 and 2020.The practice was undertaking a proactive approach to meet the needs of people with long term conditions.They understood the different needs of the population it served and implemented services to meet their needs. We saw how services had been planned and designed to meet the needs of older people. There was a system for health reviews for those over 75. This check was done as and when patients attended or by recall. Staff were conscious of the particular needs of this group such as around mobility and hearing and planned their service accordingly. New diagnoses of cancer were discussed during monthly practice meetings to ensure people received coordinated care.

Various weekly clinics were operated to meet the needs of different groups and to support those with long term conditions. Examples included asthma, diabetes and chronic obstructive pulmonary disease (COPD). Baby/ postnatal and well woman clinics were also run weekly.

To meet the demands of the population and an increase in new patients registered with the practice, the practice was using a locum GP when required. Cover provided by locums who had already worked with the practice ensured some consistency of care.

Administration systems were in place to ensure referral letters were sent out within 7 days. Test results were checked and if there were no concerns the results were sent to people by text message to ensure people received them promptly. Patients were contacted by telephone to arrange appointments with the GP if the results had to be discussed. Where patients were discharged from hospital the practice received hospital discharge information by fax or post depending on the urgency.

Access to the service

Patients were offered appointments at times suitable to them. The practice opened all day from Monday to Friday to 6.30pm and extended hours were in place until 8pm one day a week. The practice did not have an online booking service for making appointments. However, patients we

Are services responsive to people's needs?

(for example, to feedback?)

spoke with said they were able to contact the practice by telephone easily. The GP survey told us that 90 per cent of patients stated they were able to get an appointment to see or speak to someone that last time they tried.

The appointments system and the number of staff were reviewed regularly to ensure the practice was operating effectively and where issues were found the appointment system had been amended. Patients said they were able to access the service at times that suited them. They said they were usually able to get appointments within a few days and in an emergency they would be accommodated on the same day.

The premises met the needs of patients with reduced mobility. The practice ,all consulting and treatment rooms were on the ground floor. The entrance, reception area and consulting rooms were large enough for patients with pushchairs and wheelchairs. There was also an wheelchair accessible toilet and dedicated disabled parking spaces were available in the car park outside the main entrance.

Concerns & Complaints

The GPs met at least every six months with the patient participation group (PPG). This was an opportunity to discuss any concerns about the quality of care. Members of the PPG we spoke with were complimentary about the practice and had no concerns or complaints. The practice had one received one patient complaint within the last year which was also posted on the NHS Choices website regarding a prescribing error. The complaint was dealt with by the GP lead and the complainant was responded to. As a result of the complaint, an action was implemented to ensure improvements were made to the service. There was a complaints policy available which detailed the complaints process and identified the relevant person who managed complaints and the time scales involved. Patients were asked to put any complaints in writing.

Are services well-led?

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

Summary of findings

The services were well led. There was a clear leadership and management structure, and areas of responsibility for each GP partner were clear.

Staff had an annual appraisal to enable them to reflect on their own performance with the aim of learning and improving the service. Staff told us they felt very supported. There was evidence of a range of team meetings, which included department meetings and whole practice meetings.

There was a commitment to learn from feedback, complaints and incidents. There was an emphasis on management seeking to learn from stakeholders, in particular through the local Clinical Commissioning Group (CCG) and the patient participation group (PPG).

Our findings

Leadership & Culture

One of the partner GP's was also the practice manager. We found the practice was well-led by him. We saw staff listened to him and approached him if they had any concerns or issues to discuss. Staff told us appropriate action was taken to resolve any matters they had and they felt supported.

All staff we spoke with were able to clearly explain their role and responsibilities for managing and improving quality and the ethos and values of the practice. Ethos and values were promoted through staff meetings and at annual appraisals. Evidence of the practice being well led was reflected in patient feedback. 90 per cent of patients stated in the GP survey that they would describe their overall experience of the practice as good and 87 per cent of patients would recommend the practice to someone new to the area.

The practice manager told us of the changes the practice had been through over the last few years. They informed us of how an extension of the premises had been approved and was planned to take place over the next few months. We saw the architect plans for this. This would increase the size of the building as well as providing a purpose built GP practice for patients using the service. We were told about how the practice met with other practices to share knowledge and improve their practices as a result to ensure there was a culture that was 'patient focused'. On speaking to staff we saw they all shared the same values and vision which focused on patient centred care. The practice recognised the importance of maintaining high standards and was conscious patients could leave the practice if they were dissatisfied.

Employing a locum GP had increased availability for patient services. This allowed for more appointments to be available. There was clear leadership within the practice, staff told us they felt supported and that the skill mix was working well.

Governance Arrangements

The services were well led. There was a clear leadership and management structure, and areas of responsibility for each GP partner were clear.

Staff had an annual appraisal to enable them to reflect on their own performance with the aim of learning and

Are services well-led?

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

improving the service. Staff told us they felt very supported. There was evidence of a range of team meetings, which included department meetings and whole practice meetings.

There was a commitment to learn from feedback, complaints and incidents. There was an emphasis on management seeking to learn from stakeholders, in particular through the local Clinical Commissioning Group (CCG) and the patient participation group (PPG).

Systems to monitor and improve quality & improvement

Meetings were held for clinical staff to review the register of all accidents/incidents and significant events which had taken place, including lessons learned from them. There were also on-going checks of the safe running of the practice such as legionella testing, testing of electrical equipment and fire safety.

Patient Experience & Involvement

The practice undertook regular surveys and news and information was available on the practice website or at reception upon request. We saw results from the survey the practice completed were analysed and an action plan was in place to address any dissatisfaction with the service. For example as a result of the survey, a female locum GP was employed to meet the needs of patients who wanted to see a female GP. An extra member of the reception team was allocated to take calls from patients at peak times to reduce waiting times for patients on the phone. We spoke to four members of the PPG group and they were very complimentary about the practice and told us that they were always able to get an appointment with their own doctor. The GPs met with the PPG every six months and any planned changes were discussed with them.

Staff engagement & Involvement

Staff felt supported and listened to. Staff said they were encouraged to put forward their own ideas about how to improve the service. Any lessons learned were shared and minutes of all meetings were made available for all staff. Clinical and non-clinical staff operated a system to ensure that issues arising were discussed at their next meeting.

Appraisals were performed annually. This gave staff the opportunity to discuss their work and any training and development needs. Staff told us they felt supported and were able to talk about their achievements. We found there was a willingness at all levels to respond to change to improve and enhance the service.

Learning & Improvement

Staff said they were encouraged to attend training courses and learn new ways of working to improve the service. There was a commitment to learn from feedback and significant events. There was an emphasis on management seeking to learn from stakeholders, in particular through the local CCG and the patient participation group.

Identification & Management of Risk

The practice ensured that any risks to the delivery of high quality care were identified and mitigated before they adversely impacted on the quality of care. Risks were discussed at the monthly practice meeting and any action taken or necessary was documented and shared with all staff.

Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

Summary of findings

The service was responsive to the needs of older people. Access to the surgery was via a ramped area. Hand rails were provided for support either side of any steps. The doors provided wide access for wheelchair users as did the reception and treatment areas.

Staff told us that issues around bereavement were recognised and that the doctors could refer patients to counselling services. One of the GPs told us the practice sent out condolence cards and visited the family to offer support. Published in July 2014, results from the GP survey, which 117 patients took part in, told us 84 per cent of patients said the last GP they saw or spoke to was good at treating them with care and concern.

Our findings

The practice provided responsive services for older patients. Patients told us that in times of bereavement the practice had been very supportive and offered access to other services such as counselling. There were systems in place to recognise patient's carers and their needs. There were monthly multidisciplinary meetings with the clinical staff which included local District Nurses and McMillan nurses. These meetings gave the practice the opportunity to discuss and review patient's care needs. We were told by the lead GP that patients were supported to make informed decisions about their treatment and they were happy with the care the practice offered to them.

People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

Summary of findings

The practice was responsive to people with long-term conditions. People with long term conditions such as diabetes, coronary heart disease (CHD) or asthma were supported with annual, or when required, health checks and medication reviews.

Our findings

The practice provided responsive services to people with long term conditions. Patients with conditions such as diabetes and hypertension were offered regular health and medication reviews. Patients told us that they were happy with the care and treatment they received and felt they were involved in decisions about their care and treatment.

Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

Summary of findings

The practice was responsive to mothers, babies, children and young people. It provided appointments for teenagers who request confidential advice on contraception and sexual health.

Our findings

During our inspection we saw the practice provided responsive, caring, effective and well led services for mothers, babies, children and young people. There was access to the community midwifery services. Patients we spoke with told us the practice was very supportive and prioritised urgent appointments for young children and babies.

Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

Summary of findings

The practice provided responsive services for working age people (and those recently retired.) Patients we spoke with were happy with the appointment system at the practice.

Our findings

The practice was responsive to the working-age population and those recently retired. It offered bookable appointments which included early morning and late evening appointments. The GP practice manager audited the appointments system and staff availability to ensure any shortfalls in staff or appointment availability were responded to in a timely manner. The practice offered a choose and book referral service when patients needed to be referred to other services. Information on other services was also available.

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

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

Summary of findings

The practice was responsive to people in vulnerable circumstances. Patients we spoke with told us the doctors and nurses were approachable and happy to give help and advice.

Our findings

The practice provided responsive services to people in vulnerable circumstances. We were told homeless people would be registered at the practice.

People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

Summary of findings

The practice was responsive to people experiencing poor mental health. The practice worked closely with the local community mental health teams and clinical psychologists as part of a multidisciplinary team. The practice liaised with the individual and offered regular health care reviews of their condition, treatment and medication.

Our findings

During our inspection we saw the practice provided responsive services to patients who may be experiencing poor mental health. Patients with on-going mental health conditions were invited for annual health checks, blood pressure monitoring and smoking cessation advice. The practice offered a reminder service to patients to promote attendance at health care and medication reviews. Patients who did not attend were contacted by the practice nurse immediately, normally by telephone or text message, and an attempt would be made to encourage them to attend the review. The practice liaised closely with other health services, for example the community mental health team.